



Volunteer Paperwork

Name:

\_\_\_\_\_

**CAMP KANIKSU VOLUNTEER APPLICATION**

**PLEASE COMPLETE AN APPLICATION EVEN IF YOU ARE A RETURNING VOLUNTEER**

LAST	FIRST	M. I.	PREFERRED NAME

STREET	CITY	STATE	ZIP

PRIMARY PHONE	EMAIL ADDRESS	OCCUPATION	PROFESSIONAL LICENSE #

SPECIFY YOUR T-SHIRT SIZE: \_\_\_\_\_

**PREVIOUS RELATED EXPERIENCE:**

HAVE YOU EVER VOLUNTEERED FOR CAMP KANIKSU IF YES, HOW MANY TIMES?	YES	NO
HAVE YOU EVER VOLUNTEERED FOR A GRIEF CAMP?	YES	NO
HAVE YOU EVER WORKED WITH KIDS IN GRIEF?	YES	NO

**EMERGENCY CONTACT**

LAST	FIRST	RELATIONSHIP TO VOLUNTEER	PRIMRY PHONE NUMBER

PLEASE PROVIDE US WITH TWO REFERENCES (PROFESSIONAL)

NAME	RELATIONSHIP	CONTACT INFORMATION

1.) DO YOU HAVE ANY MEDICAL CONDITIONS WHICH LIMIT YOUR PARTICIPATION IN STRENUOUS, STRESSFUL, OR OUTDOOR ACTIVITIES? IF SO, PLEASE EXPLAIN:

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## UNDERSTANDING & ACKNOWLEDGEMENTS

THE SUCCESS OF CAMP KANIKSU COUNTS ON THE ENTHUSIASM AND DEDICATION OF OUR VOLUNTEERS. THEREFORE, IT IS ESSENTIAL THAT CAMP KANIKSU VOLUNTEERS UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

1. Volunteers must be *at least 18 years of age* INITIAL \_\_\_\_
2. Volunteers must complete an application INITIAL \_\_\_\_
3. Volunteers must undergo a criminal background check (consent form attached) INITIAL \_\_\_\_
4. Volunteers must attend all required Camp Kaniksu trainings INITIAL \_\_\_\_
5. Volunteers must complete an Abuse, Neglect, and Exploitation of Children training and pass a test on the subject INITIAL \_\_\_\_
6. Volunteers must complete a HIPAA Training and pass a test on the subject INITIAL \_\_\_\_
7. Volunteers must be available for the entire weekend of Camp Kaniksu INITIAL \_\_\_\_
8. Volunteers must be willing and physically able to participate in all Camp Kaniksu activities INITIAL \_\_\_\_

## CONSENTS

I give my permission to be photographed while at Camp Kaniksu. I understand that photographs will potentially be used to promote Camp Kaniksu and other Hospice of North Idaho Youth Bereavement Programs and Volunteer Programs. INITIAL \_\_\_\_

By completing this application, I agree to a criminal background check, identity verification utilizing my social security number, and a professional reference check. I acknowledge having read and understood the basic requirements of volunteering at Camp Kaniksu. Further, I acknowledge that the information and statements used on this application are true and correct. INITIAL \_\_\_\_

**DISCLOSURE AND AUTHORIZATION**  
**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Hospice of North Idaho (HONI) may obtain information about you as part of the process for consideration of employment or volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. In the event that the information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or volunteering, before making the adverse decision, we will provide you with a copy of the report and a description in writing of your rights under the law. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights on the document, Summary of Your Rights Under the Fair Credit Reporting Act, following this release. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment or volunteering with HONI is an investigation into your education and/or employment history conducted by **Background Source International** ([www.BackgroundSource.com](http://www.BackgroundSource.com)) - (866) 769-7281), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing HONI to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The information from the report will not be used in violation of any applicable federal or state Equal Employment law or regulation.

By signing below, I hereby authorize HONI to obtain a consumer report in order to consider my application for employment or volunteering.

Applicant: \_\_\_\_\_

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

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

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

**BACKGROUND INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Other Cities/States lived in the Past 7 Years: \_\_\_\_\_

\_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.