



2025 VOLUNTEER APPLICATION

FRESH AIR CAMP JUNE 8-13, 2025

HIRAM HOUSE CAMP: 33775 HIRAM HOUSE TRAIL, MORELAND HILLS OH, 44022

Please email completed application to: *Leah Young*, **YOUNGL18@ccf.org** & *Sam Miihlbach*,

SMIHLBACH@metrohealth.org

Note this form is more user-friendly on a computer. If filling out the form on your phone, you can open it in google drive and tap 'fill out form' to complete the form fields. You can also print it, complete, &scan or take a picture of it to then email to us.

Name _____

Date _____

Nicknames/other names used _____

Gender Identity _____

Address _____

Are you 18 years of age or older?

City _____

State, Zip _____

Home Phone _____

E Mail address _____

Cell phone _____

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

Please select your preferred T-shirt size. SMALL MEDIUM LARGE XL 2XL 3XL

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.

If the photo does not easily attach to this form, please include it as an attachment when you email the form

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 LPN RRT BLS
CRTT EMT PARAMEDIC PT OT SLT ACLS PALS LIFEGUARD WSI

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

If you are applying as a NEW medical or non-medical buddy, you are required to attend Saturday education day on June 7th.

WHICH DAYS/TIMES CAN YOU VOLUNTEER?

Friday Set-up Saturday Education 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 will be staying overnight the following days: Sunday
Monday Tuesday Wednesday Thursday

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 _____