



**Champ Camp 2017  
June 25- July 1  
Magic Sky Ranch  
Red Feather Lakes, CO  
Counselor Application**

1. Application deadline is May 26, 2017
2. All volunteers must attend an orientation on June 24<sup>th</sup>, 2017 at the ALAC office.
3. All volunteers are required to have a physical examination form within 24 months of the start of Champ Camp. If you need a copy of a physical form, please email Bob Doyle:

[BDoyle@lungs.org](mailto:BDoyle@lungs.org)

Forward all forms by email or mail to:

Champ Camp

5600 Greenwood Plaza Blvd., Suite 100

Greenwood Village, CO 80111

Email:[champcamp@lungs.org](mailto:champcamp@lungs.org)

**REFERENCES** - Please provide 3 on a separate sheet of paper.

If applicable, you may list camp leaders.

**Do not list family members.**

**Please check only 1 of the following roles in which you are interested and qualified.**

- Jr. Counselor (full-week commitment) - 17+**
  - If you have been a CIT and are 16, you are able to apply as a Jr. Counselor
  - Interview prior to camp required
- Sr. Counselor (full-week commitment) – 18+**
  - Interview prior to camp required

**303-847-0279  
[champcamp@lungs.org](mailto:champcamp@lungs.org)**

Name: \_\_\_\_\_ Sex:  M  F

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

E-mail Address (do not leave this blank): \_\_\_\_\_

What is the best way to contact you? (C\~~W~~one)      Email      Phone      Text

Social Security Number (do not leave this blank): \_\_\_\_\_

A background check will be run on every volunteer. Information obtained will be kept confidential.

T-Shirt Size:  Adult XS  Adult S  Adult M  Adult L  Adult XL  Adult XXL  Adult XXXL

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

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How did you originally hear about Champ Camp? \_\_\_\_\_

Have you attended Champ Camp in the past?  Yes  No  
If yes, how many years: \_\_\_\_\_ Role: \_\_\_\_\_

Do you have experience working with children who have asthma, or experience working in camp settings?  Yes  No

If yes, please describe how you handled the situation and what was the outcome?

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Drugs, Alcohol, Marijuana and illegal drugs are not prohibited at Champ Camp. If caught using, you will be immediately escorted off Camp.

Do you understand and accept the above policy?  Yes  No

Do you have any dietary restrictions Camp needs to know about?  Yes  No

If yes, please list: \_\_\_\_\_

**At Champ Camp you will be required to be physically active, able to lift up to 50 lbs., able to walk long distances and can adapt to higher elevations. Will you have any issue with any of the above?**  Yes  
 No

**If yes, please explain why:**

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**Emergency Contacts (do not leave this section blank):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

## Release and Waiver of Liability

**Please read carefully! This is a Legal Document that affects your legal rights!**

This Release and Waiver of Liability (the “*Release*” ) in favor of the **American Lung Association Southwest Region**, a nonprofit corporation hereinafter referred to as ALASW, their directors, officers, employees and agents, (the “*Releasees*”). The Participant/Volunteer desires to participate and engage in the activities related to CHAMP CAMP, a camp for children with asthma, (the “*Event*”) to be held June 25<sup>th</sup> to July 1st, 2017 at Magic Sky Ranch located at 17900 Red Feather Lakes Rd, Livermore, CO 80536

The undersigned Participant/Volunteer in the *Event* hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Participant/Volunteer hereby releases and forever discharges and holds harmless ALASW, Glacier View Ranch, and their respective partners, members, managers, officers, directors, agents, lenders, employees, successors, contractors and the sponsors and officials of the *Event* and assigns from any and all loss, liability, claims, damage or cost and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participation in the *Event* due to the presence in, upon, or about CHAMP CAMP premises or in any way observing, using any facilities or equipment or participating in any program affiliated with CHAMP CAMP whether caused by the negligence of *Releasees* or otherwise.

Participant/Volunteer understands that this Release discharges ALASW from any liability or claim that the Participant/Volunteer may have against ALASW with respect to any bodily injury, personal injury, illness, death, arrest or property damage that may result from Participant/Volunteer’s activities in the *Event* and subsequent to the *Event*. Participant/Volunteer also understands that ALASW does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury.

**Photographic Release.** Participant/Volunteer does hereby grant and convey unto ALASW all rights, title, and interest in any and all photographic images and video or audio recordings made by ALASW during the *Event*, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings and consents to the unrestricted use by ALASW of said images and recordings.

I hereby certify that I have read, understood and agree to each of the terms of this Release and Waiver on my own behalf and on behalf of the organization I am representing at the *Event*.

Participant/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under the age of 18, the signature of his/her parent or guardian must also be provided below:

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

## Volunteer Affirmation Statements

Volunteer Name \_\_\_\_\_

Volunteer Role \_\_\_\_\_

I will volunteer at **Champ Camp** from \_\_\_\_\_ to \_\_\_\_\_

Volunteer signature \_\_\_\_\_

Date \_\_\_\_\_

### Perjury Statement

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.”

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Affirmation Statement

“I affirmatively state that I have not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.”

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Child Abuse Declaration Statement

“I \_\_\_\_\_ declare that I have never been accused, convicted, or even participated in any form of abuse or neglect toward a minor (child under 18).”

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If volunteer is under the age of 18, the signature of his/her parent or guardian must also be provided below:

Parent or Guardian’s

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