



Camp Corazones Dates: July 13, 14, 15, 16 2017

CAMP CORAZONES
COUNSELOR VOLUNTEER APPLICATION
Return by: JUNE 16, 2017

DATE _____

NAME _____ MIDDLE _____ LAST _____

T-SHIRT SIZE (S/M/L/XL) _____ DOB _____ SS# _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK (_____) _____

CELL (_____) _____ FAX (_____) _____

EMAIL _____

CURRENT AND PREVIOUS EMPLOYMENT

| DATES (FROM/TO) | EMPLOYER | POSITION HELD | SUPERVISOR'S NAME |
|-----------------|----------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

NAMES: BROTHER/SISTER/RELATIVES/FRIEND ATTENDING _____

HOW DID YOU HEAR ABOUT CAMP CORAZONES _____

WHAT IS YOUR INTEREST IN VOLUNTEERING WITH CHILDREN, WOMEN AND MEN CHALLENGED BY HIV & AIDS _____

RETURN: CAMP CORAZONES
PO BOX 23766
SANTA FE, NEW MEXICO 87502
Confirm receipt with Jewel: SIETE@SISNA.COM

DO YOU HAVE ANY FOOD RESTRICTIONS _____
IF VEGETARIAN, PLEASE INDICATE _____

WHAT IS YOUR EXPERIENCE WORKING WITH CHILDREN AND HIV? _____

WHAT AGE GROUP WOULD YOU LIKE TO BE WITH AT CAMP? (CHILDREN) _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT CAN LIMIT ACTIVITIES AND/OR THAT
CAN HAVE SERIOUS SYMPTOMS (INCLUDING ALLERGIES/ALLERGIC REACTIONS)? DO
YOU TAKE ANY MEDICATION? _____

WHEN WAS YOUR LAST TETANUS SHOT? _____

LIST 2 REFERENCES (not employer)

Name: _____
Address: _____
State/Zip: _____
Work Number: _____
Home Number: _____

Name: _____
Address: _____
State/Zip: _____
Work Number: _____
Home Number: _____

****BACKGROUND/CRIMINAL CHECKS**

**DUE TO THE NATURE OF CAMP CORAZONES WE RESERVE THE RIGHT TO
ACCEPT/REJECT POTENTIAL COUNSELORS, STAFF, OR VOLUNTEERS**

SIGNATURE

DATE

***THANK YOU FOR SHARING YOUR TIME AND FRIENDSHIP WITH OUR CHILDREN AT
CAMP CORAZONES. YOU WILL MAKE A BIG DIFFERENCE IN THEIR LIVES AT CAMP.
WE HOPE YOUR CAMP EXPERIENCE WITH US WILL BE AS MEMORABLE TO YOU AS IT
WILL BE FOR ALL OF US.***



CAMP CORAZONES

CONFIDENTIALITY AGREEMENT

Camp Corazones touches human life intimately in many ways. We as camp counselors and volunteers will frequently be observers and recipients of confidential information concerning participants and their families. It may be a fact, series of facts or a situation in the participant's life which is heard or observed, with the implicit understanding that this information be preserved as a sacred trust.

Confidentiality is the preservation of information concerning participants and other facilitators which is disclosed to the facilitator and is based upon the basic right of privacy of participants to create effective trust. The participant's right, however, is not absolute; as the participant's information is shared during debriefing with other group facilitators, the obligation would then bind all equally.

This is to be preserved in confidence with only the following two exceptions:

- The above-mentioned post meetings.
- When in the opinion of the facilitator, statements regarding harm or danger being done to self and/or by or to others, a facilitator will disclose such threat to the group coordinator who shall create and implement a plan of action to protect the parties involved.

AIDS and HIV continue to be difficult issues for many people to deal with. They conjure up fear, misconceptions and prejudice. Because of this perplexity those who live with HIV and AIDS find it hard to speak of the challenges that go with these life threatening illnesses. While it is not fair or right, significant problems have been created for persons afflicted with this disease.

We at Camp Corazones wish to make this camp fun, safe and as protected (not only physically, but emotionally as well) as we possibly can. So, we agree to keep each other safe and protected by keeping each other's confidences and shared experiences. Everyone should feel that as both staff and campers, we will honor each other by not talking to anyone outside of the camp about other people's experiences, shared thoughts and secrets, difficult times and even wonderful, vulnerable times without their permission. We are free to talk about our own experiences at camp, but please do not discuss anyone else's (not even if you do not identify anyone by name).

I understand that the final responsibility of the welfare of the children belongs to their parent, parents or guardian. Parents can limit any activities that their children are involved in. They have the ultimate decision regarding their children's participation in any and all activities at Camp Corazones.

I have read the confidentiality agreement and agree to follow guidelines.

I agree to perform the duties as outlined in the agreement.

I agree not to make copies of Camp Corazones' Manual or any part thereof.

SIGNATURE

DATE



CAMP CORAZONES

CAMP COUNSELOR BACKGROUND CHECK AUTHORIZATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

1. The information I have provided on the Camp Counselor Application is true and correct to the best of my knowledge. I understand that supplying false and misleading information is grounds for disqualification and/or removal from consideration as Camp Counselor.
2. By my signature below, I authorize Camp Corazones to obtain information about my past or current employment or job related activities. I give Camp Corazones the right to investigate my background and to request only appropriate information related to my qualifications and clearance for working directly with Camp Corazones. I release from liability any person, company or organization furnishing such information. I also acknowledge that any information gathered regarding clients or members obtained in the course of my service relationship shall be kept confidential.
3. I agree that if approved as a Camp Counselor for Camp Corazones I will not divulge outside of Camp Corazones any confidential information regarding clients or members obtained in the course of my service relationship.

NAME: _____

ADDRESS: _____

STATE/ZIP: _____

PHONE: _____

SIGNATURE

DATE



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this event can test a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, staff, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to event activities, but are also present for volunteers.

I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

1. CAMP CORAZONES, INC.
2. NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE
3. BOYS/GIRLS CLUB OF SANTA FE

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

| Print Participant's Name (If under 18 years old, Parent or guardian must also sign) | Age | Signature | Date |
|----------------------------------------------------------------------------------------|-----|-----------|------|
|----------------------------------------------------------------------------------------|-----|-----------|------|

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

| Print Participant's Name | Age | Signature of Parent or Guardian | Date |
|--------------------------|-----|---------------------------------|------|
|--------------------------|-----|---------------------------------|------|