



Dear Potential Volunteer:

Thank you for your interest in becoming a part of the Camp Boggy Creek family. As we serve children and families living with chronic and life-threatening illnesses, we need people to help us with every aspect of camp: helping in the office, driving to the airport, making Afghans, life-guarding, working in the kitchen, and playing with kids. If you come for a family weekend or a summer week, be ready to **play hard!**

**Enclosed please find the:**

- 4-page volunteer application (**Note:** Please include clearly written email addresses for yourself and at least three (3) non-family/non-friend references on page 3 of application.)
- 2-page background check forms
- 3-page Camp Medical History/ Immunizations with TB and Release forms (to be completed by **all** volunteers)
- Summer Camp Physical (to be completed by summer volunteers only in addition to the above Medical History forms)
- Other fun facts about our Camp.

**Please mail, fax (352-483-0358) or email (in either a .pdf or zipped file to [rbrubaker@boggycreek.org](mailto:rbrubaker@boggycreek.org)) the completed:**

- 4-page **Application**
- 2-page background check; signed **Consent form** and block **Background Request**
- All **Medical forms** (these may be sent in later if necessary, but **no later than 15 days prior** to your arrival.)

We review applications on a continual basis and are always looking for fresh new energy. **As soon as we receive your complete application, with background check, we will email you. We will contact you to set up a phone interview closer to your requested volunteer dates.** If your chosen weekend or week has filled, you will be placed on a waiting list and contacted if a spot opens up. **The application process typically takes at least four to five weeks.** Please fax in your application forms as soon as possible.

Thank you again, for your interest in volunteering with us. We look forward to hearing from you very soon. **If you have any questions, please contact the Volunteer Office at (352)483-4200 extension 293 or 295 or email [Volunteer@BoggyCreek.org](mailto:Volunteer@BoggyCreek.org).**

Sincerely,

Robin Brubaker  
Volunteer Coordinator

Dorcas Tomasek  
Camp Director



30500 Brantley Branch Road  
 Eustis, Florida 32736  
 Phone: (352)483-4200 ext. 293  
 Fax: (352)483-0358  
 E-mail: [Volunteer@BoggyCreek.org](mailto:Volunteer@BoggyCreek.org)

## VOLUNTEER APPLICATION

**All applicants must be at least 19 years of age.**

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

Male    Female

Current/School Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Apt# \_\_\_\_\_

\_\_\_\_\_ Apt# \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_

Cell #: (        ) \_\_\_\_\_

**E-mail (Required):** \_\_\_\_\_

Note: Please provide an address that you check regularly; we will be contacting you via e-mail.

Please check the appropriate box for position and season you are applying for: *(For job descriptions, see website)*

### Day or Ongoing Services

### Family Weekend (3 day commitment)

### Summer (1 week commitment)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Office Support                       | <input type="checkbox"/> Activity Pal _____  | <input type="checkbox"/> Cabin Counselor                           |
| <input type="checkbox"/> Dining Hall/Kitchen                  | <input type="checkbox"/> Family Pal  | <input type="checkbox"/> Dining Hall/Kitchen                       |
| <input type="checkbox"/> Airport Ambassador ( <i>driver</i> ) | <input type="checkbox"/> Dining Hall/Kitchen                                       | <input type="checkbox"/> Equine Support ( <i>Experience Req.</i> ) |
| <input type="checkbox"/> Housekeeping/Maintenance             | <input type="checkbox"/> Support Group Facilitator ( <i>credentials required</i> ) |  |
| <input type="checkbox"/> Woodworking                          | <input type="checkbox"/> Lifeguard ( <i>certification required</i> )               |  |
| <input type="checkbox"/> Special Events/Service Projects      |  |  |
| <input type="checkbox"/> Quilts, Afghans, Teddy Bears         |  |  |

**Please list dates of session(s) you are interested in attending:** *(For session dates, see Calendar of Events on website)*

Want to attend more than one session? You may select up to 2 sessions. *(Additional sessions may be added after review).*

#1 Choice \_\_\_\_\_ and/ or #2 Choice \_\_\_\_\_ #3 Choice \_\_\_\_\_

### Activity Pal choices for Family Weekends:

Archery  
 Boating & Fishing  
 Woodworking

Arts and Crafts  
 Pool (*requires Lifeguard and CPR certification; attach copies of certification card*)

**Are you currently certified in any of the following?** *(Please attach a copy of the certificate or verify experience.)*

- First Aid     CPR     Lifeguard     Water safety Instructor     Ropes course     Equestrian

Expiration dates: \_\_\_\_\_

**Do you have any other certifications or professional licenses (nursing, teaching, etc.)?** Yes  No

Name of license or certification \_\_\_\_\_

**Do you speak or read any languages other than English?** Language: \_\_\_\_\_

Level of fluency: reading \_\_\_\_\_/speaking \_\_\_\_\_ American Sign Language Yes  No

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**Please print or type your answers to the following questions in the space allotted:**

*Why do you want to work with children who have life-threatening illnesses?* \_\_\_\_\_

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

*What do you feel are your most important qualifications for the position?* \_\_\_\_\_

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

*What special gifts or talents would you bring to camp?* \_\_\_\_\_

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

*What experience do you expect to get out of camp?* \_\_\_\_\_

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

**How did you hear about Camp Boggy Creek?** *(Please be specific)*

Newspaper \_\_\_\_\_ University \_\_\_\_\_

Friend \_\_\_\_\_ Internet \_\_\_\_\_

Organization \_\_\_\_\_ Other \_\_\_\_\_

**REFERENCES:** (Include email addresses for at least three (3) references from any non-friend / non-relative choice.)  
**EMAIL ADDRESSES ARE REQUIRED:** (Please clearly print the email addresses of all your references.)

1) Former Employer/ Supervisor: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

2) Present Employer/Faculty member: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

3) Former Camp/Work Supervisor: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

4) Name: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

**VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE:**

1) Organization's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of work: \_\_\_\_\_ Dates: \_\_\_\_\_

2) Organization's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of work: \_\_\_\_\_ Dates: \_\_\_\_\_

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**EDUCATION:**

**Please give name and city of:                      Dates Attended:                      Diploma or Degree/Area of Concentration:**

High School  
\_\_\_\_\_

College  
\_\_\_\_\_

Graduate School  
\_\_\_\_\_

Other Education  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** (Present or most recent work experience)

**Company/Organization:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge?  Yes  No

In what county? \_\_\_\_\_ In what state? \_\_\_\_\_

Are there any criminal charges pending against you?  Yes  No

In what county? \_\_\_\_\_ In what state? \_\_\_\_\_

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected?  Yes  No

If yes to any of these questions, provide a full description including dates, circumstances, and authorities involved: \_\_\_\_\_

\_\_\_\_\_

***PLEASE NOTE:*** Before we can offer any volunteer a position with Camp Boggy Creek, the candidate's background information must be checked and cleared. Please fill out the additional Background Consent Form and Background Request Form included.

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## APPLICANT'S CERTIFICATION AND AGREEMENT

**Please read carefully and sign below**

I, \_\_\_\_\_ (*Print Name*) hereby authorize Camp Boggy Creek to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal or other violations. This information will include, but not be limited to; allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any state or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply to Boggy Creek verification of the information provided in my application, including without limitation evaluations of my prior performances, and I hereby release them from all liability from their doing so.

The above statements are true and complete in all respects.

Upon the offer of a staff, volunteer or other position, I understand that I must supply the camp with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified and/or corrected by Boggy Creek by contacting persons or organizations named in this application.

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

Print Full Name: \_\_\_\_\_

***Camp Boggy Creek is an Equal Opportunity Employer. All applicants are screened without regard to age, race, religion, creed, national origin, ethnic background, or medical condition.***

**Camp Boggy Creek is an alcohol-free, smoke-free, and drug-free facility.**

# Camp Boggy Creek

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize **Camp Boggy Creek** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with **Camp Boggy Creek**. *Please note, Camp Boggy Creek will not investigate the credit history of any applicants for volunteer or summer staff positions.*

I release **Camp Boggy Creek** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **Camp Boggy Creek** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

**MN & Oklahoma Residents please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

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

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### FOR OFFICE USE ONLY

**Employer please note:** If a Minnesota or Oklahoma resident checks "YES", and you do request a consumer report, please fax this form to Secure Point <sup>SM</sup> at 800-256-5876.

Account Number: \_\_\_\_\_

CS Note: Corresponding Request submitted electronically.

REV. 1/04

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# Camp Boggy Creek – Volunteers

## Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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First Name

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Middle Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous Legal Name

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Year Changed

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Street Address

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City

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State

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Zip Code

--	--	--	--	--	--

Social Security Number:

				-						
--	--	--	--	---	--	--	--	--	--	--

Date of Birth: (month-day-year)

		-			-		
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Drivers License Number

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State

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**Previous Cities...Most Recent First \*\* Please DO NOT list any addresses before the age of 18.**

City

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State

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Zip (REQUIRED)

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City

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State

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Zip (REQUIRED)

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City

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State

--	--

Zip: (REQUIRED)

--	--	--	--	--	--

City

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State

--	--

Zip: (REQUIRED)

--	--	--	--	--	--

Client Name (Requester)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

8	6	5	9	5	3	A	A	A
---	---	---	---	---	---	---	---	---

Phone Number

3	5	2	-	4	8	3		4	2	0	0				
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--

Extension

--	--	--	--

Location Code

--	--	--	--	--	--

Fax Number

3	5	2	-	4	8	3		0	3	5	8
---	---	---	---	---	---	---	--	---	---	---	---

SSN Trace       Credit       Employment       Professional License       Canadian National Criminal   
MVR       County Criminal       Education       National Sex Offender Registry

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.



- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS REGARDING:**

**PLEASE CONTACT:**

CRA's, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center - FCRA  
Washington, DC 20580  
202-326-3761

National banks, federal branches/agencies of foreign banks  
(word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member banks (except national banks,  
and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693

Savings associations and federally chartered savings banks (word  
"Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in  
institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360

State-chartered banks that are not members of the Federal  
Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil  
Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250  
202-720-7051

MEDICAL HISTORY FORM- Part 1

All Volunteers/Staff Members **MUST** complete this three-page form and **submit 2 weeks prior to arrival** in order to attend camp. All records are held confidential.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: M F

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INSURANCE:

Insurance Carrier: \_\_\_\_\_

Phone # for Claims: \_\_\_\_\_

Policy #: \_\_\_\_\_

Prescription #: \_\_\_\_\_

\*Please attach a copy of your insurance card (front and back)

\*Camp Boggy Creek recommends that you have insurance coverage, as **you will be responsible for all medical bills incurred while at camp.**

EMERGENCY CONTACT:

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

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

GENERAL MEDICAL HISTORY:

**Allergies:** Please list all prescriptions & over-the-counter medications, foods, insect bites, etc.

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

**Past and Current Medical Conditions:** Please list all surgeries, hospitalizations, injuries and illnesses (greater than the common cold or flu).

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

**Special Nutritional Needs:** Please be specific.

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

Do you have or have you ever had ...?

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> High Blood Pressure                         |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Fainting or Dizziness During/After Exercise |
| <input type="checkbox"/> Back Pain or Injury          | <input type="checkbox"/> Headaches/Migraines                         |
| <input type="checkbox"/> Chest Pain                   | <input type="checkbox"/> Heart Attack                                |
| <input type="checkbox"/> Injury to Joint or Extremity | <input type="checkbox"/> Stroke                                      |
| <input type="checkbox"/> Shingles                     |  |

**Physical restrictions or limitations to activities:**

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

**Mental and Emotional Health:**

The physical and emotional well-being of all staff and campers is important to Camp Boggy Creek. Due to the high emotional demands of this job, is there anything Boggy Creek needs to be made aware of to ensure that you and your campers are physically and emotionally sound?

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

**Note:** Family Weekend volunteers must complete the 3 page medical history form, and submit immunization records. Summer volunteers and staff must also complete a physical.

While at Camp Boggy Creek, our medical staff will be available to provide first aid and initial treatment of minor illnesses while camp is in session. You will be expected to make arrangements for ongoing medical care and treatment for chronic medical conditions, especially those usually cared for by specialists, in the local medical community. CBC will assist you in finding those resources.

MEDICAL HISTORY FORM- part 2

**MEDICATIONS:**

Please list all medications that you take regularly, including vitamins, supplements, over-the-counter and prescription medications. (All staff will be required to turn in ALL meds when camp is in summer session.)

**Prescription Medications:** \_\_\_\_\_

**All Other Medications:** \_\_\_\_\_

FOR NEW STAFF & VOLUNTEERS:

A PPD Tuberculosis Test is required before your first time of service. It must have been done within the last 12 months.

**Date:** \_\_\_\_\_ **Result: Positive\*** \_\_\_\_\_ **Negative** \_\_\_\_\_

\* If positive, please include a copy of your chest x-ray and clearance from your physician.

FOR RETURNING STAFF & VOLUNTEERS:  
TUBERCULOSIS RISK QUESTIONNAIRE

- Have you spent time with a person with infectious TB or someone with a prolonged productive cough (more than 2 weeks)?
- Have you had any of the following symptoms for greater than 2 weeks: chronic fatigue, persistent cough, bloody sputum or night sweats?
- Do you have an immune deficiency or HIV infection?
- Have you visited a country where TB disease is very common, such as in Latin America, the Caribbean, Africa, Russia or Eastern Europe or Asia?
- Do you live or work somewhere in the U. S. where TB disease is common, such as prisons and jails, homeless shelters, migrant farm camps or nursing homes?
- Do you inject drugs not prescribed by a doctor?

Have you answered YES to any of the above questions? \_\_\_\_\_

I certify that I have answered "no" to all of the above questions.

\_\_\_\_\_  
Signature

If you have answered "yes" to any of the above or have any questions, please contact Cheryl Allen, RN, at [campnurse@boggycreek.org](mailto:campnurse@boggycreek.org), as soon as possible.

Medical Release

I hereby grant permission to the medical staff of Camp Boggy Creek, or such designees as the medical staff may appoint, to provide medical services as may be necessary. In the event of an emergency arising from a serious illness or injury, if the staff member is unable to give consent, the camp medical staff or consulting physician is authorized to carry out any medical or surgical procedures which he/she deem necessary for the well being of the staff member. Staff members assume financial responsibility for any and all medical expenses incurred while at Camp Boggy Creek.

I have read, understand and agree to abide by the above. I also attest that I am physically and mentally fit for camp, and there are no medical restrictions that would limit my ability to perform the essential function of my job. I understand that Camp assumes no responsibility for any preexisting injury or illness.

\_\_\_\_\_  
Print Staff/Volunteer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMMUNIZATIONS**

We in the Patch want to welcome you to Camp Boggy Creek! Know that we are here to help you and our Campers have a healthy and fun experience.

PREVENTION IS THE BEST MEDICINE. Preventive health care starts with Immunizations. Sixteen life threatening diseases can be PREVENTED with immunizations.

Many of our campers, because of their illnesses, are not able to be immunized against some of these viruses and bacteria; therefore, if they are exposed to these germs and become ill, they are more likely than others to become extremely ill and possibly not survive.

For this reason, it is very important for all staff who come to Camp Boggy Creek to be fully immunized. In so doing, we can all rest assured that we are not putting the lives of our campers at risk.

**\*\*\*PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORD\*\*\***

**REQUIRED IMMUNIZATIONS**

- **Measles, Mumps & Rubella (MMR) – 2 doses**
- **Chicken pox (Varicella) – 1 dose or history of chicken pox illness**

**Please fill in the dates:**

**MMR 1** \_\_\_\_\_ **2** \_\_\_\_\_  
**Chicken pox (Varicella) vaccine** \_\_\_\_\_ **or Date of illness** \_\_\_\_\_

Exemptions:

- If you were born before 1957
- If a person has an immune deficiency and an immunization is contraindicated, a statement of medical exemption can be provided by your physician. No other exemptions will be accepted.
- If you cannot obtain the dates of your immunizations, a blood test can be done by your doctor to verify immunity to the disease, or you can be re-immunized.

**RECOMMENDED IMMUNIZATIONS**

Tetanus, Diphtheria and Pertussis booster (Td or Tdap) – within last 10 years. Year given \_\_\_\_\_

Meningococcal vaccine (Menactra)

Influenza vaccine

Hepatitis A

Hepatitis B

If you are not fully immunized, you can receive these vaccines through your doctor, your college health center, or your local county health department.

Summer Camp Physical Exam

To be completed by a physician

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

**PLEASE NOTE:** This completed form must be returned to Camp Boggy Creek ONE WEEK prior to your arrival for summer camp. No staff will be accepted until this form has been received and reviewed by our Medical Director. **(THIS FORM IS ONLY REQUIRED FOR SUMMER CAMP!)**

**Current and Chronic Medical Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical and Surgical History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Physical Exam**

VITAL SIGNS: \_\_\_\_\_  
HEENT: \_\_\_\_\_  
CARDIOVASCULAR: \_\_\_\_\_  
CHEST / LUNGS: \_\_\_\_\_  
ABDOMEN: \_\_\_\_\_  
NEUROLOGICAL: \_\_\_\_\_  
PSYCH / EMOTIONAL: \_\_\_\_\_  
MUSCULOSKELETAL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

**Activity Restrictions:** \_\_\_\_\_  
\_\_\_\_\_

**I have examined this person and find him/her physically fit to work at a residential camp. I am aware that this work would include supervision of children on the lakefront, in the pool, on a horse trail, exposure to farm animals, high ropes, excessive heat, long hours, and exposure to stressful situations, both emotional and physical. There are no restrictions that would limit his/her ability to perform the essential functions of his/her job, except as outlined above.**

\_\_\_\_\_  
Signature MD/DO/ARNP/PA Print Name Date

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_



## PLANNING TO FLY TO CAMP?

If you are planning to **fly** to camp, please schedule your flight to **arrive** at **Orlando International Airport** on the morning of **your Arrival before 12:00 noon** for your selected session. Plan your **departure** flight **after 5:00 p.m. on the Departure Day** of your selected session. Our shuttle will pick you up and take you back to the airport at these times only! (NOTE: We offer this transportation service as a courtesy, please observe these guidelines as we are located one hour from camp and make one trip each way!)



## WE NEED MEN!

*And we need your help recruiting them!*

**Are you planning to volunteer with us in the coming summer?** Please bring a man with you – your brother, your dad, your cousin, your male friends.

Our female counselor slots in the summer always fill up faster than our male counselor slots. Sometimes we have difficulty getting enough men here to fill our summer positions to play with our male campers, and we know you can help us by spreading the word about camp.

As always, volunteers need to be at least 19 years old and go through the application process. Our male volunteers in the summer will work with a cabin of 8-10 boys, ages 7-16. *Summer camp begins in June and runs through mid-August.* **\*FEMALES are also needed to volunteer with our female campers!**

To learn more about summer camp, contact the Volunteer Coordinator at (352) 483-4200 extension 293 or email at [Volunteer@boggycreek.org](mailto:Volunteer@boggycreek.org). You may also visit our website at [www.boggycreek.org](http://www.boggycreek.org) for more details.



## WE NEED LIFEGUARDS!

*And we need your help recruiting them!*

We need lifeguards on weekends from September through April.

We offer 20 family retreat weekends during the fall, winter, and spring when our campers and their families come to camp, and during these weekends we need lifeguards for our swimming pool and for our boating and fishing lake.

We can use lifeguards' help

- for the entire weekend (Friday afternoon through Sunday afternoon) or
- just for the day on Saturday (9:00 a.m. to 6:00 p.m.)

Lifeguards must be at least 19 years old and go through the application process. We would need copies of proper lifeguard certifications.

Please indicate on the application if you are certified and would be willing to help us in this area. If you know of other Certified Lifeguards who might want to help, please ask them to contact our Volunteer Department. To learn more about these opportunities for lifeguards, contact the Volunteer Coordinator at (352) 483-4200 extension 293 or email at [Volunteer@boggycreek.org](mailto:Volunteer@boggycreek.org). You may also visit our website at [www.boggycreek.org](http://www.boggycreek.org)