



Affiliated with MUSC Children's Health



February 2021

Dear Camp 'Can Do' volunteer applicant:

It is with great pleasure we are hosting the 24th annual Camp 'Can' Do. Thank you for your interest in volunteering for Camp this summer. Camp 'Can' Do would not be possible without volunteers such as yourself.

Camp 'Can' Do 2021 will be August 6<sup>th</sup> through August 11<sup>th</sup> and will be held at Camp St. Christopher, which is located on Seabrook Island. ***All applications must be faxed or emailed by April 2nd, 2021. Late and incomplete applications will not be considered.***

You will be contacted to schedule an interview after March 31<sup>st</sup>. **ALL** applicants will be required to go through the interview process. Returning volunteers must complete a phone interview. New volunteers must participate in an in-person interview. All interviews will take place the week of May 3rd.

Once volunteers are selected, there will be a mandatory orientation prior to camp. Updated information will be sent out closer to that time. Please note that if two spouses are applying to camp only one may be selected.

Return ***completed*** applications by email to:

**E-mail: [CaveL@musc.edu](mailto:CaveL@musc.edu)**

We look forward to hearing from you and appreciate the support. Sincerely,

*Layne Cave*

Layne Cave, CCLS  
Certified Child Life Specialist  
Camper Counselor Coordinator

Ryan Howard MSN, RN, CNL  
Pediatric Burn Program Manager  
MUSC Children's Health



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# CAMP 'CAN' DO 2020: VOLUNTEER APPLICATION

[www.scburnedchildrensfund.org](http://www.scburnedchildrensfund.org)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ SSN \_\_\_\_\_

Local Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt size \_\_\_\_\_ Name you prefer on your camp nametag: \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Job Title \_\_\_\_\_

### EDUCATION:

Degree Date: High School \_\_\_\_\_ College \_\_\_\_\_ Advanced Degree \_\_\_\_\_

List any professional certifications/licenses and registration number

Other languages spoken: \_\_\_\_\_

Current Lifeguard certification?  Yes  No If Yes, which type? \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please list all previous volunteer experience. Attach separate sheet if necessary

Organization \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_

Please describe your experience working with children

Are there any health conditions that might limit your ability to volunteer?  Yes  No

If yes, please explain \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Are you an IAFF member?  Yes  No Local # \_\_\_\_\_

Local Representative \_\_\_\_\_ Phone \_\_\_\_\_

Local Rep email \_\_\_\_\_

**Please check your volunteer preferences**

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\_\_\_\_\_ Full-time counselor (Must be available for duration of camp, August 7 - August 12)

Age group desired:                      6-11 year olds                      12-17 year olds

\_\_\_\_\_ Day counselor (assist with daily activities, special events)                      Days and times you are available:  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

\_\_\_\_\_ Transportation (Requires valid driver's license and SLED background check)  
\_\_\_\_\_ To Camp (Saturday, August 8)                      \_\_\_\_\_ Home from Camp (Wednesday, August 12)

\_\_\_\_\_ Camp Planning Committee  
\_\_\_\_\_ Lifeguard (Must be Ocean or Swift Water certified)

Please describe your personal talents, hobbies, interests & special skills (i.e. crafts, musical instruments)

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**Please give 2 references that we may contact who have known you for more than one year (excluding relatives)**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
2) Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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**An interview will be required prior to camp acceptance and participation. Indicate the best time to contact you by phone:**

Day \_\_\_\_\_ Time \_\_\_\_\_ Number \_\_\_\_\_

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**Statement of Understanding**

I certify that all statements made in this application are true. I understand the Medical University of South Carolina and Burned Children's Fund reserves the right to accept or reject my application in its sole discretion. I understand that volunteers must be at least 18 years of age (junior counselors must be former Camp Can Do campers). I understand that I may be required to present my immunization records to the Burned Children's Fund office. I understand that alcohol and drugs are not permitted at Camp Can Do and Camp St. Christopher. Smoking is permitted only in designated areas and not in the presence of campers. Failure to follow Camp 'Can' Do policies and procedures may result in dismissal from Camp 'Can' Do and ineligibility to participate in future Burned Children's Fund events.

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Signature of Applicant

Date

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**Return completed applications to Layne Cave by email to: [CaveL@musc.edu](mailto:CaveL@musc.edu)**

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**Office Use Only:**

App. Rec'd \_\_\_\_\_ Background Check Clearance \_\_\_\_\_

Letter Sent \_\_\_\_\_ Notification of Placement \_\_\_\_\_ Interview Scheduled \_\_\_\_\_

**MEDICAL UNIVERSITY OF SOUTH CAROLINA PRE-VOLUNTEER INFORMATION RELEASE  
AUTHORITY AND CONSENT TO RELEASE/OBTAIN BACKGROUND INFORMATION**

*Must be fully completed and signed*

The information received by the MUSC Office of Volunteer and Community Services as a result of signing this release may be used to assist in a background investigation of you and may be used in conjunction with your application to evaluate your suitability for volunteering at Camp Can Do and MUSC Children's Hospital and MUSC Outpatient facilities. I hereby authorize the release to the Medical University of South Carolina Medical Center information held by any parties regarding previous employment, my criminal history record, and or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record, and scholastic/educational records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information.

I hereby acknowledge that the Medical University of South Carolina Medical Center cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the Medical University of South Carolina Medical Center and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by the Medical University of South Carolina Medical Center independently or through a Consumer Reporting Agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of volunteering.

**Any misrepresentation, falsification or misleading statements or omission of facts by me may result in my being disqualified from further consideration for volunteering at Camp Can Do.**

**Please print or type applicant information**

This permission is given this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_