



Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814
Hozhoni@angelonmyshoulder.org | 1-800-860-3431

We are very pleased to offer our annual Winter Camp Hozhoni which will take place at **Camp Luther in Three Lakes**, Wisconsin. This weekend retreat is for children who have experienced cancer and their families. Our goal is to offer fun winter activities to our families while providing them with opportunities to share experiences and network with other families in similar situations.

Volunteers/Counselors: All volunteers/counselors must be at least 18 years of age unless accompanied by a parent volunteer who will work directly with the minor at camp. Minimum age for volunteers is 16.

All volunteers 18 and over must agree to a background check.

APPLICATION DEADLINE FOR VOLUNTEERS IS THREE WEEKS PRIOR TO CAMP. Applications after that date may be declined and shirts are not guaranteed. **PLEASE FILL IN THE DATE OF THE CAMP YOU ARE APPLYING FOR IN THE UPPER RIGHT CORNER OF THE FORM. Also be sure to sign and return all waivers.**

Space is limited for this winter camp so we urge you to get your applications in early. We hope to make this camp a great experience for campers and volunteers alike.

Thank you for your interest and hope to see you at camp.

Kathy Mathie
Director of Programming
Angel On My Shoulder

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Angel On My Shoulder™ Angel On My Shoulder is a registered 501(c)(3) non-profit organization and donations are tax-deductible. • Federal Tax ID # 39-1858288

Please provide a reliable email address. Being able to communicate through email saves us time, helps with record keeping and minimizes postage and printing costs.



Winter Camp Hozhoni

Volunteer Application - Disclosure & Consent Form

Date of Camp you are applying for:

Current Name: First	Middle	Last	Occupation/Major
Other Name (like maiden): First	Middle	Last	Social Security Number
Current Street Address			Daytime Phone
City	State	Zip	Cell Phone
Former Street Address (if less than 5 years)			
City	State	Zip	Can you receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
For Purposes of efficiency, we would prefer to correspond via e-mail. Please include a reliable e-mail address. E-mail			Emergency Contact Name
			Emergency Contact Relationship
Date of Birth: MM DD YYYY	Place of Birth: (city, state, country)	Zip	Phone
Age	Have you volunteered for Camp Hozhoni before? <input type="checkbox"/> Yes <input type="checkbox"/> Summer Camp <input type="checkbox"/> Winter Camp <input type="checkbox"/> No (new volunteer)		Please indicate any Food Allergies or Dietary Restrictions:
Indicate age group you feel most at ease with (check all that apply): <input type="checkbox"/> Preschool (ages 0-4) <input type="checkbox"/> School (ages 5-8) <input type="checkbox"/> Adolescent (ages 9-12) <input type="checkbox"/> Teen (ages 13-18) <input type="checkbox"/> Adult Workshop/ Topic: _____	Please indicate any of the areas you are willing and able to help with: <input type="checkbox"/> Tubing/sledding <input type="checkbox"/> Craft projects <input type="checkbox"/> Snow Shoeing <input type="checkbox"/> Babysitting <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> First Aid/Medical <input type="checkbox"/> Broomball <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Outdoor Games _____ <input type="checkbox"/> Indoor Games _____	Please indicate shirt size (unisex sizing): <input type="checkbox"/> Small (34-36) <input type="checkbox"/> I already have a shirt and do not need another. <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52) <input type="checkbox"/> Other: specify _____	
Please indicate any experience or qualifications for any of the above activities you have checked as well as whether you are able to lead the activity.			

Please print clearly

BACKGROUND

Have you ever been convicted of child abuse or sexual abuse offense? If yes, explain. Yes No

Have you ever been convicted of a felony or misdemeanor? If yes, explain. Yes No

I authorize *Angel On My Shoulder*, to process my application for serving as a volunteer by reviewing my background. *Angel On My Shoulder* reserves the right to conduct a background check through the Wisconsin Crime Information Bureau. I hereby release *Angel On My Shoulder*, its representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information. By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting *Angel On My Shoulder* permission to do a background check as *Angel On My Shoulder* deems necessary.

Signature X	Date
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I agree that *Angel On My Shoulder* shall be the exclusive owner of all rights in any images (defined as all photographs, videos, recordings or other media) taken of me in connection with *Angel On My Shoulder*. I hereby give *Angel On My Shoulder* permission to use, alter and/or license the images for any lawful purpose. I grant this release with no expectation of payment and acknowledge that my inclusion in *Angel On My Shoulder* activities constitutes sufficient consideration. I agree to make no claim against *Angel On My Shoulder* and to indemnify and hold *Angel On My Shoulder* harmless from any and all claims that I may have related to the images. I agree that the authorization and release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Wisconsin. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. If this authorization and release pertains to a minor, the parent or guardian signing below represents and warrants that he/she has the full legal authority to enter into this authorization and release on behalf of the minor.

APPLICANT SIGNATURE: X	DATE:
APPLICANT NAME TYPED OR PRINTED:	

Initials _____ By typing or printing your initials here and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your initials to the left constitute your electronic signature and will be treated as though you actually signed the form.



Confidentiality Agreement For Camp Hozhoni Volunteers

We welcome you to the Camp Hozhoni, a program of Angel On My Shoulder. In an effort to provide the highest quality of services, maintain the confidence of our constituents, families and staff, preserve integrity, safety and respect, and comply with laws and regulations, we ask that you take the time to carefully read this Confidentiality Agreement for Camp Hozhoni Volunteers. The constituent's right to privacy must always be respected. As Camp Hozhoni volunteer, you are bound by the principle of privileged communication. Please confirm your understanding and agreement to this principle and the following confidentiality requirements by signing and dating this Agreement where indicated below.

1. As a Camp Hozhoni volunteer, I will always keep the names of constituents confidential and will never reveal such information to anyone other than: (a) the physician; (b) the hospital where the constituent is or has been treated; and/or (c) the Camp Hozhoni team member(s) with a need to know (e.g., program coordinator or director). In any situation where I am unsure as to how to address a confidentiality issue, I will immediately consult with a Camp Hozhoni team member before proceeding.
2. As a Camp Hozhoni volunteer, I will always keep a constituent's medical record strictly confidential and will not discuss it with anyone, including the constituent. I will not share with any constituent information I may have obtained from his/her medical record or another source. If and when a constituent or family member asks questions regarding constituent's condition, I will always advise them to consult the physician. I will not view or access any constituent information or confidential information, other than what is required to perform my assigned duties.
3. I understand and agree that as a Camp Hozhoni volunteer, all personal information about a constituent is confidential, and should never be discussed with anyone other than authorized personnel (e.g., the program coordinator, director or the constituent's physician), and then only when relaying information as called for in program policies and procedures or when seeking advice and direction. I agree not to make inquiries or discuss any constituent information with any individual who does not have proper authorization to access or hear such information, and I will refrain from discussing any constituent information in public areas, even if specifics such as the constituent's name are not used.
4. I understand that as a Camp Hozhoni volunteer, if a constituent's experience serves as a case demonstration, the constituent's name and any identifying information must be excluded to protect his/her privacy.
5. As a Camp Hozhoni volunteer, I understand that the written consent of the constituent - and in some cases the consent of the constituent's physician - is required before he/she can become part of a publicity campaign or public relations event.
6. As a Camp Hozhoni volunteer, I understand and agree that constituent names are never to be included in meeting minutes, program reports, evaluation findings, or other documents.
7. As a Camp Hozhoni volunteer, I understand that records containing constituents' names are always guarded carefully and kept in a secure place, unavailable to unauthorized individuals, such as friends, family members and /or co-workers. I agree not make any unauthorized copies, transmissions, disclosures, inquires or modifications of constituent information or confidential information, or remove and/or transfer constituent information or confidential information from Camp Hozhoni's computer system to unauthorized locations, such as my home. I understand that in order to hold individuals accountable for improper use of data, Camp Hozhoni has the ability to track database system usage and to identify employees and volunteers who have accessed, printed, or forwarded constituent information.
8. As a Camp Hozhoni volunteer, I agree that any personal access codes, user IDs, access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times. Upon completion of my volunteer services, I agree to immediately return all property (including keys, documents, ID badges, etc.) to Camp Hozhoni.

Volunteer Confirmation of Understanding

I, (print name) _____ understand and agree to the foregoing principles of privileged communications and rules regarding confidentiality. I understand that if I do not adhere to all of these principles and rules, I will lose my eligibility as a Camp Hozhoni volunteer.

APPLICANT SIGNATURE: 	DATE:
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Initials By typing or printing your initials here and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your initials to the left constitute your electronic signature and will be treated as though you actually signed the form.

Please fill out both pages of this form completely and email to Hozhoni@angelonmyshoulder.org or print and mail to: Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814



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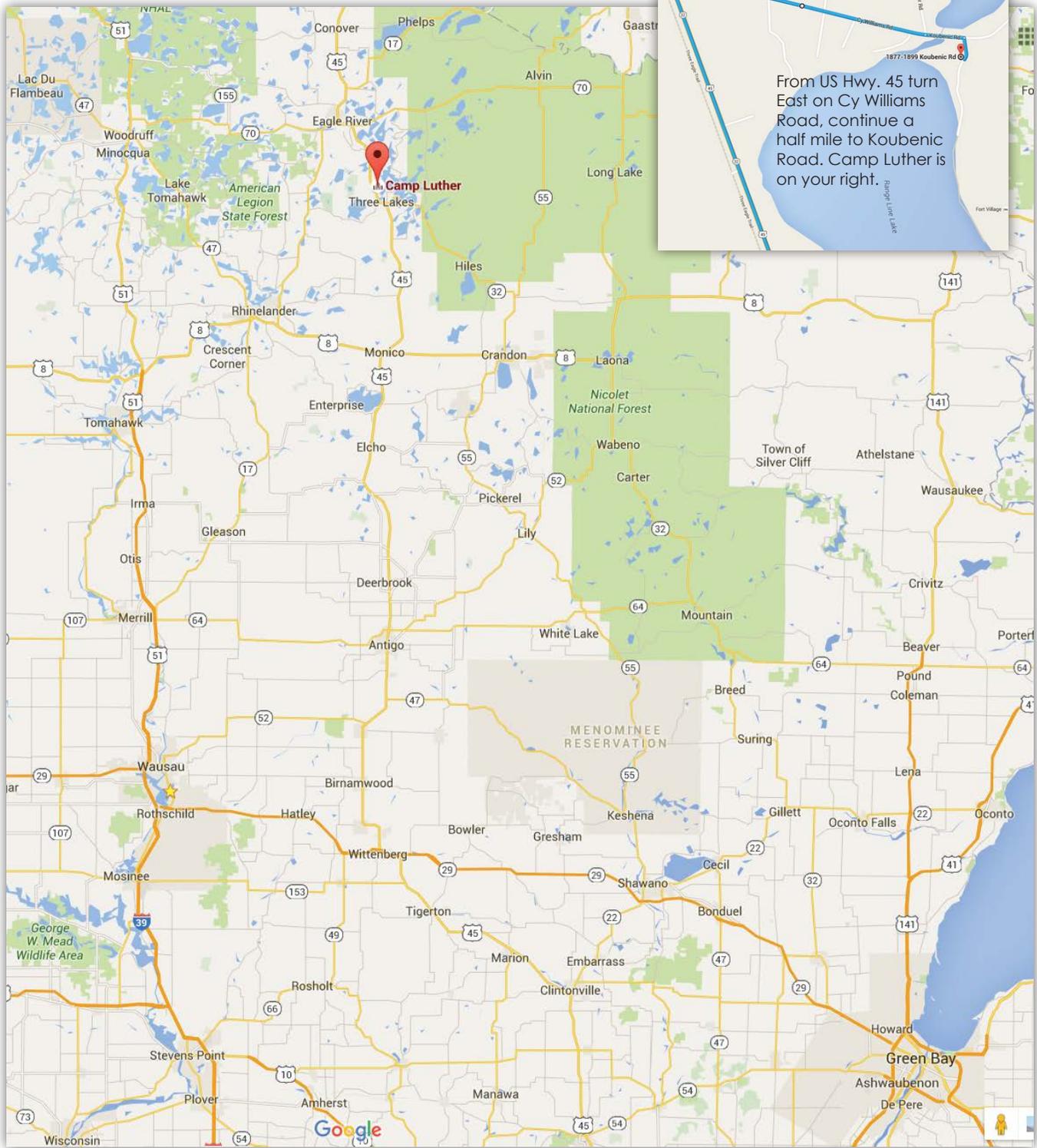
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Camp Luther Directions

Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021
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