



Dear Interested Kidney Camp Volunteer,

The National Kidney Foundation of Indiana (NKFI) is excited to invite you to apply to volunteer at Kidney Camp! Camp is back at **Camp Tecumseh in Brookston, IN May 31-June 4, 2024**. We are pleased that you are interested in volunteering at Camp this year and whether you will be a returning volunteer or this may be your first time at Kidney Camp, we hope that your experience will be memorable and fulfilling. As a volunteer at Kidney Camp, you will be an integral part of making sure our campers have a safe and fun camp experience to remember for years to come.

Enclosed you will find the application to become a volunteer at Kidney Camp. Here at the NKFI, we pride ourselves in having responsible, passionate, and dedicated volunteers. No matter where your strengths lie, we have a place for you at Kidney Camp! We look forward to reviewing your application. If you have any questions or suggestions, please feel free to reach out.

Sincerely,

Joy Araujo

Development Specialist



May 31-June 4 2024 Volunteer Application

Please complete and return this application by May 1, 2024

Full Name ******Please attach a copy of your driver's license for name verification******

Date of Birth ___/___/___ **SSN (for background check)** _____ **Gender** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone h(____) _____ c (____) _____ w(____) _____

Email _____

Place of Employment or University _____

Job title or Year in School: _____

Any Medical Training?

____ Physician- (area of practice) _____

____ Medical Student (and what year) _____

____ Nurse Practitioner-(type) _____

____ Nurse-(degree and area of practice) _____

____ Nursing Student (and what year) _____

____ Medic: _____

____ Pharmacist

____ Pharmacy Student (and what year) _____

____ Renal Social Worker

____ Renal Dietitian

____ Dialysis Tech

_____Kidney/Dialysis/Transplant Patient-(please circle)
_____Other (Please describe)_____

Camp Availability

(Please indicate half day, full day, and/or overnight availability)

Friday May 31

Saturday June 1

Sunday June 2

Monday June 3

Tuesday June 4

COVID-19 NOTE

The NKFI strongly encourages all volunteers to be vaccinated against COVID-19, as we serve a medically vulnerable population, but in accordance with recent medical advisory recommendations, we will no longer require COVID-19 vaccination for volunteer placement. As always, if feeling unwell, please stay home.

Mandatory Volunteer Training Note

There will be a mandatory volunteer training session tentatively scheduled for the morning of **May 18th** in Indianapolis. If you are accepted as a volunteer and cannot attend, please let us know as soon as possible.

Circle t-shirt size: ADULT- S M L XL 2XL 3XL

Volunteer Experience:

Describe your experience working with children:

Have you ever been a camp chaperone or been involved in a similar experience?

Yes _____ No _____

If yes, please describe

How do you see yourself contributing to Kidney Camp?

Medical Information:

Emergency contact name: _____ **Relation to you:** _____

Home phone _____ **Work Phone** _____ **Cell** _____

Address, City, State, Zip

Physician

Name _____

Address, City, State, Zip

Phone _____

Dentist

Name _____

Address, City, State, Zip

Phone _____

Medical Information

Allergies _____

Describe Allergic Reaction

Special Dietary Needs

Please list any conditions you are aware of or have been told by a physician that we should be aware of (e.g. pregnant, injuries, surgeries, arthritis, heart disease, high blood pressure, seizures, fainting,)

ACCEPTANCE AS A VOLUNTEER DEPENDS ON:

- Past successful experience as a camp volunteer
- Results of background check
- Spots available and if your availability meets staffing needs
- Completion of application in full

If you know of persons interested in volunteering, please have them contact NKFI right away.

Direct questions and forms to:

National Kidney Foundation of Indiana
 Attn: Joy Araujo
 911 E. 86th St., Suite 100
 Indianapolis, IN 46240

joya@kidneyindiana.org

Phone: 317-722-5640

Fax: 317-722-5650

I agree that the information provided is true to my knowledge.

(Participant Signature) (Date)

(Print name)

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com.** After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____
If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20_____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor