



2018 Volunteer APPLICATION

Application can be mailed to:
Camp M.A.S.H. Director
Michael Schultz
PO Box 850548
Mobile, AL 36685

Application can be faxed to:
Fax: (251) 473 - 1703
Attn: Michael Schultz

Application can be emailed to:
Email: campmashmobile@gmail.com

Office Use Only

Date Rec'd: _____

General Times Volunteers Needed
SUN: Check in 2pm – 5pm
MON – FRI: Morning – 8am-12pm
Afternoon – 2pm-6pm
Evening – 6pm – 10pm
SAT: Check out 9am – 11am
Clean up 12pm-2pm

We have a variety of program specific needs that we would love to talk to you about. Please let us know what you are willing to help us with and when.

Camp M.A.S.H. 2018 Dates:
Sun., June 10 – Sat., June 16, 2018

WE MUST HAVE AN APPLICATION ON FILE FOR EVERYONE VOLUNTEERING AT CAMP MASH. PLEASE MAKE SURE YOU TURN THIS IN, EITHER TO CAMP DIRECTOR PRIOR TO CAMP WEEK OR BRING IT WITH YOU THE FIRST DAY YOU ARRIVE AT CAMP TO VOLUNTEER.

Volunteer Identifying Information

Last Name: _____ First Name: _____

Preferred Name: _____ Gender: M or F Age: _____ Date of Birth: _____
(NOTE: If you are under 18, you must have your parent/legal guardian sign this document)

Current Mailing Address: _____

Phone Numbers: Home - _____ Cell - _____ Work - _____

Email: _____ ****Please provide email you check; we send a lot of info via email.**

Emergency Contact Info: Name - _____ Phone - _____

Name - _____ Phone - _____

Please indicate your t-shirt size: YS YM YL S M L XL XXL XXXL

Have you been volunteered at this or any camp previously? YES or NO If YES, where? _____

How did you hear about Camp MASH? _____

Areas of interest in volunteering/helping serve at Camp MASH:

Kitchen/Food Arts & Crafts Medical Team Counselor Sub Archery

Photography Trash/Clean up Program Team **Anywhere** Other(s)

RETURN APPLICATION AS SOON AS POSSIBLE

Contact Camp Director Michael Schultz with any questions:

Phone: 251-599-5688

Fax: 251-473-1703

campmashmobile@gmail.com

Volunteer Background Information

Please answer each of the following questions honestly to the best of your knowledge and memory.

Full Legal Name: _____

Date of Birth: _____

Driver's License Number: _____

State DL Issued: _____

Has your name ever appeared on a sex offender registry? YES or NO

If YES, explain: _____

Have you ever been arrested, charged with, convicted of, YES or NO
plead guilty, plead no contest, or had an adjudication
withheld on ANY crime except a minor traffic offense?

If YES, explain: _____

Have you ever had your driver's license revoked/suspended? YES or NO

If YES, explain: _____

NOTE: If you answered YES to any of these questions, it does not automatically disqualify you, depending of circumstances and explanation.

Camp M.A.S.H. Agreement

I, legal guardian of _____ hereby give permission for previously named person, to apply to be a volunteer at Camp M.A.S.H. (Make Arthritis Stop Hurting). As a condition of such enrollment, I hereby represent to the leadership and staff of Camp M.A.S.H. on behalf of the previously named person, my agreement with the general terms and conditions as follows: (PLEASE PLACE YOUR INITIALS IN BLANK SPACE PROVIDED BY EACH AREA OF THIS AGREEMENT AS WELL AS SIGN, PRINT, AND DATE AT THE BOTTOM.)

☐ **Understanding of Risks:** I am aware that some camp activities, whether it be swimming, horseback riding, ropes course, or any other associated activities at camp, involve inherent risks and dangers to the participant, including serious injury or death.

☐ **Release of Liability:** I release the leadership, staff, & volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc.; the property owners, their owners, agents, employees, successors of assigns, lessors and joint ventures from any and all liability, claims, demands, actions, causes of action, expenses, and damages in any way resulting from personal injuries, conscious suffering, death or property damage sustained by previously named person or others arising out of their participation in camp activities. I hereby expressly waive all claims that I may have against the leadership, staff, & volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc.; the property owners, their owners, agents, employees, successors of assigns, lessors and joint ventures for each and all the foregoing.

☐ **Indemnity:** I state that previously named person will exert every effort to follow the rules and instruction they have received prior to or during camp activities. I hereby agree for previously named person, my heirs, personal representatives and assigns to indemnify, defend and hold harmless the leadership, staff and volunteers of Camp MASH, the ARTHRITIS FOUNDATION, SOUTHEAST REGION, INC., PROPERTY AND/OR BUSINESS OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES from and against any and all losses, claims, demands, actions or proceedings of any kind which may be initiated against any of the foregoing by any person and arising out of any action or inaction on my part or the part of the leadership, staff and volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc., or its owners, agents, employees, successors or assigns and in any way related to any of the activities described in the preceding paragraph or contemplated under this agreement.

☐ **Continuation of Terms:** I agree and acknowledge that the terms and conditions of this Agreement, including my assumption of risk (paragraph 1), release of liability (paragraph 2), and indemnity (paragraph 3) shall continue in full force and effect at all times during which I am engaged as a participant/volunteer at Camp, shall continue in full force and effect for the benefit of the leadership, staff, and volunteers of Camp MASH, the ARTHRITIS FOUNDATION, SOUTHEAST REGION, INC., PROPERTY AND/OR THE BUSINESS LAND OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES at all times after the termination of the activities contemplated by this agreement and shall be binding upon my heirs, personal representatives and the assigns of my estate.

☐ **Disputes:** This agreement shall be interpreted in accordance with the laws of the State of Alabama. Any dispute shall be litigated in Mobile County, Alabama.

☐ **Medical Release:** I hereby grant to the Camp MASH medical team/staff, including doctors and nurses, and their authorized representatives, permission to furnish or arrange the furnishing of such hospital and medical care as named above volunteer MIGHT REQUIRE DURING SUCH TIME AS HE/SHE IS A VOLUNTEER AT CAMP MASH. This medical care shall include, but not be limited to, examinations, treatment, immunizations, injections, anesthesia, surgery, and other procedures, etc. I understand that emergency contacts shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said volunteer. I also hereby grant permission for named volunteer to be transported to a medical facility or emergency shelter as deemed necessary or advisable by the medical staff and/or camp director.

☐ **Media Release:** I further grant permission for above named volunteer to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of Camp MASH.

☐ **Inspection:** I do hereby grant full permission and authority to Camp MASH to inspect the personal belongings, luggage, etc., of previously named person, if recommended by the Camp Director or representative.

I _____ am 18 years of age or older or I am legal guardian of _____, and I will acknowledge and have read and understand all of the terms of this agreement, including "General Terms". To induce the leadership and staff of Camp MASH, in conjunction with the Arthritis Foundation, Southeast Region, Inc. to enroll previously named person as a volunteer in camp and to allow them to participate in all camp activities. I agree to be bound by the general terms of this agreement and I hereby agree to indemnify, decent and hold harmless, the leadership, staff, and volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc., property and/or business owners, partners, agents, attorney, employees, successors, assigns and/or representatives from and against any and all liability or losses resulting from any suit against the leadership, staff, and volunteers of Camp MASH or the Arthritis Foundation, Southeast Region, Inc. by myself the volunteer or otherwise resulting from a breach of agreement.

Legal Guardian Signature
(If you are 18+, you can sign for yourself)

Legal Guardian Printed Name
(If you are 18+, you can write your own name)

Date

CAMP GRACE
PARTICIPANT RELEASE AND HEALTH DISCLOSURE FORM

Name of Participant: _____ Age: _____

User Group: _____

Camp Grace, Inc. maintains a recreational facility located at 11081 Wanda Drive, Mobile, Alabama 36608. From time to time, Camp Grace, Inc. permits and licenses groups and individuals to host events and activities at the facility. The Participant named above (“Participant”) is participating in an event or activity hosted, sponsored and presented by the User Group named above (“User Group”). A variety of activities (the “Camp Activities”) may be available to Participant at the facility such a high ropes challenge course, lake swimming, water toys, boating, horseback riding, archery, inflatables, etc. This form is intended to remind Participants of the seriousness of attempting Camp Activities with a pre-existing medical condition.

Question	Response	
1. Does Participant have any pre-existing medical conditions?	Yes	No
2. Is Participant currently taking any prescription or non-prescription medication?	Yes	No
3. Does Participant have any abnormal heart condition?	Yes	No
4. Does Participant have high blood pressure?	Yes	No
5. Does Participant have any allergies (food, bees, insects, medicines, etc.)?	Yes	No
6. Does Participant foresee any problems participating in strenuous activities due to a lack of regular physical exercise?	Yes	No
7. Does Participant feel any pressure or coercion from others to participate?	Yes	No
8. Does Participant have a disability?	Yes	No
9. If female, does Participant know or suspect she is pregnant?	Yes	No

Please explain any “yes” response(s): _____

If Participant has a disability, please indicate the functional implications and any concerns about participation related to the disability: _____

Describe Participant’s current level of physical activity: _____

In case of emergency, contact: _____ Phone: _____

Medical insurance (company and policy number): _____

Participant authorizes Camp Grace, Inc., Camp Grace Land, LLC and User Group, and their respective affiliates, agents, owners, principals, officers, volunteers, organizers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as CAMP GRACE), to be treated as Participant would be treated with respect to Participant’s rights regarding the use and disclosure of my individually identifiable health information and other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. 1320d and 45 C.F.R. 160-164.

This authority given to CAMP GRACE shall supersede any prior agreement that Participant may have made with health-care providers to restrict access to or disclosure of individually identifiable health information. The individually identifiable health information and other medical records given, disclosed, or released to any named agent may be subject to re-disclosure by a named agent and may no longer be protected by HIPAA. The authority given to CAMP GRACE herein shall expire one year from execution, unless earlier revoked by Participant in writing and delivered to CAMP GRACE and Participant’s health-care providers. There are no exceptions to Participant’s right to revoke this HIPAA Release.

In consideration of the services of CAMP GRACE, Participant does hereby release, indemnify, and discharge CAMP GRACE, on behalf of Participant, his/her relatives, heirs, assigns, personal representative and estate as follows.

1. Participant acknowledges that participation in Camp Activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death of Participant or others, or damage to property of Participant or others. Participant understands that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Camp Activities.

Camp Activities are offered on the “**challenge by choice**” principle. Participation is subject entirely to the desire and discretion of Participant. At any time, Participant and/or Participant’s group are free to decline or withdraw from participation in any activity. **The risks of participation include, among other things, the potential for:** slips, falls or falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe, even life threatening, hazards. During an

activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, Participant acknowledges that staff and facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather.

2. Participant expressly agrees to, promises to and hereby does accept and assume all of the risks existing in Camp Activities. Participation is purely voluntary, and Participant’s election to participate is in spite of all risks.

3. Participant does hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CAMP GRACE from any and all claims, demands, or causes of action, which are in any way connected with Participant’s participation in Camp Activities or use of CAMP GRACE equipment or facilities, including but not limited to any such claims which allege negligent acts or omissions of CAMP GRACE.

4. Should CAMP GRACE or anyone acting on its behalf, be required to incur attorney’s fees and costs to enforce this agreement Participant agrees to indemnify and hold them harmless for all such fees and costs.

5. Participant certifies that he/she has adequate insurance to cover any injury or damage he/she may cause or suffer while participating, or else Participant shall bear the cost of such injury or damage directly. Participant further certifies that he/she is willing to and hereby does assume the risk of any medical or physical condition he/she may have.

6. In the event that Participant files a lawsuit against CAMP GRACE, he/she agrees to do so only in the Circuit Court of Mobile County, State of Alabama, and he/she further agrees that the substantive law of Alabama shall apply in that action without regard to the conflict of law rules of that state or any other state. Participant agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. Participant consents for all purposes to the sale, reproduction and/or use of photographs of the Participant (with or without the use of the Participant’s name), by CAMP GRACE and by the respective nominees and designees of CAMP GRACE in all forms and media and in all manners, including but not limited to trade, display, advertising, editorial, art and exhibition. In giving this consent Participant releases CAMP GRACE, and the respective nominees and designees from liability for any violation of any personal and/or proprietary right Participant may have in connection with such sale, reproduction or use.

By signing this document, Participant acknowledges that if anyone is hurt or any property damaged during Participant’s participation in CAMP GRACE activities, Participant may be found by a court of law to have waived his/her right to maintain a lawsuit against CAMP GRACE on the basis of any claim from which he/she has released CAMP GRACE herein.

Participant has had sufficient opportunity to read this entire document. Participant has read and understood it and agrees to be bound by its terms.

Signature of Participant:_____

Print Name:_____

Date:_____

Address: _____

Phone:_____

**Parent’s or Guardian’s Additional Agreement and Indemnification
(Must be completed for Participants under the age of 19)**

The undersigned parent or guardian of Participant certifies that to the best of his/her knowledge, information and belief, the foregoing is an honest and complete disclosure of any medical, psychological, or personal information relating to Participant’s health. The undersigned parent or guardian has explained to Participant the terms and conditions of this document and also that a “challenge by choice” atmosphere exists at all times, and that he/she should not feel pressure to participate.

In consideration of Participant’s being permitted by CAMP GRACE to take part in Camp Activities and to use CAMP GRACE’s equipment and facilities, the undersigned parent or guardian further agrees for himself/herself and for Participant to the terms hereof and agrees to indemnify and hold harmless CAMP GRACE from any and all claims which are brought by, or on behalf of himself/herself and/or Participant and which are in any way connected with such use or participation by Participant.

Signature of Parent or Guardian:_____

Print Name: _____

Date:_____