



Dear Returning Medical Staff Volunteer,

Thank you for your continued dedication to The Laurel Foundation and the children that we serve! We appreciate the time you are taking out of your busy schedule to attend this camp session. Camp Laurel would not be possible without the help of dedicated volunteers like you.

To apply to come to summer camp, please fill out the editable PDF attached and email it directly back to me!

We are truly grateful for your commitment to The Laurel Foundation's mission to empower youth and families affected by HIV/AIDS, transgender youth and at-risk through ~~its~~ programs. Your contribution to the safe and trusting environment that is camp is critical for us to continue to foster growth in our campers, families and ourselves.

If you have any question, please feel free to call us anytime at (626) 683-0800

Please send this application to:

The Laurel Foundation  
75 S. Grand Avenue  
Pasadena, CA 91105  
Fax: (626) 683-0890  
Email: [MAnderson@Laurel-Foundation.org](mailto: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)
- Have experience working with trans youth and/or youth affected by HIV/AIDS
- 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 children, youth and families
- Receive consistent direction, support, supervision and training from professional staff
- Opportunity to enhance interpersonal communication and leadership skills



## 2019 Returning Medical Staff Application

This application is for returning medical volunteers who have **not yet** volunteered at a camp in 2019.

<b>Personal Information:</b> <i>The Laurel Foundation is an Equal Opportunity Organization. Please Print Clearly</i>			
Name (Last, First, Middle) _____			
Current Address (Street, City, State, Zip): _____			
Permanent Address (if different from above): _____			
Email: _____		How long have you lived at current address? _____	
Phone #: _____		Cell #: _____	
Do you speak any language(s) other than English? _____			
Driver's License #: _____		State: _____	Expiration Date: _____
Please include a clear copy of your photo ID (e.g., driver's license)			
Is any of the information listed above new? Yes _____ No _____ if yes, what? _____			
May we release the following to other volunteers and medical staff: Email Address: Yes _____ No _____ Telephone #: Yes _____ No _____ Address: Yes _____ No _____			
# of Camp Laurel Resident Camps Attended: _____	Year of your first camp? _____	Last session attended? _____	
<b>Dietary Needs:</b>			
Do you have any special dietary needs? This selection will pertain to all meals served during camp session.			
None _____	Vegetarian _____	Vegan _____	Other _____
<b>Please check the dates for the 2019 7 Ua d'Gessions</b>			
_____ <b>Winter Family Camp: February 15-19</b> (For Youth and Families affected by HIV/AIDS)	<del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del>	<del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del>	<b>Summer Session 1</b> Jun 29-July 6 Session 1 (HIV/AIDS)
			<b>Summer Session 2</b> July 7-July 13 Session 2 (Trans/GNC)
<b>Medical Requirements:</b>			
All volunteers must have a TB test and medical check up within 12 months prior to the camp session. Do we have your current information on file?			
Medical Form/Physical	Yes _____	No _____	Not Sure _____
TB Test	Yes _____	No _____	Not Sure _____
<b>Smoking Policy:</b> 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.			



<b>Current Professional Liability Insurance:</b> (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: ____/____/____
<b>Liability Claims</b>	
Do you have any professional liability claims pending?	Yes _____ No _____
Is there 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 as bargained for) of your medical staff membership, privilege, licensure, certification, or status as a student in good standing taken against you?	
Yes _____ No _____	
If <b>yes</b> , please provide date(s) and details on a separate sheet of paper. Answering YES to these questions 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.	
<b>Conditions of Employment:</b>	
<p>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 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 consequence 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.</p> <p>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.</p> <p>3. The Laurel Foundation accepts no responsibility for the loss, damage, or theft of volunteers' property.</p> <p>4. Volunteer must complete this form to attend camp.</p>	
Signature:	Date:
Print name:	



<p><b>Statement by Volunteer Applicant:</b> 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.</p>	
<p>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.</p> <p><b>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.</b></p>	<p>YES ___</p> <p>NO ___</p>
<p>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 (herein after referred to as the Laurel Foundation) is true, 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.</p>	<p>INITIAL</p> <p>_____</p>
<p>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.</p>	<p>INITIAL</p> <p>_____</p>
<p>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.</p>	<p>INITIAL</p> <p>_____</p>
<p>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.</p>	<p>INITIAL</p> <p>_____</p>
<p>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.</p>	<p>YES ___</p> <p>NO ___</p>
<p>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.</p> <p>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.</p> <p>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.</p>	<p>INITIAL</p> <p>_____</p>
<p><b>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.</b></p> <p><b>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</b> I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p>	
<p>Signature:</p>	<p>Date:</p>