



CAMP NOT-A-WHEEZE 2017
STUDENT VOLUNTEER APPLICATION
(Please review the eligibility requirements, prior to completing application)

Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Sex: (Circle) Female Male Email: _____

Social Security Number: _____

T-Shirt Size: S M L XL XXL

1. Name of School: _____

2. What medical license are you pursuing?

MD DO PA RN NP RRT PharmD Paramedic

3. How long is your program? _____

4. What is the date of your graduation? _____

5. Will you be receiving clinical credit for attending *CNAW*? _____

6. Do you have experience in working with asthma? Yes _____ No _____

If yes, please explain: _____

Student volunteer's name _____

7. Please list other relevant/related work/volunteer experience or educational background:

8. Have you volunteered at *Camp Not-A-Wheeze* before? _____ If so, when? _____

9. Have you volunteered for the American Lung Association in the past? If so, please explain. _____

10. Please list any certifications you currently hold:

CPR _____(Required) First Aid _____
ACLS _____ PALS _____

**PLEASE SUBMIT A COPY OF YOUR *CURRENT CPR CARD* WITH
THIS APPLICATION IN ORDER FOR IT TO BE PROCESSED**

11. What days are you interested in volunteering?

- May 27 - June 1, 2017 (Full Week, *****Priority Consideration*****)
- May 27-May 30, 2017 (Saturday – Tuesday)
- May 30 – June 1, 2017 (Tuesday – Thursday)

12. Have you ever been convicted of a criminal offense? _____ If yes, explain: _____

13. Have you ever been convicted of child neglect or abuse? _____

14. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, please explain) _____

15. What gender and age group of campers would you prefer to work with? _____

16. What sets you apart from other applicants:

Student volunteer's name _____

EMERGENCY CONTACT(S)

Name: _____ Relationship _____
Home Phone: _____ Cell Phone: _____
Address _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Hours _____
Work #: _____

Name: _____ Relationship _____
Home Phone: _____ Cell Phone: _____
Address _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Hours _____
Work #: _____

HEALTHCARE INFORMATION

Name of Medical Insurance Company _____
Policy Number _____
Employer of insurance policy holder _____
Policy Holder's Address _____
Physician's Name: _____ Physician's Phone _____
Physician's Address: _____

Please list any medications you may be on:

MEDICATION	DOSAGE	DOSING SCHEDULE	COMMENTS

Student volunteer's name _____

Please list any allergies (bees, food, etc.)

Please list any drug allergies

Immunizations – Please include dates:

Tetanus _____ HIB _____ TB _____

Consent:

If I am accepted as a student volunteer at Camp Not-A-Wheeze:

- a. *I understand that my room & board, and my participation in all activities are included as a volunteer. I further understand that no monetary or material compensation will be provided for my time.*
- b. *I understand that I may be asked to assist in teaching daily asthma education sessions. I further understand that the asthma education curriculum will be provided for me by the American Lung Association of Arizona.*
- c. *I hereby acknowledge the risk involved in an outdoor camp environment and I release Friendly Pines Camp, the American Lung Association of Arizona, and all camp sponsors, volunteers, and committee members from liability for any injuries incurred while at camp.*
- d. *I consent to being photographed or videotaped while at camp. I understand that these recordings are used for camp promotions and fund raising and I do not expect monetary or material compensation for their use.*
- e. *I understand that I must attend a volunteer orientation at the ALA Office, prior to camp. (Dates and time to be determined.)*

Signature

Date

***Background checks will be conducted on all volunteers.**

Information obtained will be kept confidential.

Signature: _____

Date: _____

***** PLEASE NOTE:** In order to attend camp, all volunteers will be asked to attend Volunteer Orientation*** Please mark your calendar for May 13th. Additional information about the time and locations of these orientation meetings will be sent to you with additional information you will need regarding Camp Not-A-Wheeze 2017, when selected. Please call Stacey Mortenson at 602-258-7505 if you have questions regarding this requirement. Thanks

Eligibility for applying:

1. Student must be a currently enrolled student in an accredited program for Respiratory Therapy, Nursing, Paramedicine, Physician Assistant, Nurse Practitioner, Pharmacy or a MD/DO program and **must remain enrolled throughout the duration of camp.**
2. Student must have a cumulative 3.0 GPA or higher.
3. Student must have completed their general floor clinical rotation.
4. Provide copies of unofficial transcripts, DPS finger print clearance card, and BLS certification.
5. Student will provide two letters of recommendation: One must be from the Program Chair / Director, Attending Physician, Clinical Director, or Clinical Instructor.
6. Applications will be submitted, no later than **February 15th, 2017**

Please return application as soon as possible to:

American Lung Association of Arizona

Attn: Stacey Mortenson

102 W McDowell Road

Phoenix, AZ 85003

smortenson@lungs.org

Fax: 877-276-2108

Please call 602-258-7505 with any questions