

The Arthritis Foundation's Juvenile Arthritis Warriors Camp 2016

Bradford Woods

Martinsville, IN July 6th-July 8th

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? (Please select all interests)

- Resident Camp Counselor (minimum age is 18) – supervises assigned group
- Activities Coordinator- aid in Arthritis Foundation programming (set up, and leading the activity)
- Registration- aid in the check in process of campers, and help to get campers settled into their bunks
- Medical Team
- Speaker
- 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?

Describe your experience working with children/teens.

Provide an example of your leadership skills and abilities.

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

How would you describe yourself in three words or less?

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.

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

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

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.

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

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

Bradford Wood will have an additional waiver for your to complete in order to participate in camp at their location. This waiver will be sent directly to you for your completion prior to camp on July 6th.