



**Alaska Native Tribal Health Consortium  
Camp Coho – Volunteer Application**



Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (907) \_\_\_\_\_

Work Phone: (907) \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security No.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License No.: \_\_\_\_\_

How would you like to help at Camp Coho?

\_\_\_\_\_ "Big Buddy" \_\_\_\_\_ Will help where needed  
\_\_\_\_\_ Adult volunteer

*(Please note shirt size for camp t-shirt: \_\_\_\_\_)*

Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment:

1. \_\_\_\_\_
2. \_\_\_\_\_

To help match Big Buddies to children, please provide information on losses you have experienced in your life:

<u>Relationship</u>	<u>Date of death</u>	<u>Age of deceased</u>	<u>Cause of death</u>	<u>Hospice</u>
1. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal References:

<u>Name</u>	<u>Address/Phone</u>	<u>Relationship</u>
1. _____		
2. _____		
3. _____		

**By signing below, you are giving permission for the criminal background check:**

In connection with my volunteer application, I understand that investigative inquiries on my criminal background record will be made on me. I understand that ANTHC may request information from various federal, state and other agencies that maintain records concerning my criminal history. I authorize, without reservation, any party to furnish any or all of the above mentioned information. In addition, I hereby release ANTHC from any and all liability for damages arising from the investigation and disclosure of the requested information.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Alaska Native Tribal Health Consortium
Camp Coho – Volunteer Health History



Name: \_\_\_\_\_
(First) (Middle) (Last)

In case of emergency, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Please check all that apply:

- Checkboxes for: Allergic to Insect Bites, Epilepsy, Nosebleeds, Heart Disease, Emotional problems, Migraines, Hearing Impairment, Hemophilia, Allergies (any, please list), Asthma, Diabetes, Low Blood Sugar

Any comments:

\_\_\_\_\_

Are you currently under a physician's care for a medical problem?

\_\_\_\_\_

Are you on a physician-prescribed medication that is taken on a regular basis? If yes, please explain:

\_\_\_\_\_

Is there any health reason(s) why you SHOULD NOT participate in any of the Camp activities? If YES, please explain:

\_\_\_\_\_

Authorization for Emergency Medical Treatment

Should a medical emergency arise during my participation in a Camp Coho activity, and I am unable to speak for myself, I consent to:

- 1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below, the Camp Coho physician, nurse or director, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a copy of your medical insurance card front and back. Thank you.



**Alaska Native Tribal Health Consortium**  
**Camp Coho Volunteer**  
**Acknowledgement and Consent Form**



Please read the following document and sign below to indicate your acknowledgement and consent to volunteer at the Alaska Native Tribal Health Consortium (ANTHC) for the **Camp Coho** on November 10, 2012 and to comply with all conditions of your volunteer serves at **Camp Coho**. **Camp Coho** is a one-day camp for Alaska Native children (ages 6-12) to share and honor the memory of a loved one who died from suicide and better understand their feelings of grief and loss.

Volunteer activity is to provide a supportive role to the children. You must be able to offer good listening and communications skills, significant physical energy, patience, and a sense of humor. You will participate in all activities with their campers including: story telling, recreational activities, meals, etc. You must attend a pre-camp training session on November 8, 2012.

Acknowledgements:

1. I have volunteered to provide services to ANTHC. I am motivated by personal, civic, charitable and/or humanitarian goals.
2. I understand that for my volunteer services I am not an employee of ANTHC. I acknowledge that there is no express or implied contract of hire, either written or oral, between myself and ANTHC.
3. I am aware that I will not be compensated in any way for the services I have volunteered to provide. I am also aware that providing voluntary services does not entitle me to employment benefits of any kind, including health insurance.
4. I understand that any benefit or reimbursement that ANTHC might choose to provide, if any, is intended either as a token of appreciation or to defray expenses as I may incur as a result of my volunteer activities and does not constitute compensation for the services.
5. I understand that I must follow the direction of ANTHC employee(s) who are monitoring my volunteer activities.
6. I understand that I must follow all applicable administrative instructions and requirements of ANTHC, including all instructions concerning conduct, safety and care of children while carrying out my volunteer services.
7. I understand that I may be required to undergo a character investigation and/or a criminal background check before I am permitted to participate in volunteer activities.

Confidentiality:

In my role as a **Camp Coho** volunteer, I understand the need for confidentiality which is defined as the ability to hold all information pertaining to the children and their families as private and confidential. I do hereby agree to honor said confidentiality. All matters of confidential nature discussed at **Camp Coho** will remain confidential, except those matters related to instance of harm or threat of harm to any person, or instance of child abuse or child neglect.

In the event I discover instances of harm or threat of harm to any person, or instances of child abuse or neglect, I understand that I am under an affirmative duty to disclose such situations to the **Camp Coho** staff.

"Child abuse or neglect" means the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened thereby; in this paragraph, "mental injury" means an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function.

Any willful disclosure of confidential information obtained at **Camp Coho** about the children and other volunteers will be considered a breach of conduct. ANTHC may terminate my volunteer services at any time and for any reason.

All **Camp Coho** volunteers are required to sign this form as a condition of his/her being a camp volunteer. I understand that I must strictly maintain a child's confidentiality. I will not disclose the confidential and sensitive information after my volunteer services are completed.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Evening Telephone No. \_\_\_\_\_

Signature of ANTHC Approving Official \_\_\_\_\_ Date \_\_\_\_\_