



**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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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) \_\_\_\_\_

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

16. What sets you apart from other applicants:

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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.)

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Please list any drug allergies

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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.)*

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*Signature*

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*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 13<sup>th</sup>. 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 15<sup>th</sup>, 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](mailto:smortenson@lungs.org)**

**Fax: 877-276-2108**

**Please call 602-258-7505 with any questions**