



## VOLUNTEER APPLICATION

**FRESH AIR CAMP JUNE 7-12, 2026**  
**CAMP CHEERFUL 15000 CHEERFUL LANE STRONGSVILLE OH, 44136**

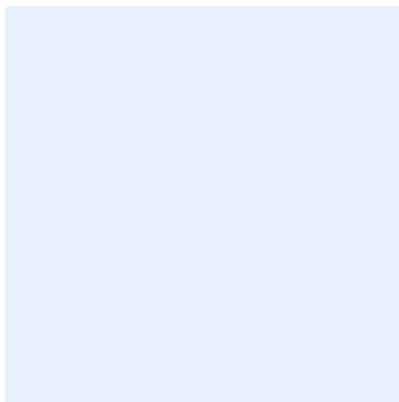
*PLEASE EMAIL COMPLETED APPLICATION TO: SAM MIIHLBACH at [smiihlbach@metrohealth.org](mailto:smiihlbach@metrohealth.org)*

Name:	Nickname/ other name used:
Gender Identity:	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	City/ State/ Zip:
Phone:	Email:

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

**Please select referred 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.



**Work and Camp Experience – Please List School Major if you are in a medical field of study**

Major/ Occupation:	Employer, School grade:
Do you have any camp experience: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list camp:
What capacity did you participate?	
Do you have experience working with children who have disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list experience:	
Please list highest level of education completed or grade starting in the fall:	
How did you hear about Fresh Air Camp?	

Please list any licensures, certifications or other credentials including but not limited to:

RN ☐ L.P.N. ☐ RRT ☐ EMT ☐ PARAMEDIC ☐ PT ☐ OT ☐ SLT ☐ BLS ☐ ACLS ☐ PALS ☐

Other:
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## 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:
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Please list any hobbies or special interests:
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### WHICH ROLE ARE YOU APPLYING FOR?

Medical Buddy ☐ Non-Medical Buddy ☐ Activity staff ☐ Physician ☐ Camp Committee ☐

Nightshift RN ☐ Nightshift RRT ☐ Wherever needed ☐ Special Project ☐ Set-up/ Teardown /Training Day ☐

**New Medical and Non-medical buddies must attend training day on Saturday June 6<sup>th</sup>**

### HOW WILL YOU BE VOLUNTEERING AT FRESH AIR CAMP?

Full time (Sunday-Friday 7am-10pm) ☐ Part time ☐ Nightshift (10pm-7am) ☐

**If only available part time, which days and times will you be volunteering?**

Friday set-up/ teardown ☐ Saturday training ☐ Sunday check-in ☐ Other ☐

I can be at camp the following days/times:
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**Fresh Air Camp provides sleeping accommodations for volunteers at Camp Cheerful 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.

Signature:	Date:
Parent signature if under 18:	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 illness:
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Do you have any physical limitations? Yes ☐ No ☐

If yes, please describe:
Please list any medication you are currently taking:

## EMERGENCY CONTACT AND HEALTH INSURANCE INFORMATION

In case of emergency, please contact:

Name:	Phone:
Relationship:	

Name:	Phone:
Relationship:	

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:	Date:
Parent signature if under 18:	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 fundraising, 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 signature if under 18:	Date:

# CONSENT TO SEEK EMERGENCY TREATMENT

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

## PART 1: 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:
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:

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Parent/ Guardian Signature:	Date:
Address:	

## 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:

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Parent/ Guardian Signature:	Date:
Address:	