

For office use

Date received: _____
Notified: _____
Excel: _____
Release forms (5): _____
Confidentiality: _____
EC waiver: _____
References: _____
Background check: _____
SOR: _____
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In SF/SF update: _____ / _____
Interview: _____
Interview completed by: _____
Accepted/not accepted date: _____
Accepted/not accepted initials: _____

Camp Courage and Camp Courage – Teens **VOYAGE TO SPACE**

Camp Courage and Camp Courage – Teens (same week):
Saturday, June 1 – Friday, June 7, 2024

Deadline: Friday, May 3, 2024

ATTACH YOUR
PHOTO HERE

We require a photo so that
we can begin to learn
everyone's name ahead of
Camp.

All applicants who have not previously volunteered at Camp with Annie's Hope must complete an interview with an Annie's Hope staff member. Interviews must be completed by Friday, May 17, 2024.

Annie's Hope believes in the dignity and the intrinsic worth of every human being. We welcome, affirm, and support children, teens, and adults of all abilities and disabilities, experiences, races, ethnicities, socio-economic backgrounds, sexual orientations, gender identities and expressions, religion and non-religion, citizenship and immigration status, and any other category people use to define themselves or others. Annie's Hope upholds the confidentiality of each individual and does not share this information with other volunteers. We strive to create safe and inclusive environments that celebrate diversity and foster positive relationships.

Volunteer Application

Thank you for widening the circle of support for grieving kids.

If you have previously volunteered at Camp, please complete sections with "*" and all agreements, releases, and waivers.

*Name: _____ *Date of birth: _____

*Gender: Female Male Non-binary Choose to not respond _____ Age: _____

*My pronouns are: She/her/hers He/him/his They/their/theirs Ze/hir/hir

*Do you want your pronouns listed on your camp name tag? Yes No

*What name do you want on your name tag? _____

*Home address: _____ *City, State, Zip: _____

*Home phone: _____ *Cell phone: _____

*Email address: _____

*School/other address: _____ *City, State, Zip: _____

*Employer (if applicable): _____ *Supervisor's name: _____

*Employer address: _____ *City, State, Zip: _____

*May we call you at work? Yes No *Work phone: _____

*Will you be able to be at Camp the entire time (Saturday 9AM – Friday 4PM) Yes No

*If not, why? _____

*Have you previously volunteered at Camp Courage or Camp Courage – Teens?

Yes No

*If yes, in what capacity and what years?

Activities Counselor	Arts & Crafts Coordinator	Arts & Crafts Helper	Cabin Counselor	Camp Nurse						
'00 – '17	'18CC	'18CE	'19CC	'19CE	'20CCV	'21CC	'22CC	'22CCT	'23CC	'23CCT

*What is your preferred t-shirt size? Please select one.

Small Medium Large XL 2XL 3XL

*Emergency contact:

Name: _____ Relationship: _____ Phone: _____

***In what way would you like to volunteer for Camp Courage/Camp Courage – Teens? Please check your areas of interest.**

Arts & Crafts Volunteer Cabin Counselor Camp Nurse Daytime Fishing Volunteer Daytime Archery Volunteer

***If you desire to be a Cabin Counselor, what age and gender of campers would you prefer? Please choose a first and second preference.**

Female	Male			
6 – 7 year-olds	8 – 9 year-olds	10 – 11 year-olds	12 – 13 year-olds	14 – 15 year-olds
16 – 18 year-olds				

***Do you have skills in any of the following areas?**

	Archery	Certified lifeguard	Arts & Crafts	
Dancing	Drama	Drawing/painting	Fishing	Musical instruments
Photography	Rock climbing	Singing	Sports	

The children, teens, and adults Annie’s Hope serves depend on us to recruit reliable, safe, and committed volunteers. With that in mind, we need to ask a few tough questions. Please answer the questions honestly and completely. All answers are strictly confidential.

Grief and loss can occur in a variety of ways, including: death, divorce, moving, job and career changes, remarriage, disease, etc. Please describe any losses you have experienced. Include when the loss occurred, its impact on your life, how you have coped, and how you believe the experience will enhance or impede your ability to volunteer for Camp Courage/Camp Courage – Teens. If more space is needed, please use the blank page at the end of this form. *Returning volunteers, please include any losses you have experienced since your last volunteer commitment with Annie’s Hope.

How did you learn about Annie’s Hope and Camp Courage/Camp Courage – Teens?

Please explain why you would like to volunteer for Camp Courage/Camp Courage – Teens.

What do you hope to gain from volunteering for Camp Courage/Camp Courage – Teens?

What talents, experiences, skills, knowledge, etc. can you offer to the kids of Camp Courage/Camp Courage – Teens?

Do you speak any languages in addition to English? Yes No

If yes, please explain:

*Have you been vaccinated for COVID-19? Yes No

*Have you received the COVID-19 booster? Yes No

*What is important for Annie’s Hope to know about your spiritual, emotional, medical, or physical needs so we may help you be successful at Camp Courage/Camp Courage – Teens?

*Please list any food and/or medical allergies/ anaphylactic response:

Allergy	Reaction
_____	_____
_____	_____
_____	_____
_____	_____

*Do you have any dietary restrictions? Check all that apply.

gluten free lactose free vegan vegetarian no pork

*Any other medical or religious dietary restrictions?

To raise money for our programs, Annie’s Hope applies for grant funding from foundations and corporations.

To submit successful grant applications, we need answers to the following questions.

Please remember your answers are strictly confidential and optional.

Do you identify with an organized religion? Yes No

If yes, please state the religion: _____

How do you racially identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): _____

How do you ethnically identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Are you now (or previously) a member of the military/U.S. Uniformed Services? Yes No

If yes, how are you involved? Active Reserves Veteran National Guard

If yes, which branch of the military/U.S. Uniformed Service group are/were you a member of?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

Camp Courage/Camp Courage – Teens volunteers share a wealth of experiences and talents. Pease share yours.

Education:

High School: _____ Graduation date: _____

College/University: _____

Degree: _____

Year in program: _____ Graduation date: _____

College/University: _____

Degree: _____

Year in program: _____ Graduation date: _____

Work history:

(Please share details of your work history from the past five years, starting with the most recent)

Employer: _____ Job title: _____ Dates: _____

Supervisor: _____ Phone number: _____

Employer: _____ Job title: _____ Dates: _____

Supervisor: _____ Phone number: _____

Employer: _____ Job title: _____ Dates: _____

Supervisor: _____ Phone number: _____

Volunteer experience:

(Please share any prior volunteer experience you have had interacting with children and adolescents. Include other camps, agencies, or organizations, such as Big Brothers Big Sisters, Sunday School, Scouting, Little League, etc.)

Organization/Group: _____ City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____ City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____ City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____ City/State: _____ Dates: _____

Contact: _____ Phone: _____

Please list three references (not relatives) you have known for at least a year:

Name: _____ Relationship: _____ Length of relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____ Length of relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____ Length of relationship: _____

Email: _____ Phone: _____

Due to the nature of our work with children and adolescents, volunteers who have had any child/minor related criminal charges filed against them are automatically excluded from volunteering in parts of our organization that would require direct contact with children and/or teens. Annie's Hope will complete background and sex offender registry screenings for every volunteer who applies to work with children or teens.

*Have you ever been convicted of a crime? Yes No

*If yes, please explain:

Please list your places of residence for the past ten years.

Address: _____ City, State, Zip: _____

County: _____ Dates: _____

Address: _____ City, State, Zip: _____

County: _____ Dates: _____

Address: _____ City, State, Zip: _____

County: _____ Dates: _____

Has your name changed? Yes No

If yes, what other names have you used? _____

CONFIDENTIALITY AGREEMENT

This statement is to be reviewed and signed by all Camp Courage/Camp Courage – Teens staff and volunteers prior to performing any service or participating in any training.

Children, teens, and families who come to programming offered by *Annie's Hope* are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As Camp Courage/Camp Courage – Teens volunteers and staff, you become a piece of the healing process for the children, teens, and families. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information with anyone else - not even with family, friends, or relatives. They share with us because they want and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, teens, families, and other facilitators is strictly confidential. Outside *Annie's Hope* programs, it is not to be discussed - even to our own families and friends.

There are five exceptions to preserving confidentiality. They are:

1. Any indication of suicidal ideation (suicidal thoughts).
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at *Annie's Hope* might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform the Camp Director immediately. The Camp Director will assess the severity of the issue and refer to emergency services as needed.

Signature: _____ Date: _____

Annie's Hope & Camp Courage/Camp Courage – Teens

Please read the information below. Sign your name under each of the five releases/agreements if you understand and fully agree to follow all aspects of the regulations and guidelines outlined.

PHOTOGRAPHIC RELEASE

I, _____, hereby authorize Annie's Hope to take photographs, film, audiotapes, and videotapes of me and my artwork and to use them in newspapers, publications, and presentations. Annie's Hope may use these such items and information in whatever way Annie's Hope considers proper and desirable.

Signature: _____ **Date:** _____

RELEASE OF RESPONSIBILITY FOR VALUABLES

I, _____, hereby release Annie's Hope & Camp Courage/Camp Courage – Teens staff and volunteers of any responsibility for valuables that I choose to bring to Camp Courage/Camp Courage – Teens. I acknowledge that Camp Courage/Camp Courage – Teens guidelines encourage all valuables to be left at home.

Signature: _____ **Date:** _____

SOCIAL MEDIA AGREEMENT

I, _____, understand that, due to a commitment to maintain confidentiality, Annie's Hope prohibits me from sharing any of the pictures I take – electronically or in print – at the Camp Courage/Camp Courage - Teens Pre-Camp Party and at Camp Courage/Camp Courage - Teens itself with others or on any public social media forum.

Signature: _____ **Date:** _____

RELATIONSHIP WITH CAMPERS AGREEMENT

I, _____, understand that, due to liability concerns, Annie's Hope prohibits me from any and all forms of contact with a camper of Camp Courage/Camp Courage - Teens outside of the camp setting or other Annie's Hope activities.

Signature: _____ **Date:** _____

SUBSTANCE USE AGREEMENT

I, _____, understand that consumption or possession of alcohol, cigarettes, prescription narcotics, marijuana, vapes, or any illegal substance/drug while training or volunteering at Camp Courage/Camp Courage - Teens is strictly prohibited. I understand that all volunteers must abstain from using any substances or consuming alcohol for a minimum of 8 hours before arriving to training. I understand that a breach of this agreement may warrant immediate dismissal.

Signature: _____ **Date:** _____



Adventure Education & Team Building at Lake Williamson Christian Center

17280 Lakeside Drive □ Carlinville, IL 62626 Phone 800.500.5922 □ adventure@lwccag.org

Waiver and Release of Liability

The programs of Lake Williamson’s Eagle Crest Adventures—including high ropes, zip lines, team initiatives, axe throwing, escape rooms, caving, and outdoor education—offer participants the opportunity for individual and group growth. The nature of these programs carry an inherent risk of injury, both minor and serious. Emotional risks include, but are not limited to fear, embarrassment, crying, and anger. Physical risk is also an inherent part of these programs. Common injuries include bumps, bruises, cuts, scrapes, and rope burns. Falls, missteps, tripping, and slipping may result in sprains, broken bones, and damage to back, neck, or other parts of the body. Activities that require physical lifting may result in back injuries or muscle strain. Caving programs carry the additional risk of injury and death from falling, rock fall, entrapment, and drowning.

In signing this document you agree:

1. You understand participation in Eagle Crest Adventures programs carries risk of minor and major emotional and physical injury. You understand it is not possible for this release to list all possible risk. You understand these risks can result in long-term, health-related issues, permanent disability, loss of work, loss of wages, and even death. You take upon yourself all physical, emotional and financial risk stemming from participation. You understand that at any time you have the right to decline participation.
2. You understand that with some pre-existing medical conditions strenuous activities may not be recommended. You understand that if you have questions regarding your physical health or a pre-existing medical condition, it is your responsibility to consult with your physician to determine your level of participation. You understand Lake Williamson staff and volunteers are not qualified to make medical assessments regarding participation.
3. You understand that alcohol and drug usage (both illegal and prescription drugs) can increase these risks, and you agree to not participate if you are under the influence of any substance, both legal and illegal.
4. You understand that pregnant women should not participate in Eagle Crest Adventure programs.
5. You understand the weight limit on zip lines is 250 pounds. Severe injury may occur if you mislead staff regarding your weight.
6. In case of injury, you agree to release, waive, discharge, hold harmless, defend, and indemnify any person providing initial first aid treatment. When you are unable to make medical decisions, you grant permission for Lake Williamson staff and volunteers to arrange medical transportation to a hospital and to convey any known medical information to professional medical staff.
7. Because you willing take these risks upon yourself, you waive your right to seek any financial compensation from Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all fulltime and part-time employees and volunteers) from any and all claims, actions, or losses which may arise from participation, even claims that are considered “negligent.” Such financial compensation includes, but is not limited to, medical bills (including hospitalization, doctor visits, physical therapy and long-term disability), loss of wages, loss of personal property, and legal claims.
8. You, on behalf of yourself, your personal representatives, your dependents and your descendents, voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise from participation.
9. If, after clearly waiving your rights to seek financial compensation stemming from participation, you, your personal representatives, your relatives, your dependents or your descendents pursue legal action, you agree:
 - a. All legal filings must take place in the jurisdiction of Macoupin County in the state of Illinois. No filings may take place outside of this jurisdiction.
 - b. This document can be presented in court showing that you willingly took upon yourself any and all risks involved and willingly waived the right to pursue financial compensation stemming from participation.
 - c. You agree the court can only throw out the clause or line that they find offensive, not the entire document.
 - d. You, your personal representatives, your dependents or your descendents are responsible for all fees (including, but not limited to legal expenses) occurred by Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators in defending against all claims.

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives, my relatives, my dependents and my descendents, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise out of my participation in this event.

I agree to follow the instructions of Eagle Crest Adventures staff. I understand Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I have read and understood this waiver. I sign it willingly and assume all risk from my participation.

Signature: _____ Date: _____ Group: Annie’s Hope

Print Name: _____ Parent’s Signature (If under age 18): _____

Sponsor One:

Camp Courage and Camp Courage – Teens are offered at no cost to campers and their families. Sponsor One is an optional, simple, and online fundraising challenge for Camp Courage/Camp Courage – Teens volunteers. Participating volunteers are tasked with the goal of raising \$1,300 – the financial value of one campership to Camp. Any amount raised is greatly appreciated and supports keeping camp free for campers. Since 2015, Camp volunteers participating in Sponsor One have raised over \$70,000 for the free grief support programs offered by Annie’s Hope.

Would you like more information about how to participate in Sponsor One? Yes No

(Participation in this fundraising effort DOES NOT impact our selection of volunteers and is NOT mandatory, although ANY contribution raised or effort made is greatly appreciated.)

BACKGROUND CHECK AGREEMENT

I, _____, understand that as a volunteer working directly with families, I am required to complete background check screenings prior to my placement as a volunteer. Annie’s Hope will hold results securely and confidentially. The information obtained is only accessible by Annie’s Hope persons who are responsible for reviewing background checks.

Signature: _____ **Date:** _____

The undersigned acknowledges and agrees that (1) she/he/they/ze is not required, if called upon, to perform the volunteer service herein applied for and that **Annie’s Hope** is not required to assign, or actively seek to assign, her/him/their/hir as a volunteer even after appropriate training; and, (2) as a part of the Agency’s assessment process, additional information will be elicited from the applicant by Agency personnel.

I affirm under the penalties of perjury that all the information supplied to **Annie’s Hope** during the application process is true and accurate.

Printed name of applicant: _____ **Date:** _____

Signature of applicant: _____

Please submit completed applications by mail, email, or fax to:

Annie’s Hope – The Center for Grieving Kids
Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122
Email: applications@annieshope.org
Fax: (314) 918-1438

For questions or concerns, please contact Annie’s Hope at (314) 965-5015.

Please keep this page for your reference.

All Annie's Hope volunteers who work directly with families must have background checks completed.

(1) Missouri Automated Criminal History System and

(2) Missouri Department of Health and Senior Services (for Missouri residents), or the Illinois Department of Children and Family Services (for Illinois residents). Background checks for volunteers who are not Missouri or Illinois residents are conducted in the state in which you reside.

Following your volunteer interview, Annie's Hope will provide further instructions on how to register and complete your background checks. We ask that you cover the costs of your background check fees, however, if this is not possible, please do not hesitate to request assistance.

Missouri Automated Criminal History System (MACHS)

MACHS utilizes the Missouri Volunteer and Employee Criminal History Services (MOVECHS) program to conduct fingerprint background checks. MOVECHS provides a criminal history record at the state and federal level. *For more information, go to: <https://statepatrol.dps.mo.gov>. Scroll to "Background Checks."*

Missouri Department of Health and Senior Services (DHSS) or Illinois Department of Children and Family Services (DCFS)

The [Department of Health and Senior Services \(DHSS\)](#) created an electronic interface with the data systems maintained by the [State Highway Patrol](#), [Department of Social Services](#), [Department of Mental Health](#), and various units within the [Department of Health and Senior Services](#). This background screen includes the records below. *For more information, go to: <https://health.mo.gov/safety/fcsr>.*

- [State criminal history records maintained by the Missouri State Highway Patrol](#)
- [Sex Offender Registry maintained by the Missouri State Highway Patrol](#)
- [Child abuse/neglect records maintained by the Missouri Department of Social Services](#)
- [The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services](#)
- [The Employee Disqualification Registry maintained by the Missouri Department of Mental Health](#)
- [Child-care facility licensure records maintained by the Missouri Department of Elementary and Secondary Education](#)

The Illinois Department of Children and Family Services (DCFS) conducts a search of the Child Abuse and Neglect Tracking System, indicating an incident of child abuse and/or neglect or if involved in a pending investigation. *For more information, go to <https://dcfs.illinois.gov>.*