

Briefly explain why you are interested in volunteering at Camp McCumber. For example: Educational experience, Community service, etc..

Please list three personal references who are not related to you and who have known you for at least three years.

Name: _____ Known how long?: _____ Yrs.

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Occupation: _____

Name: _____ Known how long?: _____ Yrs.

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Occupation: _____

Name: _____ Known how long?: _____ Yrs.

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Occupation: _____

Have you ever been convicted of a felony?: Yes _____ No _____ (If yes, please explain)

You will receive a small stipend at the end of camp. If you wish to donate some or all back, please check below and indicate percentage: Yes _____ I would like to donate _____% of my stipend back to camp.

Release Statement

Camp rules and regulations for counselors:

1. Smoking is only allowed behind the dining hall so that the counselors can be good role models to their campers. Smoking is strictly prohibited in all other areas of camp (as counselors must obey camp regulations.)
2. Drinking alcoholic beverages is not allowed on or off camp premises for your duration as a counselor. For the safety of everyone at camp, it is imperative that all staff stay sober and coherent.
3. Sexual Harassment is a serious offence, and will not be tolerated. Sexual harassment includes any comments or actions that make another person feel uncomfortable in a situation. First offences will receive a warning from the camp administrator. If further issues arise I understand that I am serving under the discretion of the camp leaders, and may be dismissed from camp to protect camper safety.
4. I agree to be a positive influence and role model for my campers. I acknowledge that this week is about the campers, and I will do everything I can to make this an enjoyable week for everyone at camp and be positive and enthusiastic!

I have read and agree to the above conditions for being a Camp McCumber Counselor for 2018. I

(continued on next page)

understand that if I do not comply with any of these rules, I may be dismissed from camp at the discretion of the camp administrator and directors.

Signature: _____ Date: _____

Sexual Harassment Policy

April 2006

The Lions Health Foundation of District 4-C1 believes strongly that all participants in Lions sponsored activities are entitled to volunteer in a "sexual harassment free" environment. The Lions further believe that it is

the responsibility of all community members to ensure that activities are free from sexual harassment. The Lions do not condone or excuse sexual harassment of any kind. Sexual harassment by any member, supervisor, staff person or activity participant will not be tolerated on or off the activity premises. While our primary activities are summer camps, we also spend considerable time outside of camp - meeting, planning and working. This policy applies to any and all situations in which community members interact, whether at camp, at related activities, or within the general community at large.

Because the Lions strongly disapprove of offensive behavior with respect to our organization's activities, all members must avoid any action or conduct which could be viewed as sexual harassment. Therefore, under this policy, the following acts are specifically prohibited:

1. Creating an environment of unwelcome sexual conduct that has the purpose or effect of unreasonably interfering with an affected persons enjoyment and performance as a volunteer.
2. Creating an intimidating, hostile or offensive volunteering environment
3. Sexual slurs, vulgar jokes, display of sexually explicit pictures, or other sexually explicit or offensive conduct,
4. Intimate relationships between supervisory and supervisory or supervisory and subordinate members or participants on or off the activity premises which may affect the supervisor's treatment of the supervisor, member or participant,
5. Granting or denying participation in any activity based on receptivity of sexual advances, and
6. Sexual advances, requests for sexual favors, and verbal or physical conduct of a sexually harassing nature.

Any volunteer or community member who has a complaint of sexual harassment with respect to the volunteering activity by anyone including supervisors, co-volunteers, visitors, or any other person involved directly or peripherally in the activity should immediately bring the problem to the attention of Camp Director and Camp Administrator. All complaints will be handled on a confidential basis. The organization will retain confidential documentation of all allegations and investigations and will take appropriate corrective action to remedy all violations of this policy. Corrective action may include disciplinary action up to and including termination of volunteer or participant status for persons found to have engaged in sexual harassment. My signature below indicates I have read, understood and accept these policies.

Signature: _____ Date: _____

Complete and mail these forms to: Lion Greg Miller
Diabetes Camp Co-Administrator
2911 Monte Bello Dr.
Redding, CA 96001

Questions: Bob Trueax @ 530-591-7758 or Greg Miller @ 530-921-0751
e-mail: rltrueax@gmail.com e-mail: gmiller9662@sbcglobal.net

**Lions Clubs International District 4-C1 Health Foundation
Diabetic Camp at Camp McCumber.**

Name: _____ Social Security #: _____

Address: _____
(Street) (City) (State, ZIP)

Phone: _____ E-mail _____

Birth date: ___/___/___ Sex: M ___ F ___ Do you currently have health insurance? Y ___ N ___



Camp McCumber Counselor Application Medical Emergency Release Form

If yes,

insured by:

Policy # _____

Permission in Case of Emergency:

In the event of an emergency that incapacitates me in any way, due to illness or injury, I hereby grant permission for required medical service to be performed.

Signed: _____ Date Signed: _____

If Counselor is a minor, this form must be signed by a parent or guardian.

Parent or Guardian Signature _____ Relationship _____

Date Signed: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State, Zip)

Phones, Home _____ Cell _____

Do you have diabetes? Y___ N___ If yes, for how long? _____

When were you last examined by a doctor? Date: _____

Date of last tetanus shot (Mo/Yr) _____

Date of last MMR (Measles, mumps, rubella) (Mo/Yr) _____

Have you had chicken pox? Y___ N___

Have you had the chicken pox shot? Y___ N___ Date _____

DISCLOSURE AND AUTHORIZATION FORM (Applicant to retain all pages after page 3 of this document)**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

_____ (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment or volunteer application. Coeus Global LLC, or another consumer reporting agency, will obtain the report for the Company. Coeus Global LLC is located at PO Box 885 Cottonwood, CA 96022 and can be reached at 866-765-0592.

The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: Coeus Global LLC Compliance Department, P.O. Box 885 Cottonwood, Ca. 96022 or faxed to 530-341-0036.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission.

ADDITIONAL STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting Coeus Global LLC. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as **Coeus Global LLC**, to the Company. I understand that if the Company hires or approves me as a volunteer, my consent will apply throughout my employment or volunteer placement unless I revoke or cancel it by sending a signed letter to **Compliance Department, P.O. Box 885 Cottonwood, Ca. 96022** or faxed to **530-341-0036**.

I understand that, to the extent allowed by law, information contained in my job or volunteer application or otherwise disclosed by me before, during or after my employment or volunteer placement, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

For residents of, or for jobs located in California, Minnesota and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Compliance Department, P.O. Box 885 Cottonwood, Ca. 96022** or by toll free fax **530-341-0036**. I request a free copy of the report.

Signature: _____ Date: _____

The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last First Middle

List all other names used in the last 7 years:

Date of Birth¹: Social Security Number:

Drivers License Number: State issued:

Current Address:

City: State: Zip:

Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:

Dates: City: State: Zip:

Dates: City: State: Zip:

Dates: City: State: Zip:

Daytime phone number: () Email Address:

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.