UNC HEALTH CARE
Department of Volunteer Services

Orientation _____ Volunteer No. _____ Area **Burn Center Aftercare Programs**

UNC HOSPITALS
VOLUNTEER REGISTRATION FORM
2013

Name: Mr. / Mrs. / Miss / Ms._____ Date _____
Last First Middle Initial

Date of Birth: _____Are you an IAFF member? Y N Gender: Female _____ Male _____

Home Address: _____
Street City State Zip County

e-mail address: _____

Telephone Numbers _____
Home Work Cell

Present Occupation: _____ Employer: _____

Education: (circle one)
High School Professional/Technical School _____

College: Degree _____ Major _____

EVENT(S) YOU'RE VOLUNTEERING FOR: _____

SERVICE AREA PREFERRED:

___ Counselor to child (Must be at program **ALL** weekend) Age Range preference _____

___ Cabin leader ___ Activity area leader ___ Special Events

___ Logistics assistant ___ Counselor in Training (CIT) mentor ___ Willing to assist however needed

___ Other – Please specify _____

AVAILABILITY

___ All weekend (Required for Counselors) Days Only – Days and Times _____

___ Evenings only – Days and Times _____

REFERENCES: **Please provide 3 NON FAMILY MEMBER REFERENCES with knowledge of your character, experience, work habits, and abilities. Include COMPLETE MAILING ADDRESS.**

_____
Name Complete Mailing Address Telephone Number

_____
Name Complete Mailing Address Telephone Number

_____
Name Complete Mailing Address Telephone Number

EMERGENCY CONTACT: _____ Telephone Number _____

LOCAL NEWSPAPER: _____
NAME ADDRESS

ADULT T-SHIRT SIZE: ___ SMALL __ MEDIUM __ LARGE __ X-LARGE __ XX LARGE

PERSONAL SKILLS, ABILITIES AND KNOWLEDGE: Check all that apply.

__ Student
__Jaycee
__ Burn Survivor
__ EMT
__ Professional
__ Community Volunteer
__ Medical
__ Hospital Volunteer
__ Firefighter – Department _____
__ Parent or relative of burn survivor
__ Friend of burn survivor
__ Other _____

Are you a member of the Professional Firefighters of NC? __ Yes, Local Number _____ __ No

Languages: _____ ( ) Speak ( ) Write ( ) Read

Can you swim? __ Yes Please check: __Beginner __ Fair __ Good __ Excellent __No

Are you a Certified Lifeguard: __ Yes __No Have you had water safety experience? __Yes __No

List your water safety experience: _____

List any other helpful information about yourself: _____

_____

CAMP AND/OR LEADERSHIP EXPERIENCE

Dates	Camp & Director	Location	Camper or Staff

Applications due to the Burn Center at least three weeks prior to the event you would like to volunteer for

If you have any questions regarding Children's Aftercare Programs, please contact Anita Fields at:
The North Carolina Jaycee Burn Center
UNC Hospitals, 101 Manning Drive, Chapel Hill, NC 27514
919.966.8539

Harassment: The Burn Center Aftercare Program's policy is to prohibit all forms of harassment by our employees and volunteers. This includes sexual, racial, religious and other forms of harassment of any person including, but not limited to, workplace harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: Prior accusation or conviction is not an automatic bar to participation. The type of conviction or accusation and when it occurred will be evaluated by the program before any decision is made.)
___ Yes ___ No Explain:

_____

_____

_____

_____ _____
Volunteer Signature Date

3/09

BURN CENTER CHILDREN'S AFTERCARE PROGRAMS 2012
Volunteer Medical Information

Any medical conditions that the camp nurse should know about:

_____

_____

Are there any restrictions on your activities? If so, please explain:

_____

_____

Allergies: (Penicillin, insect bites, bee stings, foods, etc.) List types and treatments.

_____

_____

Medications: Please list any medications that you are on:

_____

_____

Current immunizations required:

_____

_____

ACTIVITIES SHEET

Camp Program Skills

In the following list please indicate the following:

"T" for those activities you can organize and teach as an expert
"A" for those activities in which you can assist
"C" for those in which you have current certification and attach a copy of your Certification

Adventure/Challenge
___ challenge/Ropes course
___ climbing/rappelling
___ _____

Arts/Crafts
___ tie dye
___ drawing/painting
___ leather craft
___ metal work
___ beading
___ scrap booking

Camp Craft/Pioneering
___ camp craft
___ hiking
___ orienteering
___ outdoor cooking
___ outdoor living skills
___ overnights
___ wilderness trips
___ _____

Cheerleading
___ teaching
___ choreographing
___ _____

Dance (list)
___ _____
___ _____

Drama
___ clowning
___ theater
___ makeup
___ set design

Music
___ singing
___ instrument (list)
___ _____
___ _____

Nature
___ animals/animal care
___ astronomy
___ birds _____
___ environmental studies
___ flowers
___ forestry
___ insects
___ rocks/minerals
___ weather
___

Photography
___ 35mm
___ digital
___ video camera
___ _____
___ _____
___ _____

Sports/Fitness
___ aerobics
___ exercise
___ yoga
___ archery
___ baseball/softball
___ bicycling/biking
___ fishing
___ football
___ gymnastics
___ horseback riding
___ informal games
___ martial arts
___ riflery
___ soccer
___ track/field
___ volleyball
___ _____
___ _____
___ _____

Waterfront Activities
___ canoeing
___ diving
___ kayaking
___ rowing
___ sailing
___ swimming
___ _____
___ _____

Certifications and Camp Support Staff Skills
Please check those items in which you have experience and skills. Mark with a "C" those you hold current certification and attach a copy of the certification.

Business/Administration
___ Computer/Technical
___ Computer software (list)
___ _____
___ _____

Food Service
___ Cooking/meal preparation
___ Food handler's permit
___ menu planning

Health/Safety
___ CPR
___ First aid
___ Lifeguard
___ Nursing
___ _____
___ _____
___ _____

Maintenance
___ Auto mechanics
___ Carpentry
___ Electrical
___ Plumbing
___ _____
___ _____
___ _____

PERSONAL QUESTIONNAIRE

What contributions do you think you can make to the Burn Center Children's Aftercare Program?

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields, which might have a bearing on the position(s) for which you are applying. Attach a separate sheet if necessary.

Authority for Release of Information

Your signature is required on this form.

This form must be returned with the Burn Center Aftercare Program Volunteer Application.
Note: if you were accepted as a volunteer with the Children's Aftercare Program in 2011, you do not need to re-submit this form.

NAME (First, Middle, Last)		
MAIDEN NAME (If applicable)		
CURRENT ADDRESS		At this address since (mo/year)?
CITY, STATE, ZIP		
1ST PREVIOUS ADDRESS		At this address for how long?
CITY, STATE, ZIP		
2nd PREVIOUS ADDRESS		At this address for how long?
CITY, STATE, ZIP		
SSN (*No. De Seg. Soc.*)		DATE OF BIRTH (mm/dd/yy)
DRIVER'S LICENSE No.		STATE ISSUED

APPLICANT AUTHORIZATION

I hereby authorize the UNC Health Care System (UNCHCS) to utilize a Consumer Reporting Agency (CRA) to verify my present and previous employment information. I further authorize the CRA to verify my past and present driving records, education records, credit history and professional credentials. I also authorize the CRA to perform a criminal record search.

I understand that the CRA does not guarantee the accuracy or timeliness of the information obtained from other sources and that the UNCHCS and the CRA shall not be liable for any inaccuracy in the information obtained from other sources that are included in the consumer report.

Further, I authorize my current and former employers as well as other organizations to provide such information to the CRA and I hereby release and hold harmless the UNCHCS, the CRA, and my current and former employers as well as other organizations who have provided information on account of the collection or use of such information in connection with my consumer report.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report may be obtained by the UNC Health Care System from a Consumer Reporting Agency for volunteer purposes.

_____ _____ / _____ / _____

APPLICANT'S SIGNATURE **DATE**

University of North Carolina
Health Care System
101 Manning Drive
Chapel Hill, NC 27514

MIM# 1001

PHOTOGRAPH/INFORMATION RELEASE
AUTHORIZATION FORM – NC Jaycee Burn Center Children's Aftercare Programs/Camp Celebrate

Attendee's (patient's) name(s):_____
Parent/Legal Guardian's name(s):_____

Photography/Videography Release:
I authorize UNC Hospitals, UNC Health Care System and the University of North Carolina at Chapel Hill to use and release my or my child's photograph, and/or to allow news media to take my or my child's photograph for use in, these media venues (initial all that apply):

____ Internal publications

____ The public media

____ Recruitment Brochures

____ Professional journal articles

____ On Hospitals- and University-related Internet sites

____ In presentations and publications by UNC Health Care System and the University, including professional and community conferences and educational sessions

____ In presentations and publications by supporting volunteer groups such as Fire Fighters' Burned Children Fund and NC Jaycee Chapters

____ In presentations and publications by outside agencies, such as the Office of the State Fire Marshall

I understand and agree that I or my child may be identified by name in printed, Internet or broadcast information that might accompany the photograph or image of me or my child.

Information Release:
I authorize UNC Hospitals, UNC Health Care System and the University of North Carolina at Chapel Hill, to allow news media, to use and release to (initial all that apply):

____ Internal publications

____ The public media

____ Recruitment Brochures

____ Professional journal articles

____ On Hospitals- and University-related Internet sites

____ In presentations and publications by UNC Health Care System and the University, including professional and community conferences and educational sessions

____ In presentations and publications by supporting volunteer groups such as Fire Fighters' Burned Children Fund and NC Jaycee Chapters

____ In presentations and publications by outside agencies, such as the Office of the State Fire Marshall

The following types of information about myself or my child, my or my child's condition and other related information:_____
_____

I understand and agree that I or my child may be identified by name in printed, Internet or broadcast information and that the above information might be publicized, as well.

PHOTOGRAPH/INFORMATION RELEASE AUTHORIZATION FORM

I understand that:

- I may revoke this Authorization at any time:
  - the revocation will not apply to information that has already been released in response to this Authorization.
  - I must revoke this Authorization in writing. The procedure for revoking this Authorization is to present my written revocation to the Office of Public Affairs & Marketing, UNC Hospitals, 101 Manning Drive, 6002 East Wing, Chapel Hill, NC, 27514.
- I may refuse to sign this Authorization:
  - UNC Health Care System will not condition my treatment, any payment, enrollment in a health plan, or eligibility for benefits on receiving my signature on this Authorization.

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition:_____.

I have read and understand the information in this Authorization form.

Signature of Voluteer:	
Printed Name:	**Date:**

OR

Signature of Authorized Representative:	
Printed Name:	**Date:**
Please explain Representative's authority to act on the behalf of the Patient: _____ _____	

Witness _____ Date _____

Chart Location: Consents