

# The Arthritis Foundation's CAMP JAM

Covenant Harbor Lake Geneva, WI June 29<sup>th</sup>- July 3<sup>rd</sup>

## Volunteer Application

First Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ Age at event \_\_\_\_\_

Grade Next Year \_\_\_\_\_ T-shirt Size: YS YM YL S M L XL 2XL 3XL

Street Address \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_

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

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

What type of volunteer position are you seeking?

- Resident Camp Counselor (minimum age is 18) – supervises assigned group
- Medical Team (i.e. MD, RN, CLS, PT, OT)
- Other \_\_\_\_\_

## Emergency Contact (If Parent(s)/Guardian(s) Unavailable)

### Emergency Contact 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Emergency Contact 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

# Experience

Number of Years Attended This JA Camp Program:      0      1      2      3      4      5+

Why are you interested in volunteering for this juvenile arthritis program?

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Describe your experience working with children/teens.

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Provide an example of your leadership skills and abilities.

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What contributions do you think you can make at this JA camp program?

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How would you describe yourself in three words or less?

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# Health Information

Type of arthritis/rheumatic disease (if applicable) \_\_\_\_\_

Additional diagnoses \_\_\_\_\_

Which of the following have you had or do you currently have and feel that we should know about?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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**Adaptive Equipment:** List any adaptive equipment or ambulatory devices used.

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**Immunization History:** Are your immunizations up-to-date? Yes No (please explain)

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## Medication

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. If I am taking any medication while at the JA program, I agree to follow the local JA program guidelines and will store medications in the designated location. No Yes

## Physician Information

**Rheumatologist** (if applicable) \_\_\_\_\_ Office Phone \_\_\_\_\_

**Primary Physician** \_\_\_\_\_ Office Phone \_\_\_\_\_

**Other Health Care Provider/Therapist** \_\_\_\_\_ Office Phone \_\_\_\_\_

### **Permission to Contact Physician(s)**

Please initial here to give our medical team permission to contact your rheumatologist, primary physician or other doctor with any questions pertaining to your health. This may include, but is not limited to, disease diagnosis, recent flares, medication changes, etc.

**Volunteer Initials (or Parent/Guardian Initials if under age 18):** \_\_\_\_\_

## Insurance Information

Insurance coverage for participant accidents or illness while participating in JA programs is the responsibility of the participant's family and required in order to attend our JA camp program.

Is this participant covered by family medical/hospital insurance? Yes No

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Subscriber \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

**What Have We Forgotten to Ask?** Please list ANYTHING else you think we should know about you.

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## Get Involved

### Become an Advocate

Do you want to help children with juvenile arthritis? Become an Advocate! You'll receive Action Alerts in your inbox when important arthritis-related issues are debated on Capitol Hill. In five minutes or less, you can send an email to your elected officials and make a difference for kids with arthritis.

Yes, I want to help kids with arthritis!

No, thank you.

## Background Check

All Arthritis Foundation volunteers must go through a federal background check process prior to participating in the JA program, with limited exceptions\*. A new background check must be processed once EVERY year. You may furnish the results from a completed federal background check done within the past year, or you may create an account and complete your background check online here:

[www.candidatelink.com/arthritisfoundation](http://www.candidatelink.com/arthritisfoundation)

**Background checks must be submitted at least one month prior to the JA camp program.**

- Yes, I agree to follow the above link to create an account and submit my background check form
- No (your volunteer application will not be processed)

\*See the Arthritis Foundation's JA Camp Standards Guide or ask your local Arthritis Foundation staff member if you have a question.

## Waivers

Please download and sign the Covenant Harbor Waiver. The link is located on the CAMP JAM website, [www.CAMPJAM.kintera.org](http://www.CAMPJAM.kintera.org)