

Mail or Email fully completed form to:

Clarissa Amond
 Staffing and Volunteer Coordinator
 The Woodlands Foundation
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 Wexford, PA 15090
 camond@woodlandsfoundation.org

**GENERAL INFORMATION**

FIRST NAME: _____ LAST NAME: _____ MI _____

TODAY'S DATE: ____/____/____ DATE OF BIRTH: ____/____/____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU HAVE A PA DRIVER'S LICENSE? NO YES LICENSE # _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

CELL PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU HAVE ANY MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF? NO YES

IF YES, PLEASE EXPLAIN: _____

VOLUNTEER INFORMATION

HAVE YOU APPLIED TO THE WOODLANDS PREVIOUSLY? NO YES, IF SO, WHEN? _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST SEVEN YEARS? NO YES

ARE YOU TRAINED IN AMERICAN SIGN LANGUAGE? NO YES LIMITED

ARE YOU BILINGUAL? NO YES, IF SO, WHAT LANGUAGE(S)? _____

CAN YOU SWIM? NO YES

WHAT IS YOUR COMFORT/ABILITY LEVEL FOR LIFTING AND STRENOUS ACTIVITY? NONE LIGHT MID — HEAVY

VOLUNTEER INFORMATION CONTINUED

WILL YOU BE RECEIVING SCHOOL OR COMMUNITY SERVICE CREDIT FOR YOUR VOLUNTEER WORK? YES NO

IF **YES**, HOW MANY HOURS WILL YOU NEED TO SERVE? _____

IF **NO**, WHAT IS YOUR MOTIVATION FOR VOLUNTEERING? _____

HOW DID YOU HEAR ABOUT THE WOODLANDS? (PLEASE CHECK ALL THAT APPLY)

- FRIEND/FAMILY WOODLANDS WEBSITE FACEBOOK TWITTER WOODLANDS EMAIL
 FAIR SCHOOL WOODLANDS STAFF NEWSPAPER
 OTHER: _____

INTERESTS & AVAILABILITY

PLEASE IDENTIFY PROGRAMS YOU ARE APPLYING TO VOLUNTEER FOR:

**SUMMER CAMP
VOLUNTEER**

***CAMP INSPIRE**

*Are you a Children's Hospital
Employee?*

YES NO

**ADMINISTRATIVE
VOLUNTEER**

OTHER SPECIAL EVENT OR PROGRAM NOT LISTED ABOVE

**SEPTEMBER—MAY
PROGRAMS
VOLUNTEER**

- Weekend Retreats:
Friday—Sunday
- Fun and Friends:
Thursdays 6pm—8pm
- Music Ensemble:
Mondays 6:30pm—8:00pm
- Cub Club:
Saturdays 9am—4pm

**YEAR ROUND
VOLUNTEER**

- Aqua Stars:
Tuesdays 6pm-6:45pm
- Fit Club:
Monday & Wednesdays
6pm-7pm

BLOOM*

- Spring
- Fall
- Summer

**See additional
application form*

T-SHIRT SIZE:

Small Medium Large X-Large XX-Large

EDUCATION

HIGH SCHOOL

SCHOOL NAME: _____ YEARS COMPLETED: _____ GRADUATED: NO YES

COLLEGE/UNIVERSITY

SCHOOL NAME: _____ YEARS COMPLETED: _____ GRADUATED: NO YES

MAJOR: _____

GRADUATE/SPECIALTY SCHOOL, TRAINING, OR OTHER

NAME: _____ YEARS COMPLETED: _____ COMPLETED: NO YES

CONCENTRATION/AREA OF FOCUS: _____ CERTIFICATE: _____

WOODLANDS FOUNDATION

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Consent for Emergency Medical Treatment

I hereby give consent for me/my child to volunteer during daily or residential camping programs of the Woodlands Foundation, Inc. I understand that I am responsible for providing any and all medical information to the staff of the Woodlands that will permit them to respond appropriately to any emergency situation. I permit staff of the Woodlands Foundation, Inc. to consent to my/my child's emergency treatment at the appropriate medical or emergency facility if necessary and/or provide emergency medical treatment, administer medications, and treat minor illness/injury for me/my child while attending daily or residential camping programs. In the event of a medical emergency, I permit staff of the Woodlands to contact the local Emergency Medical System (EMS) at their sole discretion and judgment, at which point the local EMS will provide treatment and provide transportation to the nearest hospital, UPMC Passavant in Cranberry Twp., Pa. or other hospital or emergency treatment facility which they deem to be appropriate. I understand that any cost associated with treatment by any receiving hospital or emergency facility and/or transportation by EMS personnel is my responsibility. Furthermore, in the event of a medical emergency, the staff of the Woodlands will contact one or more individuals listed as parent(s), guardian(s), or emergency contacts on this form, and I understand that the contacted individual will be required to go to the hospital or emergency treatment facility and assume responsibility for me/my child.

I understand that I/my child will need medical clearance from a licensed medical professional before being permitted to return to the Woodlands or any of its facilities or programming activities.

I understand that the staff of the Woodlands will not provide transportation in the event of a medical emergency or physical support or treatment beyond the extent of their program training by the Woodlands Foundation, Inc.

Considering all of the above, I waive and release all rights and claims of any nature against the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of the Woodlands facilities or my/my child's care in the case of all injuries or damages of any nature, which may result while participating in the programs of the Woodlands Foundation, Inc. I further recognize that the Woodlands Foundation Inc. cannot be held responsible for the loss of clothing or personal property while I am/my child is at the Woodlands. I accept and acknowledge the risk of participation in activities of the Woodlands.

Name of Volunteer

Print: Parent/Guardian Name (if Volunteer is a Minor)

Signature of Volunteer/Parent/Guardian

Date

In case of Emergency, contact:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

WOODLANDS FOUNDATION**RELEASE & WAIVER**

Parent or guardian should complete all sections if volunteer is a minor.

Release and Waiver

In consideration for allowing _____, (Volunteer Name) participation in programming activities at the Woodlands, I hereby consent to my/my child's participation in programming at the Woodlands throughout the Program Year as defined herein. I recognize that most recreational activities are held in a camping environment and inherent in these activities, occurring in outdoor and indoor environments alike, there are risks of injury. I hereby assume all risk associated with my/my child's participation in such recreational activities and use of the Woodlands facilities. I hereby waive, release, remise and discharge the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, for damages of any kind related to, arising from, or in any way connected with, me/my child's participation in recreational activities and use of the facilities. This agreement shall be binding upon me/my child's, successors, representatives, heirs, executors, assigns, and transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

This Release and Waiver is valid for me/my child's participation in Woodlands activities beginning January 1, 20____ through and including December 31, 20____ (the "Program Year"). I understand that this Release and Waiver will apply to all programs, sessions and activities in which I /my child voluntarily agrees to participate during this Program Year unless specifically indicated otherwise above.

I, as the participant/parent/legal guardian, have read the above Release and Waiver and understand and agree to its terms.

Signature: Volunteer/Parent/Legal Guardian

Date

CONFIDENTIALITY AGREEMENT

As a volunteer of The Woodlands Foundation, I acknowledge that I may have access to the organization's data, plans, decisions, and/or other confidential information, such as financial statistics, employee data, participant data, client lists and information, or marketing plans. No volunteer may use or release this kind of information to others for their own use, personal profit, or benefit. This applies to the use of confidential information about agencies with which The Woodlands Foundation has, or is considering, an association.

I must regard personal information about other employees, and other volunteers as confidential in order to preserve the privacy of your colleagues. Employees/and or volunteers who handle confidential information or who have access to such information, whether physical, electronic, or otherwise, are responsible for the careful use, distribution, and disposal of such information.

Employees and volunteers must also handle and respect client and participant confidential information. Except as permitted by law and The Woodlands Foundation policy, volunteers shall not:

- Disclose personal information about clients or participants to unauthorized persons;
- Disclose client information or the location of clients or participants to any unauthorized persons;
- Tamper with or intrude upon any voice, video, data, or fax transmission; or
- Allow access to any communication distributed or transmitted by The Woodlands Foundation.

I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.

X _____ DATE ____/____/____
SIGNATURE OF VOLUNTER OR GAURDIAN OF VOLUNTEER (If younger than 18 years old)

OCCUPATIONAL/VOLUNTEER HISTORY

LIST ALL EXPERIENCE BEGINNING WITH MOST RECENT

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

START DATE: _____ END DATE: _____

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

START DATE: _____ END DATE: _____

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

START DATE: _____ END DATE: _____

Applicant's Statement

I certify that no charges against me in other states would prohibit my selection as a volunteer.

I certify that the answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision. I understand that this application is not and is not intended to be a contract for employment.

In the event that I am asked to volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Woodlands Foundation.

I hereby assume all risk associated with participating in volunteer and recreational activities and use of the facilities and amenities at the Woodlands. I agree to hold harmless and indemnify the Woodlands Foundation, Inc., and its employees, and do hereby release and forever discharge Woodlands Foundation, Inc. and its employees from all liability, causes of action, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with my participation in any activity while at the Woodlands.

I agree that my assignees, heirs, distributees, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release the Woodlands Foundation, Inc. from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

If my volunteer service includes driving an automobile, I acknowledge that I have a valid driver's license and an automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. I agree to notify the Woodlands Foundation, Inc. if the status of my license or insurance changes.

Volunteer Signature

Date

Parent / Guardian Signature (if age 18 or under)

Date

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or presence of non-job-related medical condition or disability.

WOODLANDS

PERMISSION TO RELEASE MINOR VOLUNTEER

I, _____, as parent/legal guardian of _____ (a minor volunteer at The Woodlands), hereby permit said minor volunteer to be released to the care of the following individuals for purposes of transportation or release at the end of the programming day. I understand that the participant/minor participant will not be released to anyone not appearing on this list and this list cannot be modified by phone, email, or any other electronic or oral means of communication.

The staff of The Woodlands does not require individuals to show identification upon pick up but reserves the right to do so. While it is not the responsibility of the staff of the Woodlands to determine the suitability or fitness of anyone authorized to pick up participant/minor participants, The Woodlands reserves the right to deny release of any participant/minor participant to an individual who cannot prove their identity if asked to produce such proof or to anyone who in the sole judgment of the Woodlands staff, appears to pose a risk to the safety of the participant/minor participant for any reason.

1. _____
Name Phone Relationship to Participant
2. _____
Name Phone Relationship to Participant
3. _____
Name Phone Relationship to Participant
4. _____
Name Phone Relationship to Participant
5. _____
Name Phone Relationship to Participant

Print Name of Participant and Parent/Legal Guardian
Legal Guardian

Phone Number of responsible Parent/
Legal Guardian

Signature of Participant/Parent/Legal Guardian

Date

WOODLANDS FOUNDATION

Permission to use Photo and Likeness

The Woodlands is an accredited American Camp Association® member.



I give permission and consent for _____ (insert participant's name) to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by The Woodlands and the American Camp Association® and its agents, to illustrate and promote

the camp experience, _____ (insert participant's name) and its camp programs, or the American Camp Association.

While participating in The Woodlands' programs I hereby give my/my child's consent for allowing photographs, videotapes, voice recording, or likenesses to be recorded, saved, and used by The Woodlands at a later time for educational, instructional or promotional purposes. I waive the right to inspect publications or media of any kind which include me/my child's photographs, videotape, voice recording, or likeness prior to their release for educational or promotional purposes. This includes but is not limited to use in email, direct mailing and social media such as Facebook®, YouTube®, Instagram®, and Twitter®. I understand that if I decline this consent I/my child will be excluded from participating in some programs at The Woodlands that by their nature involve recording, photographing, or videotaping the activity and sharing it at a later date for educational, instructional, or promotional purposes and selectively excluding any one participant is impossible.

Signature: Volunteer/Parent/Legal Guardian

Date