

**2019 Camp Dreamcatcher Healthcare Volunteer Application**  
(Nurses, Nurse practitioners, Physicians, Physician Assistants, and  
Pharmacy/Nursing/Medical Students.)

Dear Friend,

Thank you for your interest in Camp Dreamcatcher. Camp will be held this year from **August 18th to August 24th, 2019 at Camp Saginaw located at 740 Saginaw Rd., Oxford, PA 19363.** Volunteers are needed from **Saturday, August 17th - Saturday, August 24th.**

Enclosed you will find the 2019 Healthcare Volunteer application. Healthcare Volunteers need to:

1. Complete the healthcare volunteer application packet.
2. All volunteers who plan to be at camp anytime beyond the registration period need to complete the 2019 Volunteer Health Form for Adults as well as an Authorization Form (pages 3 and 4).
3. Pass the Criminal Background Check, PA Child Abuse Clearance and The PA FBI Clearance.
4. Participate in a telephone interview with the Healthcare Coordinator.
5. Provide 2 professional references.
6. Provide a copy of professional licensure and BLS.

Patty Hewson is our Health Center Director. You can email your completed application to her at [patty.hewson@yahoo.com](mailto:patty.hewson@yahoo.com), fax it back to us at 610-925-0403 or mail the application back to us at:

**Camp Dreamcatcher**  
**148 West State Street**  
**Suite 104**  
**Kennett Square, PA 19348.**  
**Office: 610-925-2998**  
**Fax: 610-925-0403**

I look forward to hearing from you!

Patty Hillkirk  
Founder/Director

## 2019 Camp Dreamcatcher Healthcare Volunteer Application

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 County of residence \_\_\_\_\_ (needed for grant writing)  
 T-Shirt size: \_\_\_\_\_  
 Phone #s: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Best place and time to call \_\_\_\_\_  
 Email Address \_\_\_\_\_

Profession(s) \_\_\_\_\_  
 Employer(s) \_\_\_\_\_  
 Employment Location \_\_\_\_\_  
 Position(s) \_\_\_\_\_

### References:

Please provide two professional references (for new PT/FT volunteers only):

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Educational Background:** (name of schools, degrees, dates of graduation)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe any training/work with camps, children and/or persons with HIV/AIDS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach copy of professional licensure, BLS, and proof of liability insurance if available.**

**FT volunteers stay the whole week and are provided food/lodging at camp.  
 PT volunteers may work day to day or stay for a few days.**

### **For PT/FT professionals planning on volunteering beyond registration:**

Must have Criminal Background Check, PA Child Abuse Clearance and PA FBI Clearance.

**Please check dates and fill out time available:**

<u>Dates</u>	<u>Hours available:</u>
_____ Saturday 8/17/19 (11 am- evening)	_____ to _____
_____ Sunday 8/18/19 (11am-evening)	_____ to _____
_____ Monday 8/19/19	_____ to _____
_____ Tuesday 8/20/19	_____ to _____
_____ Wednesday 8/21/19	_____ to _____
_____ Thursday 8/22/19	_____ to _____
_____ Friday 8/23/19	_____ to _____
_____ Saturday 8/24/19 (till 2p)	_____ to _____

## 2019 Camp Dreamcatcher Health Form: Volunteers ≥18 yrs old

Volunteer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ County \_\_\_\_\_  
 Cell phone # \_\_\_\_\_ Email address \_\_\_\_\_

**Please list two emergency contacts:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #'s \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #'s \_\_\_\_\_

**In case of emergency:**

**Insurance Name and Policy Number**

Physician(s) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**Health History/Do you have or have you had any of the following?** (please write YES or NO and write mo/date affected - make comments on lines below.

Frequent nose bleeds _____	Allergies and type of reaction:
Sinusitis _____	Bee stings _____
Asthma _____	Other Insect Bites _____
Frequent Headaches _____	Hay Fever _____
Ear Infections _____	Food _____
Eye Trouble _____	Drugs _____
Head Injury _____	Carries Epi-pen? _____
Seizures _____	Stomach Trouble _____
Pneumonia _____	Skin Problems _____
Bleeding Disorder _____	Wear glasses/contacts _____
Kidney Problems _____	Anxiety _____
Rheumatic Fever _____	Depression _____
Heart problem _____	HIV + _____

**Please identify any current or recurring Illnesses/Injuries not listed above**

\_\_\_\_\_

**Please note any hospitalizations/surgeries (include dates and complications):**

\_\_\_\_\_

\_\_\_\_\_

**Please list any special needs** \_\_\_\_\_

**Our organization is dedicated to maintaining the privacy of your personal health information. We are also required by law to keep your information private. We will use the information we collect about you mainly to provide you care in case of an emergency during your time at Camp Dreamcatcher. You have the right to decline in completing this form and if you do so, it will not affect your volunteer status. Additionally, any information provided on this form will not affect your volunteer status.**

## 2019 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes for emergency medical treatment that may be required during the week of camp.

In the event of a medical emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization.

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

**Print Complete Name of Healthcare Volunteer**

\_\_\_\_\_

**Signature of Healthcare Volunteer** \_\_\_\_\_

**Date of signature above** \_\_\_\_\_

*The information requested below will assist us in completing grant proposals for camp funding. All information is kept confidential. Names and information will not be disclosed. Thank you for your cooperation.*

**Please check your monthly income.**

\$ 0 - \$500	_____	\$2,212 - \$2,648	_____
\$501 - \$750	_____	\$2,649 - \$3,184	_____
\$751 - \$1,000	_____	\$3,185 - \$3,721	_____
\$1,001 - \$1,250	_____	\$3,722 - \$4,257	_____
\$1,251 - \$1,575	_____	\$4,258 - \$4,794	_____
\$ 1,576 - \$2,111	_____	\$4,795 - \$5,330	_____
<b>How many people live in your household?</b>	_____	\$5,331 and up	_____

**Race/Ethnic Group**

African American
  Asian American/Pacific Islander
  Native American  
 Hispanic American (Latino)
  Caucasian
  Other

**Physical Disabilities** Yes  *Please explain* \_\_\_\_\_

**Mental Disabilities** Yes  *Please explain* \_\_\_\_\_

**Shirt Size** \_\_\_\_\_

**\*\*\*PLEASE PROVIDE CAMP DREAMCATCHER WITH A CURRENT PHOTGRAPH FOR YOUR FILE\*\*\***

**If you have any questions, please feel free to contact Patty Hillkirk at the camp office (610) 925-2998 or via email:**

**campdreamcatcher@kennett.net**

**Applications can be faxed to (610) 925-0403**

*Dear Volunteer,*

*The State of Pennsylvania is now requiring three separate background checks for volunteers who work directly with children. As you know, Camp Dreamcatcher has run criminal background checks and sex offender checks on an annual basis for our volunteers. We are now required to use the PA Criminal Background Check, PA Child Abuse Clearance and PA FBI Clearances every five years.*

*The Child Abuse, PSP and FBI clearances can all be applied and paid for electronically. The FBI clearance also requires a fingerprint submission for those who don't live in PA. Camp Dreamcatcher will be covering the costs of the background checks and we will be sending you step by step directions on how to register online for the background checks. These background checks apply to volunteers even if they do not live in the state of PA. We will email you more information about the step-by-step process to submit your background check. We have registered as a "vendor" on the background check websites and we will be in touch soon with the Camp Dreamcatcher codes for each website. Hopefully, we will be able to register you and submit the information for the PA Criminal Background Check and PA Child Abuse Clearance ourselves and that will save you from going through that process. The information on the next page will assist us in that process. The PA FBI Background Check is one that you will need to conduct yourself by going to a local facility that conducts those checks. We will be sending you a link to the PA locations for that part of the process. For the out of state volunteers, we will have a mobile unit at camp on Saturday to run the FBI criminal checks.*

*If you are a teacher, or someone who works with children, and have been required to undergo these checks, please let us know and please send us a copy of the paperwork. If you have been a resident of PA for 10 or more years, you DO NOT HAVE TO complete the PA FBI Criminal Background Check and we will send you the paperwork to prove your residency.*

*If you volunteered with us last year and we have a copy of all of your clearances, you should be good to go for this year. I know this is a confusing process and we will do everything that we can to make it the least time consuming for you. We appreciate your willingness to undergo the background checks and please let us know if you have any questions about this process.*

*Thank you for all you do for our kids!*

*Patty Hillkirk*

*Founder/Director*

Requested Information for Clearances:

First Name: \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other names known by \_\_\_\_\_

Primary Telephone Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ #of years, at this address \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ # of years at this address \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ # of years \_\_\_\_\_

Email Address \_\_\_\_\_

Have you lived in state of Pennsylvania for the past 10 Years? \_\_\_\_ Yes \_\_\_\_ NO

Do you have a copy of your clearances that you are able to mail us \_\_\_\_ Yes \_\_\_\_ No

Please provide a list of people that you lived with in the past five years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*I give permission to Camp Dreamcatcher to use the above information for running a PA criminal background check and/or PA Child Abuse Clearance.*

Signature: \_\_\_\_\_

**Directions to Camp Saginaw**  
**740 Saginaw Rd., Oxford, PA 19363**

*Patty Hillkirk's cell phone number is (610) 716 0476*

*If using GPS or Google Maps please enter in Camp Saginaw not Camp Dreamcatcher!*

***from Philadelphia and suburbs***

Take I-95 South and merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

***From South Jersey***

Proceed South via I-295 to Commodore Barry Bridge. Merge onto I-95 South, continue on I-95 South until you merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

***From New Jersey and New York***

Proceed South via the New Jersey Turnpike to exit #7. Follow signs to I-295 South. Proceed on I-295 South to the Commodore Barry Bridge and follow direction "From South Jersey."

***From Harrisburg and Lancaster***

From Harrisburg: Merge onto I-83 N toward Hershey/Airport. Merge onto I-283 S via Exit 46A towards I-76/Pennsylvania Turnpike/Airport/Lancaster. Merge onto PA-283 E via Exit 1A toward Airport/Lancaster. PA-283 E becomes US-30 E. From Harrisburg (continue directions below), From Lancaster (start directions here)-Turn Right onto Harman Bridge Rd. /PA-896. Stay straight to get on North Decatur St. N. Decatur St. becomes Mary Post Office Rd. Turn Right onto Valley Rd./PA-372. Continue to follow PA-372. Turn Left onto South Lime St./PA-472. Continue to follow PA-472. Turn Slight Right onto Pine St./PA-472. Turn Slight Right onto North 3<sup>rd</sup> St./PA-10/PA-472. Take the First Left onto Market St./PA-472. Turn Left onto Saginaw Rd. and your destination will be on your Left.