Resource Volunteer Waiver

Updated February 2023

This waiver is intended for volunteers who aid in camp program, but will not be staying overnight on camp property, and will be spending less than 12 cumulative hours on camp property involved in camp program for the given summer program.

Resource volunteers may interact with campers, pending acceptance of this waiver.

Resource volunteers are NOT permitted to enter cabins or bathrooms with campers, be the sole adult present with a group of campers, or stay at camp for a cumulative time of over 12 hours during a summer’s camp programming. These would qualify the person as a volunteer, and they must complete the more extensive volunteer forms to interact with the camp program in these ways.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_

Date(s) and time(s) at camp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of camp(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will your role be at camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old are you? (circle one) Under 14 14-15 16-17 18-20 21+

# Past Work & Volunteer History:

Have you volunteered/worked at Camp Mardela at any point in the past? Yes No

Please list years and camp programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you volunteered/worked at any other camp program in the past? Yes No

Please list years, camp, and type of camp program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Do you have experience supervising children? Yes No

Please explain the nature of your previous child supervision

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**Experience/Certification**

Do you have specialized, verifiable training in any of the following areas?

Theological Instruction First Aid/CPR Lifeguarding Food Service Arts

Archery Nursing/Advanced Care Taking Teaching

**If you will be driving a group of campers for camp programming, answer the following (if not, disregard):**

Do you have a valid driver’s license? Yes No State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current chauffeur’s-type or commercial driver’s license? Yes No

**Legal Verification**

Have you ever been accused of harassment/abuse including, but not limited to

* workplace harassment/abuse
* sexual harassment/abuse, or
* harassment/abuse of minors?

(Note: prior accusation is not an automatic bar to volunteering. The type of accusation and when it occurred will be evaluated by camp before a decision is made.) Yes No

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

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Have you ever been convicted of a crime, other than a minor traffic offense? (Note: prior conviction is not an automatic bar to volunteering. The type of conviction and when it occurred will be evaluated by camp before any decision is made.) Yes No

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

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**Health Information**

Do you have any medical conditions that may create a risk for you or the staff, volunteers, or campers in the program? Yes No

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

Are you currently taking medication that could impair your ability to adequately supervise and interact with campers? Yes No

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

Do you have any other health conditions that we should be aware of? Yes No

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature of Minor’s Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_