



WILDERNESS CAMP FOR DEAF CHILDREN, INC.



Volunteer Staff Checklist

This registration package contains the forms and information necessary for all camp volunteers working at the camps who will be in contact with children. It should be used as a checklist to ensure everything we need is submitted. **All volunteers for the in-camp programs working with and around children will need to complete all forms.** All are fill-in PDF forms. Navigate using the tab key and "enter" to place checkmarks. Specific instructions and requirements have been noted for use of each form. Please keep a copy of all forms submitted for your own records. **All may be scanned and emailed to lionnick@sbcglobal.net**, or mailed as noted.

Volunteer Application Form. This form is filled out online. If not already Complete go to the web site lionswildcamp.org/applications

Health History Form. This is an online fill-in form. If not already completed, go to: <https://wildernesscamp.wufoo.com/forms/contact-medical-information-2024/>. Enter as much information as possible so you can be assured proper medical attention at camp. **All information is confidential and will be sent directly to the camp medical representative.** Please note that you are not covered by Workmen's Compensation for injuries and accidents sustained while at work.

Voluntary Disclosure Statement. Required annually for all staff and volunteers working at an established camp with children. Information is kept confidential and available only to personnel staff. Complete and submit at camp start.

-----Forms below this line not required for returning seasonal staff-----

Personnel Policies. Attached to this PDF. Retain page 1 & 2 for your records, sign, date and submit page 3 at start of camp.

Live Scan Request Form. This is for the computerized fingerprinting and subsequent background check required for all staff and volunteers working at an established camp with children. The Dept of Justice will report any RELEVANT information based upon convictions for the protection of our campers. Non-relevant information, such as DUI or charges without convictions, is not provided. All information and records are confidential and secured. You are responsible only for the fees charged by the facility completing the live scan and shall be reimbursed \$20 towards its cost. For the location and fees for completing the live scan, go to: <https://oag.ca.gov/fingerprints/locations>

You must use the Wilderness Camp request form. Complete the form and have live scan performed no later than 3 weeks prior to camp. Results are required before the camp session. **Not required for returning volunteers with results on file.**

Out of State volunteers DO NOT USE the Livescan Request Form; instead, complete and sign the BACKGROUND CHECK AUTHORIZATION FORM.

After scan, retain your request form with scan # until livescan has been completed by DOJ.





Lions Wilderness camp for Deaf Children, Inc

P.O. Box 8 Roseville, CA 95661

info@lionswildcamp.org

Volunteer Staff Agreement

This agreement is between _____

and Lions Wilderness Camp for Deaf Children, Inc. (LWC)

Volunteer Status Acknowledgment

I understand that, as a volunteer, I am in no way, shape or form an employee of LWC. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of California.

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in LWC programs or accessing LWC facilities could increase the risk of contracting COVID-19. LWC in no way warrants that COVID-19 infection will not occur through participation in LWC programs or accessing LWC facilities.

Initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with LWC, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE LWC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against LWC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of LWC facilities/equipment or participation in LWC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

I understand I am required to submit a completed online Health History Form stating I am physically able to attend, have been vaccinated for COVID 19 and able to work at camp. A physical exam is not required.

LWC is required to conduct annual background checks. If completed for a prior year and is still on record with Camp Administration no reapplication is required, otherwise I will need to submit the form for a DOJ Livescan fingerprint check. I also need to submit the Annual Voluntary Disclosure Statement.

By my signature I am stating that I have read the above document, understand the policies, and agree to the terms herein.

Signature: _____ Date: _____

Please return this form to the LWC Camp Director at sign in; mail / email to address above.

Voluntary Disclosure Statement All Camp Staff

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested or convicted of any crime relating in any manner to children and/or your conduct with them?

☐ Yes ☐ No

If yes, please explain in remarks.

3. Have you ever been arrested or convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

☐ Yes ☐ No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain in remarks.

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

☐ Yes ☐ No

If yes, please explain in remarks.

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

☐ Yes ☐ No

If yes, please explain in remarks.

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

☐ Yes ☐ No

If yes, please explain in remarks.

- a) The camp may deny employment to any person who answers “yes” to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

Signature of Minor's Parent or Guardian _____ Date _____

Please explain in detail any section(s) that you have marked Yes. If arrested, please include status of arrest, ie: pending trial, dismissed, etc Note which section(s) your remarks pertain to. Use additional sheets as necessary.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name
(AKA or Alias) Last

First

Suffix

Date of Birth Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



BACKGROUND CHECK AUTHORIZATION

FCRA NOTICE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

_____ may obtain information about you from a consumer reporting agency for employment/volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by **CampBackgroundchecks.com** (1200 South Outer Road, Blue Springs, MO 64015/816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Company 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.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION** (above) and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CampBackgroundchecks.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [☐]

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [☐]

Full Name	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Please provide ALL residential addresses for the past seven (7) years.			
Current Address:			From
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Telephone Number:	Email Address:		Check here if there are more addresses you have lived at in the last 7 years. <input type="checkbox"/>
SIGNATURE:			DATE: