



-2009-

Dear Volunteer,

Thank you in advance for your participation in the Camp Lo-Be-Gon camping program. Camp dates this year are June 29<sup>th</sup> through July 2<sup>nd</sup> (Monday through Thursday). By volunteering at Camp you will make a difference in the lives of children with diabetes. Hopefully, your experience will be enjoyable, you will learn along with your campers, and you will survive the wonderful July heat.

There are several areas of opportunity for volunteers: camp nurses, camp medical counselors (youth and adult), camp counselors-in-training, diabetes education, arts and crafts, and kitchen staff. The following responsibilities pertain to ALL camp volunteers:

- Pre-camp personal preparation by studying the staff manual that will be given to you at orientation.
- Assisting with pre-camp set-up and post-camp clean-up.
- **Attending pre-camp orientation session on Sunday, June 14<sup>th</sup> at 4pm at the Oklahoma Diabetes Center at 41<sup>st</sup>/Yale. Attendance is mandatory.**
- Participating with the campers at meals, swimming and all camper activities, to ensure adequate supervision.
- Assistance and participation in educational sessions at camp.

Counselors-in-training need to be 12 years old by June 1<sup>st</sup>. Youth counselors need to be 16 years of age by June 1<sup>st</sup>.

Please complete the attached volunteer application and return to Paula Ramsey at the address below by May 1<sup>st</sup>. If you have questions, please call Danielle: 918-366-4480 or Paula: 918-254-4073.

Sincerely,

David Jelley, MD  
Camp Lo-Be-Gon Medical Director

Camp Lo-Be-Gon  
C/O Paula Ramsey  
9036 East 76<sup>th</sup> Street  
Tulsa, OK 74133

# Camp Lo-Be-Gon Staff Medical/General Information

THIS FORM MUST BE SIGNED BY STAFF MEMBER (IF YOUTH COUNSELOR, ALSO BY PARENT(S) OR GUARDIAN(S))

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Home phone: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_

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Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

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Physician name: \_\_\_\_\_ Office phone number \_\_\_\_\_

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Health Insurance Company: \_\_\_\_\_ Insurance company phone number: \_\_\_\_\_

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Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_ SS #: \_\_\_\_\_

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Other pertinent information regarding coverage: \_\_\_\_\_

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Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

## HEALTH HISTORY

Do you currently have or have had any of these conditions or illnesses in the past? (Check all that apply)

Current	Past	Condition	Current	Past	Condition	Current	Past	Condition
		Seizures			Fainting			Hay Fever/Allergies
		Heart problems			Hives			Stomach problems
		Asthma			Ulcer			Other:

Do you have any chronic or recurrent illness (other than diabetes)?  Yes  No If yes, what? \_\_\_\_\_

## ALLERGIES (include all drugs, foods, insects, etc.):

## IMMUNIZATION RECORD:

Tetanus (must be within 10 years) Date \_\_\_\_\_

Additional comments: \_\_\_\_\_

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This health history is correct so far as I know. In the event that I am unable to authorize treatment in an emergency, and the alternate person listed on this form is unavailable, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order anesthesia, blood and blood products or surgery for me.

I understand that all reasonable measures will be taken to safeguard my/my child's health and safety and that the appropriate person will be notified as soon as possible in case of any emergency. However, in the event of sickness or accident, I will not hold the leaders of Camp Lo-Be-Gon or any camp sponsor responsible.

I agree, as a counselor, to conduct myself in an appropriate manner to be determined by the camp director. I understand that all clothing will be appropriate to work with children. I understand that our goal is to help the children be safe and have fun. Any extras (water guns, etc.) will need to be approved by the camp director before being brought to camp. I understand that I am a role model for the campers. Any inappropriate behavior may result in my being asked to leave camp.

\_\_\_\_\_  
Counselor/Youth counselor/CIT signature

\_\_\_\_\_  
Parent or Legal Guardian signature

\_\_\_\_\_  
Parent or Legal Guardian signature  
**(Both parents must sign)**

**If you are a parent or sibling of a camper, please list the name(s) of your children/siblings that will be attending camp as campers:**

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

# Camp Lo-Be-Gon Volunteer Application

Danielle Vincent, Director / Paula Ramsey, Director  
Dr. David Jelley, Medical Director

Application for the position of \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address (used to send reminders) \_\_\_\_\_

Would you like to receive further forms by email? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

How did you hear about Camp Lo-Be-Gon? \_\_\_\_\_

I would prefer to work with children ages (circle one):                      5 to 8 years                      9 to 11 years

T-shirt size (circle one):    YL    AS    AM    AL    Adult XL    Adult XXL

**Previous job-related experience**  
(Please describe positions held and general responsibilities)

As a volunteer: \_\_\_\_\_

As a paid employee: \_\_\_\_\_

**Current memberships held**  
(Community, professional organizations, etc.)

**Education and or special training:** \_\_\_\_\_

\_\_\_\_\_

**Hobbies, interests, and special skills:** \_\_\_\_\_

\_\_\_\_\_

**Health limitations or considerations:** \_\_\_\_\_

\_\_\_\_\_

**Current certifications held (first aid, CPR, etc.):**

\_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_ Expiration date: \_\_\_\_\_

**Have you ever been convicted of child abuse, a violation of any law (excluding traffic violations) or ordinance regulating conduct towards minors, or a felony? \_\_\_ Yes \_\_\_ No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## References

1. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause to refuse consideration as a volunteer at Camp Lo-Be-Gon.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date