FRESH AIR CAMP JUNE 9-13, 2024
HIRAM HOUSE CAMP 33775 HIRAM HOUSE TRAIL, MORELAND HILLS OH, 44022

VOLUNTEER APPLICATION

PLEASE EMAIL COMPLETED APPLICATION TO: LEAH YOUNG at YOUNGL18@ccf.org or SAM MIIHLBACH at smiihlbach@metrohealth.org
If you are unable to email you can mail to 2801 MLK JR DRIVE, CLEVE, OH. 44104, Attention LEAH YOUNG or fax PHONE (Recreation therapy office): (216) 448-6361, FAX: (216) 448-6061

Name_____ Date _____

Nicknames/other names used_____ Gender Identity _____

Address_____ Are you 18 years of age or older? yes____no ____

City_____

State, Zip_____ Home Phone_____

E Mail address_____ Cell phone _____

WHAT IS THE BEST WAY TO CONTACT YOU? Phone Call _____ Text Message _____ Email _____

Please attach a color photograph of yourself below. It does not need to be an official passport photo but does need to be a color photo with you alone.

WORK AND CAMP EXPERIENCE – PLEASE LIST SCHOOL MAJOR IF YOU ARE IN A MEDICAL FIELD OF STUDY

School major/Occupation_____ Employer/School (grade)_____

Address_____

Do you have any camp experience? yes no

If yes, please list camp_____

In what capacity did you participate? _____
Do you have any experience working with children who have disabilities? No Yes If yes, please list experience:
_____
Please list your highest level of education completed (or current grade if in school now)_____

How did you find out about Fresh Air Camp? _____

Please list any licensures, certifications or other credentials including but not limited to:
RN L.P.N. RRT CRTT EMT PARAMEDIC PT OT SLT LIFEGUARD WSI BLS ACLS PALS

Other_____

REFERENCES

PERSONAL:
Name_____ Email_____ Relationship_____

PROFESSIONAL- (MUST INCLUDE A TEACHER IF IN SCHOOL FULL TIME)

Name_____ Email_____ Relationship _____

Name_____ Email_____ Relationship_____

Have you ever been convicted of, or pleaded guilty to any crime other than a minor traffic offense? Yes _____ No _____
If yes, please explain: _____
_____

Please list any hobbies or special interests:
_____

WHICH ROLE ARE YOU APPLYING FOR:

_____Medical Buddy _____Non-Medical Buddy _____Activity staff _____Special Project (1 day)

_____ Physician _____Cabin Nurse (night) _____ Cabin RRT (night) _____Wherever needed

WHICH DAYS/TIMES CAN YOU VOLUNTEER?

_____Sunday Check in _____All week

_____ I can be at camp on the following days/times _____

Fresh Air Camp provides sleeping accommodations for volunteers at Hiram House Camp in their onsite cabins.

Will you be staying overnight at camp? Yes _____ No _____

I understand that if I am accepted as a volunteer to Fresh Air Camp, I shall be subject to disqualification if any information I have given on this application is false; or if I have failed to give material information required. I authorize the Fresh Air Camp directors to contact the listed schools, places of employment, law enforcement agencies, and /or persons who may aid the staff in determining my suitability to volunteer at Fresh Air Camp. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information.

Applicant's Signature _____ Date _____

Parent's Signature if under 18 y/o _____ Date _____

HEALTH HISTORY

Do you currently have an infectious disease? Yes_____ No_____

If yes, please explain_____

Medication Allergies: _____

Food/ Environmental allergies: _____

Latex Allergy Yes _____ No _____

Please list any chronic or recurring illnesses: _____

_____

Do you have any physical limitations? Yes _____ No_____

If yes, please describe_____

Please list any medications you are currently taking_____

_____

EMERGENCY CONTACT AND HEALTH INSURANCE INFORMATION

In case of emergency, please contact:

Name_____ Relationship to you_____ Phone Number_____

Name_____ Relationship to you_____ Phone Number_____

Name of health insurance plan_____ Policy number_____

Name of policy holder (if different)_____

I hereby state that all information provided in this history is accurate.

Signature of applicant_____ Date:_____

Parent's Signature if under 18 y/o _____ Date: _____

CONSENT TO PHOTOGRAPH- Note: consent may be typed if application is sent electronically.
The Fresh Air Camp will photograph activities at camp to use for fund raising, publicity and the camp video. The following consent allows the Fresh Air Camp and /or its designated agencies to film for these reasons. I hereby give consent to the Fresh Air Camp program and/or any other organization invited to camp to take and use my/my child's photograph, or videotape recording for educational, promotional, advertising, or fundraising purposes. This includes social media sites (including but not limited to Facebook and Twitter)

Signature_____ Date_____

Parent's Signature if under 18 y/o _____ Date _____

CONSENT FOR MINOR to ride in Cleveland Clinic Van to the Horse Barn

Parent's Signature if under 18 y/o _____ Date _____

CONSENT TO SEEK EMERGENCY TREATMENT

To be completed by Legal Guardians for volunteers under 18 y/o.

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician_____ Phone ( )_____

Dentist_____ Phone ( )_____

Medical Specialist_____ Phone ( )_____

Local Hospital_____ Phone ( )_____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for
(1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
(2) the transfer of the child to any hospital reasonably accessible.
This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

Signature of Parent/Guardian_____

Address_____

_____Zip_____Date_____

PART 2: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the camp administrators to take the following actions:

_____

_____

_____

Signature of Parent/Guardian_____

Address_____

_____Zip_____Date_____