



Dear Prospective Medical Volunteer,

Thank you for your interest in volunteering at The Laurel Foundation's Camp Laurel program. We appreciate the time you are taking out of your busy schedule to learn more about our organization.

The Laurel Foundation is a registered 501(c)(3) non-profit organization with a mission to enrich and empower at-risk children, youth and families through diverse and educational camp experiences. Our population served is HIV/AIDS, transgender and other at-risk youth.

Ensuring the safety of children and youth who attend our program is Camp Laurel's number one priority. Keeping that in mind, we trust you will understand the need for the detailed information we request from each applicant. We understand the application process is lengthy and ask for your patience as you are completing the required paperwork. Again, our goal is to ensure the safety of our campers by selecting the most qualified volunteers for our programs.

Thank you for taking the first step towards becoming a Camp Laurel volunteer. We truly appreciate your interest in serving our campers.

Please contact us at (626) 683-0800 or by e-mail at MAnderson@Laurel-Foundation.org, should you have any questions regarding the application process. You may also visit www.Laurel-Foundation.org to learn more about our organization.

Please send this application to:

The Laurel Foundation
75 S. Grand Avenue
Pasadena, CA 91105
Fax: (626) 683-0890
Email: MAnderson@Laurel-Foundation.org

Happy Camping!

Margot Anderson
Founder/CEO



Volunteer Medical Staff Job Description
PLEASE READ CAREFULLY

Minimum Qualifications:

- LVN, RN, NP, PA or MD with current California medical license
- Desire and ability to work with children in the outdoors (prior experience working with children desirable)
- Experience working with trans youth and/or children and youth affected by HIV/AIDS preferred
- Ability to relate to one's peer group and work well with people from diverse backgrounds
- Ability to accept supervision, guidance and constructive feedback
- A positive role model for children and peers (exemplary character, good judgment, approachable, etc.)
- Possess enthusiasm and patience
- At least 18 years of age
- Emotional stability to endure stressful situations, think critically and calmly resolve conflict
- Must be a US or Canadian citizen or a lawful legal resident of the US for at least 10 years

Essential Functions:

- Administration of medications that are prescribed to a campers, volunteers, or staff members by a licensed practitioners; this includes all prescription and over-the-counter medications
- Assess and provide treatment for acute injuries/illnesses (as allowed by license)
- Participate in activities and evening programs with campers as assigned by Medical Director, including an overnight tent camping trip during Summer ant Teen Camp
- Capacity to deal with highly stressful (physically and emotionally) situations with composure
- Ability to abstain from all phone usage (except in the event of an emergency) for the duration of camp session

Major Responsibilities:

- Maintain health and safety of all campers and staff
- Help each camper meet the camp goals, including increased self-esteem
- Provide guidance and encouragement for camper participation in activities
- Interact with assigned cabins as assigned
- Communicate openly with staff to ensure effective resolution of conflicts
- Participate actively in staff meetings, training, and supervisory conferences
- Adhere to all of Camp Laurel's policies and regulations
- Be a positive role model who sets a good example for campers and peers

Benefits:

- Personal growth and satisfaction
- Developing sustained friendships with people from diverse backgrounds who share a common goal of wanting to make a positive impact on the lives of youth
- Receive consistent direction, support, supervision and training from professional staff
- Opportunity to enhance interpersonal communication and leadership skills

I hereby agree that I have read and understand the above. I do not have any limitations that would hinder my ability to safely perform any of the duties or essential functions of a The Laurel Foundation volunteer. **Initial** _____



2019 Volunteer Medical Staff Application

Personal Information: <i>The Laurel Foundation is an Equal Opportunity Organization. Please Print Clearly</i>					
Name: Legal Name (if different than above):				Gender Identity: ____ Pronouns: _____	
Current Address (Street, City, State, Zip): <i>Address Valid until:</i>					
Please list addresses for the last 5 years (if different from above, attach additional sheet if necessary)					
Permanent Address (if different from above):					
Email:			How long have you lived at current address?:		
Phone #:			Cell #:		
How did you hear about Camp Laurel?					
Driver's License #:		State:		Expiration Date:	
Are you a US or Canadian citizen, or have you been a lawful legal resident in the US for at least 10 years? Yes ____ No ____ <i>In order to volunteer with The Laurel Foundation, you must be a US or Canadian citizen, or a lawful legal resident of the US for at least 10 years. This policy is in place because we are only able to perform background checks on US or Canadian citizens.</i>					
May we release the following to other volunteers and medical staff: Email Address: Yes ____ No ____ Telephone #: Yes ____ No ____ Address: Yes ____ No ____					
Have you ever worked with individuals HIV/AIDS? Yes ____ No ____ Transgender youth? Yes ____ No ____ Do you have any hesitations about working with individuals with HIV/AIDS? Yes ____ No ____					
Do you speak any language(s) other than English? _____					
What contributions do you think you can make to children at Camp Laurel? Use additional sheet if necessary.					
Dietary Needs:					
Do you have any special dietary needs? This selection will pertain to all meals served during camp session.					
None ____		Vegetarian ____		Vegan ____	
Other _____					
Please confirm you are available for the 2019 Winter Family Camp Session dates:					
____ Winter Family Camp February 15-19, 2019 (Youth and families affected by HIV/AIDS)			____ Summer Session 1 (HIV/AIDS) June 29-July 6 ____ Summer Session 2 (Trans/GNC) July 7-13		
Office Use Only	Date Received _____		<input type="checkbox"/> Photo ID		<input type="checkbox"/> Medical License
	Camp Forms _____		RSOC _____		TB _____
		BC _____		Phys _____	
		Ref: 1 2 3			



Experience working with youth: List any past experience working with youth or HIV/AIDS.		
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:

Educational Background:			
Name and Location	# of years completed?	Did you graduate?	Course of Study:
High School:			
College:			
Other:			

Medical Employment History: Please provide the following information for your past 3 employers or assignments starting with most recent.		
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:



Professional Status:		
<p>The following questions pertain to any action, including any investigation which has EVER been undertaken, whether completed or still pending which involves denial, revocation, suspension, reduction, limitation, probation, non-renewal, voluntary relinquishment by resignation or expiration (including relinquishment that was bargained for) of your medical staff membership, privilege, licensure, certification or status as a student in good standing.</p> <p><i>If the answer to any of the following questions is YES, please give full details on a separate sheet of paper.</i></p>		
A. Has your license to practice medicine, in any state, and/or your Drug Enforcement Administration registration, in any state, ever been limited, suspended, revoked, voluntarily relinquished, or is such action pending?	Yes	No
B. Have your privileges or status at any hospital, health care facility or practice organization ever been suspended, diminished, revoked, not renewed, voluntarily relinquished or is any such action pending?	Yes	No
C. Have you ever been denied membership or renewal thereof on the basis of formal peer review or been subject to disciplinary action or any medical organization (e.g., medical staffs, HMOs etc.) or is any such action pending?	Yes	No
D. Have you ever resigned or surrendered clinical privileges from a medical staff while under investigation for possible incompetence or improper professional conduct or in return for such an investigation not being conducted?	Yes	No
E. Were you ever subject to any disciplinary action during your status as a student in any internship, residency, fellowship, preceptorship, or other clinical educational program?	Yes	No
F. Has your membership or fellowship on any local, county, state, regional, national or international organization ever been suspended, diminished, revoked or not renewed, or is such action pending?	Yes	No
G. Has your professional school faculty position or membership ever been suspended, diminished or revoked, or is such action pending?	Yes	No
H. Has your Specialty Board Certification ever been denied, suspended, diminished or revoked, or is such action pending?	Yes	No
I. Have you ever been notified of any investigation or to appear before any licensing agency for a hearing or complaint of any nature?	Yes	No
J. Has any action, including any investigation, been undertaken, whether still pending or completed, or against you by any governmental agency or law enforcement body for your alleged failure to comply with laws, statutes, regulations, or other legal requirements.	Yes	No
K. Are there any current, past or pending criminal charges against you, except for minor traffic infractions?	Yes	No
L. Are there any prior or pending third party proceedings or litigation challenging or sanctioning your patient admissions, treatment, discharges, charging, collection or utilization practices?	Yes	No

Physical and Mental Health Status:		
A. Are you able to perform all the procedures for which you have requested privileges with or without reasonable accommodation, according to accepted standards or professional performance and without posing a direct threat to patients?	Yes	No
<i>If you answer YES to B and/or C, please give full details on a separate sheet of paper.</i>		
B. Have you ever become aware of or were you ever advised that you had any temporary or permanent physical or mental condition or impairment which might interfere with your ability to practice your profession with reasonable skill and safety, other than any such condition or impairment which you have indicated in the previous question?	Yes	No



Physical and Mental Health Status:		
C. Are you aware of or have you been advised that you have any temporary or permanent physical or mental condition or impairment, which by its nature or as a result of its treatment, might interfere with your ability to practice your profession with reasonable skill or safety?	Yes	No

Statement by Volunteer Applicant: The Laurel Foundation's priority is to ensure the safety and well being of our campers at all times during camp sessions and camp-related activities. We trust you will appreciate the need for us to thoroughly review each applicant's background and qualifications.	
Have you ever been convicted of a crime (excluding all convictions that have been judicially ordered sealed, expunged, impounded, or statutorily eradicated, misdemeanor convictions for which probation has been completed successfully or otherwise discharged and the case has been judicially dismissed, and marijuana-related convictions more than two-years old)? If yes, please provide date(s) and details on a separate sheet of paper.	YES ___ NO ___
ANSWERING, "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO VOLUNTEER SELECTION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.	
I certify that all information I have provided in order to apply for a volunteer position with The Laurel Foundation and its not-for-profit parent company is true (herein after referred to as the Laurel Foundation), complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will allow The Laurel Foundation to (i) cancel further consideration of this application or (ii) immediately relieve me from my volunteer duties, whenever it is discovered.	INITIAL _____
I expressly authorize, without reservation, The Laurel Foundation its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this volunteer application, résumé or interview. I hereby waive any and all rights and claims I may have regarding The Laurel Foundation, its agents, employees or representatives for seeking, gathering and using such information in the application process and all other persons, corporations or organizations for furnishing such information about me.	INITIAL _____
I am advised that the volunteer position that I am applying for involves supervisory or disciplinary power over minors and individuals with disabilities. The Laurel Foundation is authorized under Penal Code section 11105.3 to have access to records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who volunteers for a position in which he or she would have supervisory power over a minor. The Laurel Foundation will not select any applicant for a volunteer position involving supervisory or disciplinary power over minors who have been convicted of a crime listed in Penal Code section 11105.3.	INITIAL _____
Accordingly, if The Laurel Foundation makes me a tentative offer of a volunteer position, that offer shall be conditioned upon my voluntary submission to fingerprinting and a background criminal conviction records check for other convictions listed above. I have the right to refuse. However, no applicant for positions involving supervisory or disciplinary power over minors shall be accepted for a volunteer position with The Laurel Foundation until the applicant has completed a background criminal records check.	INITIAL _____
Do you currently have any physical or mental conditions, or, are you taking any medication, that would make you unable to perform the duties of the Volunteer Medical Staff, set forth in the Volunteer Medical Staff Job Description? If yes, please provide details on a separate sheet of paper.	YES ___ NO ___
If I obtain a volunteer position, I understand that I am free to leave at any time, with or without cause and without prior notice, and The Laurel Foundation reserves the same right to relieve me of my volunteer duties at any time, with or without cause and without prior notice. This application does not constitute an agreement for any specified period or definite duration. I understand that no supervisor or representative of The Laurel Foundation is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by The Laurel Foundation's President. I am volunteering my time to The Laurel Foundation to contribute to the community. I have no expectation of compensation or remuneration in any form whatsoever in exchange for my volunteered time. Additionally, The Laurel Foundation has not made any promise of any compensation or remuneration to me for my volunteered time. I am not dependent on The Laurel Foundation economically or otherwise.	
I have read and fully understand the volunteer counselor or volunteer medical staff job description (whichever applies). I meet all of the minimum qualifications and am able to carry out all of the essential functions detailed therein. I understand that all counselors must be available for 2 days of training in the city prior to Camp to be eligible for any session.	INITIAL _____
I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer position on a basis prohibited by applicable local, state or federal law. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.	
Signature: _____	Date: _____



Current Professional Liability Insurance: (Please attach proof of professional liability insurance)

Do you currently have professional liability insurance? Yes _____ No _____

Professional Liability Insurance Carrier:

Policy #: _____ Max. Occurrence/ Max Aggregate: _____

Address:

City, State, Zip: _____ Expiration Date: ____/____/____

Other Liability Claims: List on a separate page all other liability insurance policies you have had within the last 10 years, other than the one listed above. Include the carrier name, address, policy number and coverage date.

A. Have any professional liability claims been filed against you, have you reported any malpractice claim to your insurance carrier, or have you received any letter of intent to sue?	Yes	No
B. Are any professional liability claims pending against you?	Yes	No
C. Has any settlement been made or any judgement entered against you in any professional liability case in which you or a professional liability insurance carrier had to or agreed to make a monetary payment of any amount.	Yes	No
D. Have you been denied professional liability insurance, has your policy been canceled has your professional liability insurer refused to renew your policy or placed limitation on the scope of your coverage, or has any professional liability carrier expressed any intent to deny, cancel, not renew or limit your professional liability insurance or its coverage, or rated up because of unusual risk?	Yes	No

Signature: _____ **Date:** _____

Certifications: ****Please send a copy of your medical license (both sides) with this application****

License #:	State of License: (You will need an active CA license)
DEA #:	# of years practicing:

Medical Requirements:

All volunteers must have a **TB test** and **medical check up** within 12 months prior to the camp session. If selected, will you provide The Laurel Foundation with a copy of your TB test and medical check up certifying that you will not pose a health risk to campers or other staff (e.g., do not suffer from any contagious diseases)?

Yes _____ No _____

Professional References: Please **DO NOT** list current employer(s) or relatives. This section must be completely filled out.

1. Name:	Occupation:	Phone:
Address:		
2. Name:	Occupation:	Phone:
Address:		
3. Name:	Occupation:	Phone:
Address:		



Smoking Policy: The Laurel Foundation strives to hire volunteers who are role models for the children. In keeping with this, smoking will only be allowed in a designated area, upon completion of nightly staff meetings, and only when permitted by the site. We trust you will understand this policy.

Conditions of Employment:

1. In consideration of the acceptance of my application for participation at the camp session, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the camp's activities and its not for profit parent company, any and all of their agents, representatives and volunteers and employees. This release is intended to discharge in advance the camp, The Laurel Foundation from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my participation in the activities of The Laurel Foundation, even though that liability may arise of of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during camp activities, and that participants in the camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequences thereof. Knowing the risks of camp, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or to my heirs or assigns) for damages.

2. I understand that during any camping experience involving community and/or environmental living there are inherent health risks, including but not limited to exposure to illnesses, childhood or otherwise, to which I may not have been previously immunized against. Further, I understand that The Laurel Foundation has made every reasonable attempt to minimize these health risks; however, should I experience any illness following any Laurel Foundation program, I should contact my physician or call The Laurel Foundation office (626) 683-0800 to consult with the medical staff.

3. The Laurel Foundation accepts no responsibility for the loss, damage, or theft or volunteers' property.

4. Volunteer must complete this form to attend camp.

Signature:

Date:

Print name: