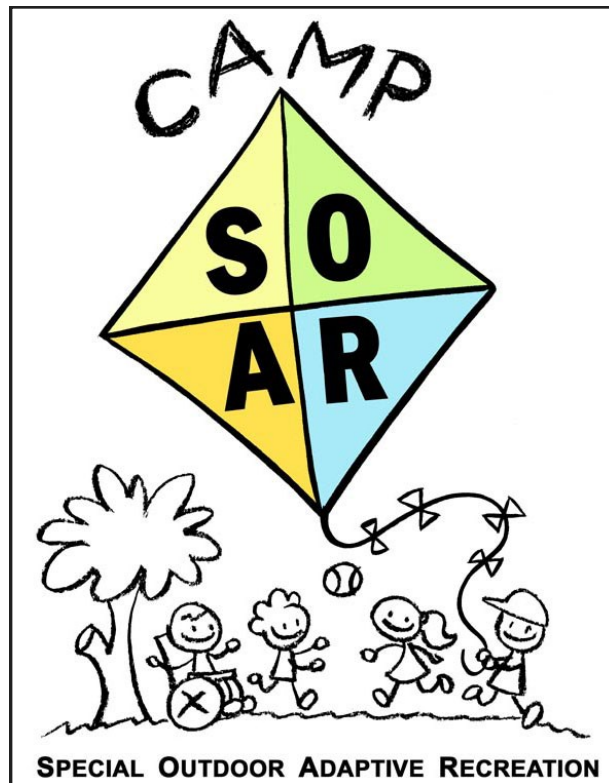


2019



Camp SOAR

VOLUNTEER APPLICATION



70 E Lake Street, Suite 1300
Chicago, IL 60601
Phone: 312-726-4011
Fax: 312-726-4021
www.childrensresearchtriangle.org



SPECIAL OUTDOOR ADAPTIVE RECREATION

Counselors need to provide their own transportation to and from camp

Camp Location: Wesley Woods Camp, Williams Bay, WI

Making every effort to efficiently train all counselors without repetitive trainings, Camp SOAR training will combine a one day hands on training along with an on-line component. The on-line training will be available prior to the in-person training on July 6. Accepted counselors will be notified when they are ready and must complete them before the start of camp.

MANDATORY TRAINING: Saturday July 6th 1pm – 5pm, Wesley Woods, Williams Bay WI

WHO MUST ATTEND: Anyone who is new to SOAR or has previously attended only TWO training sessions. If you are volunteering for only Week Two, you will be free to leave training by 5pm and will need to be back at camp on Saturday, July 13 at 6pm. Eat dinner before arriving on the 13th.

EXPERIENCED COUNSELORS: If you have attended THREE or more trainings and will be attending during Week One or Both Weeks, you should arrive at 5:30pm on Saturday, July 6th. This will give you time to put your luggage away and be ready for activities at 6pm. Eat dinner before arriving.

If you have attended THREE or more trainings and will be attending only Week Two, you should be at camp on Saturday, July 13 at 6pm. Eat dinner before arriving.

NOTE: Counselors available for both weeks of camp will have priority over those who are only able to commit to one of the weeks.

Week One: Saturday, July 6—Friday, July 12, 2019 (You will be free to leave Friday by 11:30am)

Week Two: Saturday, July 13—Friday, July 19, 2019 (You will be free to leave Friday at 11:30am)

Dear SOAR counselor:

Thank you for your interest in Camp SOAR. We hope that you will enjoy working with our special campers. Camp SOAR is fun, difficult and extremely rewarding, many counselors have referred to Camp SOAR as life changing.

Not all those who apply will be accepted. Counselors are accepted based on a number of factors, including the age and gender of the campers, which changes each year. We do our best to inform counselors by mid-May whether or not they will be needed.

With this application you can:

- Apply to be a one-on-one counselor to a special needs camper who may have cognitive impairment, autism, Down syndrome, cerebral palsy, or other developmental disorders. Some campers require total care because of the severity of their disability, such as help in dressing, eating and personal hygiene. Counselors are individually responsible for his/her camper's daily care.
- Apply to be a cabin assistant: You would be assigned to a cabin and assist the cabin leader with ALL campers and counselors in their cabin. You will have the benefit of getting to know multiple campers and counselors, interacting and engaging them in all activities. You should be outgoing and not hesitant to jump in to help.

READ "WHAT IS EXPECTED OF A CAMP SOAR COUNSELOR" FOR MORE DETAILED INFORMATION.

Once you have been accepted as a counselor, you will be assigned either to a camper or as a cabin assistant. If a counselor backs out at the last minute, a camper may need to be excluded. It is VERY important to be certain you have the desire and stamina to be a part of Camp SOAR before applying to be a counselor. Applicants who drop out, without a legitimate reason, less than 30 days before the start of camp will not be invited back.

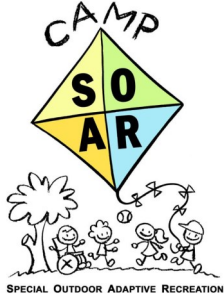
If you have any questions, contact us at: CampSoar@cr-triangle.org or 312-726-4011.

Complete and return all forms to:

**Camp SOAR
Children's Research Triangle
70 E Lake Street, Suite 1300, Chicago, IL 60601**

Phone: 312-726-4011 Fax: 312-726-4021 campsoar@cr-triangle.org

Thanks for applying! Without volunteers like you, Camp SOAR would not be possible!



SPECIAL OUTDOOR ADAPTIVE RECREATION

Children's Research Triangle, 70 E Lake Street, Suite 1300, Chicago, IL. 60601

This page must be signed by a parent or guardian of all counselors
under the age of 18.

Dear Parent,

We are happy your teen has expressed interest in volunteering as a counselor for Camp SOAR. Camp SOAR is an overnight camp for children with special needs. Camp SOAR offers an excellent opportunity for your teenager to learn about various disabilities in a fun and active setting. This letter is to clarify that even though this is a volunteer position, your teen accepts a number of responsibilities when he or she signs up. The number of campers we can accept is directly related to the number of counselors who volunteer. Counselors are one-to-one buddies for our campers. Those counselors who are not assigned as a one-on-one buddy are still vital to our programming as they help all campers and counselors in their cabin. Therefore, we need to have our counselors commit to coming to camp by the last week of May so we can plan camp accordingly and assign counselors to our campers. **If any counselors back out after this time, we may need to inform campers they cannot attend camp.** We know you don't want to disappoint a camper, so please stress to your teen that this is a serious commitment. We understand some prospective counselors may get "cold feet" as the start date approaches. We would be happy to talk with you and/or your teen about expectations, etc. Please read the enclosed "What is expected of a Camp SOAR counselor" for an overview of Camp SOAR. There are also information and photos on our website, www.childrensresearchtriangle.org under the Camp SOAR tab.

Your son or daughter is expected to follow all the Camp SOAR rules while at camp. Failure to follow the rules will result in an early curfew, extra clean-up duty, etc. or dismissal from camp. The rules in place are for the safety of our campers, volunteers and our staff. Please take a moment to discuss the attached *Rules for Counselors* with your teenager. Camp SOAR staff has the right to search counselors belongings and/or vehicles if questions arise.

Thank you for supporting your son or daughter in their decision to volunteer for a wonderful cause that will bring happiness to some great kids!

Sincerely,

Nancy Keck, M.D.

Sign and return this page with the counselor application.

I have read the above letter, have reviewed the camp rules with my teen and understand the commitment they have made.

Parent or Guardian Signature

Date



What is expected of a Camp SOAR counselor?

Camp SOAR is held at Wesley Woods Camp (WWC), Williams Bay, WI. The overnight camp is open to children and teens (7-19 years) with physical and/or cognitive special needs, such as autism, Down syndrome, severe Fetal Alcohol Syndrome, cerebral palsy and many other handicapping disorders. A **mandatory** counselor training is held at WWC for all counselors on a Saturday before the start of camp. Information on training dates and times are on the Volunteer Application page.

All counselors **must attend** training. Training includes getting camp supplies and cabins ready for the campers and team building activities, along with special needs awareness training. Everyone is needed and expected to participate.

Most volunteers are assigned as a one on one counselor to a special needs camper for the length of each camp session. Counselor and camper are together for the entire session of camp, meals, activities, cabins. Campers over the age of 12 are assigned a gender specific counselor and cabin. Although some of our lower functioning campers require assistance in eating, dressing and personal hygiene, many are capable with some supervision. Campers may be in wheelchairs, walkers or be fully ambulatory and apt to run. Some campers may have difficulty speaking or do not speak, some may be in diapers, use sanitary napkins, need help showering or cleaning after using the toilet. Counselors need to be physically able and emotionally mature in order to help their camper throughout the day for the entire week of camp. Senior counselors and staff are **always** available to lend a hand, never hesitate to ask for help.

Other counselors may be designated as cabin assistants and not have an individual camper to care for. These assignments are as integral to the success of Camp SOAR as being a one on one counselor and quite busy. We depend on the cabin assistants to be organized, helpful and focused on making everything run smoothly, they may also be called upon to help counselor/camper pairs with simple tasks. Counselors may request to be a cabin assistant.

Being a Camp SOAR counselor is not an easy task, it can be difficult, but you will be hard pressed to find anything more rewarding. Counselors receive no compensation, other than the knowledge that they have contributed to priceless memories for a group of very special campers. Volunteer hours at camp may be applied to school and religious service hours. Counselors are expected to abide by the camp rules, please read and know the attached Counselor Rules. Neither counselors nor campers leave the WWC grounds during camp.

The wooded, rolling hills of the camp facilities include a private sandy beach and cabins along with an indoor dining facility. Activities may include swimming, a magic show, visit from exotic animals, games and story telling, songs, camp fires and crafts. Each cabin has shared indoor bathroom/shower facilities. All buildings are air conditioned.

The minimum age for counselors is 15; both male and female counselors are needed. Counselors may volunteer for either or both weeks, but must commit to the full week and attend training. If a counselor has volunteered for both sessions, they leave Friday late morning of Session One and return for the start of the Session Two on Saturday evening. A background check is done on all volunteers over 18 years; if you are over 18 complete the Voluntary Disclosure page. Not all applicants can be accepted, acceptance depends on experience of the counselor, age/gender of campers, as well as when your application is received.

A doctor and nursing staff is on site at all times, in addition to clinical therapists of Children's Research Triangle. All meals and activities are included. Due to high demand, campers can only attend one session, so counselors volunteering for both weeks would have two different campers assigned to them, or have a camper one week and be a cabin assistant the next.

Typically we accommodate over 100 campers with more than 130 volunteer counselors, many campers return year after year, as do the counselors. While being a Camp SOAR counselor can be physically and emotionally demanding, it is also an extremely rewarding, lots of fun and an awesome experience.

Welcome to Camp SOAR!

CAMP SOAR

RULES FOR COUNSELORS

PAGE ONE

CAMP IS FOR THE CAMPER

Treat campers with respect at all times

- Talk with your camper
- Play with your camper
- Joke with your camper

STAY WITH YOUR CAMPER AT ALL TIMES

If you need to use the bathroom, ask a cabin leader or assistant to watch your camper

DO NOT TRADE YOUR CAMPER WITH ANOTHER CAMPER/COUNSELOR PAIR

- If you are having difficulty with your camper, talk with Dr. Nancy, Nurse Ingrid or your cabin leader
- If two counselors are assigned to one camper, BOTH counselors share equal responsibility and stay with the camper

BE ENTHUSIASTIC ABOUT THE ACTIVITIES

- Get your camper to do the activities-don't do them for him/her
- Do not whine or complain about the activities. They are designed for the campers, not the counselors. However, constructive comments and new ideas are always welcome.

REST PERIOD

Rest period is NOT counselor free time. You must stay in your cabin unless the cabin leader assigns you a job (i.e. get supplies, do laundry etc.) This is a good time to work on the Talent Show, clean the room etc.

IF YOU FEEL ILL

If you are not feeling well, inform your cabin leader, Dr. Nancy or Nurse Ingrid, so they can assign an assistant counselor to your camper. You will have an early curfew that night, even if you are feeling better.

ELECTRONICS

- No cell phone/texting during the day
 - No use of headsets during the day
 - No use of electronic games during the day
- They may be used during free time after all campers are in bed

CONFIDENTIALITY

No one has permission to post photos of campers on any form of social media. Even if a parent give verbal permission, HIPPA regulations prohibit posting.

NO SWEARING

NO SMOKING

Wesley Woods is a designated smoke free environment. No allowed smoking anywhere on the grounds.

WATER BOTTLES

- Use your SOAR water bottle for your drinks
- No cans of soda are allowed near campers
- Keep track of your bottle. You will only be given one

RULES FOR COUNSELORS

PAGE TWO

WHEN YOU HAVE CABIN DUTY

- You are responsible for all campers in your cabin
- You must stay in the cabin and be alert to what the campers are doing
- No sleeping, listening to headphones, etc. until all counselors are back in the dorm at curfew

CURFEWS AND BOUNDARIES

- Counselors must stay in designated boundaries at all times, this will be covered at training
- Counselors are not allowed to have visitors without prior approval from Dr. Nancy
- Curfew is 11:00 pm
- Counselors must be in their cabins by 11:00 pm
- Failure to follow rules will result in early curfew or dismissal from the camp
- Dismissed counselors are not invited back the next year

NO SEX—NO DRUGS—NO ALCOHOL—NO EXCEPTIONS

WE HAVE THE RIGHT TO SEARCH, CABINS, BAGGAGE, BACKPACKS, PURSES, VEHICLES ETC, EVERYTHING AND ANYTHING

CABIN CLEAN UP

- Each cabin will have a clean-up schedule posted with rotating chores
- Establish a clean-up routine with your camper on the first day

CABIN ROOM

- Keep clothes (yours and camper's) in suitcase or laundry bag. Every evening, put away clothes.
- If clothes are smelly or soiled, rinse (to launder later). Really dirty clothes should be put in a plastic bag and placed in the laundry box in the common room. Only wash soiled clothes that can't wait, not the clothes for the entire week.
- In bathrooms, wipe down any messes and disinfect. Keep personal toiletries together and store in bunk area, not in shower area

DINING HALL

- Help your camper clear their area, bring your trays to service area, remove trash etc.

ARTS AND CRAFTS AREA

- Help camper clean up after each activity. Put away all supplies.
- Make sure craft has the camper's name on it and place in designated spot to dry, etc.



I have read and agree to adhere to the Camp SOAR counselor rules. I understand failure to follow the rules will result in an early curfew or dismissal from Camp SOAR. I understand a representative from Camp SOAR may call parents of counselors for any reason, including but not limited to a rule violation, regardless of counselor's age.

Signature of counselor applicant

Date



VOLUNTEER APPLICATION

70 E Lake Street, Suite 1300, Chicago, IL 60601

Phone: 312-726-4011 Fax: 312-726-4021

Please attach
a current photo
of yourself

Name: _____ Employer/School: _____

Address: _____ Date of Birth: _____ Gender: M / F

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

What is the best way to contact you? ☐ Home Phone ☐ Cell Phone ☐ Email

Name of Parent/Guardian (if counselor is under 18): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Address (if different from above)

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (In the event parent/guardian CANNOT be reached):

Name: _____ Relationship to Counselor: _____

o

Home Phone: _____ Cell Phone: _____ Work Phone: _____

When are you available to volunteer? (circle options) You may choose one or both sessions.

SOAR Week I
July 6-12

SOAR Week II
July 13-19

Making every effort to efficiently train all counselors without repetitive trainings, Camp SOAR training will combine a one day hands on training along with an on-line component. On-line training will be available prior to the in-person training on July 6. Accepted counselors will be notified when they are ready and must complete them before the start of camp.

If you are new to SOAR or have previously attended only TWO training sessions— Saturday, July 6th 1 pm—5 pm

Counselors in this category who are volunteering for only Week 2, will leave & return— Saturday, July 13th 6 pm

If have attended THREE or more trainings and volunteering for Week 1 or Both— Arrive Saturday, July 6th 5:30 pm

If have attended THREE or more trainings and volunteering for Week 2 only, — Arrive Saturday, July 13th 6 pm

Personal References: (non relative)

Name and occupation: _____ Phone: _____

Name and occupation: _____ Phone: _____

I give my permission for my child/self to participate in Camp SOAR events and activities and have read and agree to abide by the SOAR counselor rules while I am at Camp SOAR. I have read and understand this entire application and certify that all the information is true.

Counselor Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

(If under 18 yrs.)



VOLUNTEER INFORMATION

Page 1 of 2 information pages

Name: _____ Date of Birth: _____ Gender: M / F

T-Shirt Size: Adult Unisex: Small / Medium / Large / XLarge / XXLlarge—Circle choice

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Native Hawaiian ☐ Other/Bi-Racial

Dietary Restrictions:

Are you a vegetarian? ☐ yes ☐ no

Do you have any other dietary restrictions? _____

Previous Volunteer Experience:

Do you know sign language? ☐ yes ☐ some ☐ no

Are you volunteering with a friend? Who?

Counselor / Camper Team:

Once campers reach puberty (12 yrs) they are assigned to a same sex counselor, younger boy campers are assigned to a female counselor. Campers and counselors bunk in the same dorm. We have a broad spectrum in regard to camper size and strength. In order to make compatible matches for our campers and counselors, please include:

Your height: _____ Your weight: _____

Are all necessary forms completed and signed?

_____ Volunteer Application Page	_____ Signed Parent Letter, if you are UNDER 18 yrs
_____ Signed Rules for Counselors page	_____ Volunteer Information Pages 1 & 2
_____ Personal Medical Information Form	_____ Voluntary Disclosure, if you are OVER 18 yrs
_____ Healthcare Recommendation (completed by physician)	_____ Waiver and Hold Harmless Agreement
_____ Photo Consent	

All counselor applications are dated and reviewed prior to acceptance. Healthcare recommendations need to be no older than 3 years and may be submitted after the initial application.



VOLUNTEER INFORMATION

Page 2 of 2 information pages

Name: _____

Note~

The following questions are only part of the puzzle involved in placing counselors where they best fit and are most needed. We try very hard to place you in your chosen position. But, just like life, there are no guarantees. Not all counselors will be assigned a camper. Due to the intricate process of pairing campers and counselors, we cannot foresee who will have a camper and who will be in the equally important role of cabin assistant.

Rank in order of most preferred (1) to least preferred (5).

___ Assigned to a social camper

___ Assigned to a quiet camper

___ Assigned to a camper in a wheelchair

___ Assigned to a camper who has difficulty getting involved in activities

___ Assigned to a camper who has challenging behaviors, possibly non-social, non-verbal, or aggressive

Is there a camper(s) you would like to be paired with?

First Name: _____ Last Name: _____

ATTENTION: We do not repeat pairings - although you may have been an excellent fit with one of your previous campers, it is important for you, and for the camper, to experience meeting new people at camp

Cabin Assistants are assigned to a group of campers and their counselors. They assist cabin leaders in assuring that everyone's needs are met and everyone is having fun! Cabin Assistants should be capable of taking the initiative to "jump in" whenever necessary. Cabin Assistants should also feel comfortable connecting with and hanging out with camper counselor pairs even when they don't need help! This person should be social and able to form relationships quickly.

Counselors who have filled the role of Cabin Assistants have GREATLY enjoyed the opportunity to meet and develop relationships with multiple campers. New counselors have reported this role helped them to understand how camp works before being assigned to a camper 1:1. Returning counselors have loved the freedom and flexibility to help out wherever needed.

Camp SOAR does not run without Cabin Assistants. Please consider giving this fun position a try!

*If you are doing 2 weeks, you may be a Cabin Assistant one week and a 1:1 the other. Returning counselors who we feel fit this description may be assigned as Cabin Assistants regardless of which box is checked as we feel that everyone should be willing to help out wherever needed at Camp SOAR. If you do not select this role but are assigned, please look at it as an honor. ***Thank you for understanding!***

___ I'd love to be a Cabin Assistant for **one or both weeks!** I feel like I fit the description and will enjoy this role!

___ I'd love to be a Cabin Assistant for **one week and have a camper the other.** I'm happy to help fill this important role at Camp SOAR!

___ I don't feel that I have the right personality for this role. I am more reserved and would have a hard time jumping in to hang out with a camper counselor pair or when help is needed.



PERSONAL MEDICAL INFORMATION

This is in addition to the required physical

Name of Counselor: _____

Date of Tetanus (Tdap) Vaccine: _____

We swim in a lake, it is highly suggested counselors have a up to date tetanus vaccination

Describe any medical/physical limitation on the type of volunteer work you can perform: _____

List and existing medical problems or handicapping conditions, including allergic reactions to any food or drugs:

Name of Family Physican: _____ Phone: _____

Address: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____

Address: _____

If non-emergency medical treatment is required while volunteering at camp, do you request that such medical treatment be done at a specific hospital or clinic? _____ If so, where: _____

INSURANCE INFORMATION:

Address: Company: _____ Contact Person: _____

Policy Number: _____ Phone Number: _____

Group Number: _____ Policy Issued to: _____

All medications, including over-the-counter medications, must be stored with Nurse Ingrid.

Name of Medication	Dosage	Specific Times Given	Reason Given

Packing instructions for medications will be sent at a later date.

I give permission for the Camp SOAR medical personnel to provide basic first aid and/or treatment of minor illness. I also give permission for my child/self to ride in private vehicles owned by Camp SOAR staff members for non-emergency medical treatment such as, but not limited to, lab test, xrays, and/or treatment or while participating in Camp SOAR activities.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If applicant is under 18 years)



Healthcare Recommendations by Licensed Medical Personnel For Camp SOAR Counselors

Name of applicant: _____

**** Please Note****

Counselors must have a physical on file

A copy of ANY physical (sports, school, park district, etc) completed and signed by a licensed medical professional within the past three years can be substituted for this form

I have examined the above applicant and in my opinion, she/he ____ is ____ is not able to participate in an active camp program.

Date of most recent Tetanus _____ B/P _____ Weight _____ Height _____

The applicant is under the care of a physician for the following conditions: _____

Current treatment at the time of this report includes: _____

Recommendation and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at camp (name, dosage, frequency): _____

Any medically-prescribed dietary restrictions: _____

Known allergies: _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at the camp: _____

Signature of Licensed Medical Personnel: _____

Printed: _____ Title: _____

Address: _____

Phone: _____ Date: _____



WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Participant's Name: _____

Please read this form carefully and be aware that, in signing up and participating in this camp, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participant might sustain. The terms "I," "me," and "my" also refer to parents or legal guardians as well as participants in the programs. In registering for these programs you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish all claims I may have as a result of participating in these programs against CHILDREN'S RESEARCH TRIANGLE, any and all other participating or cooperating agencies, and all independent contractors, officers, agents, servants, employees, students and volunteers of the agencies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge CHILDREN'S RESEARCH TRIANGLE and the other released parties from any and all claims for injuries, damages, or loss which I may have or which may accrue to me on account of my participation in these programs.

I fully agree to indemnify, hold harmless and defend CHILDREN'S RESEARCH TRIANGLE and any and all other released parties, from any and all claims resulting from injuries, damages, and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities" referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for my child/participant to receive first-aid, transportation or medical attention that may be required. I give my permission for the administration of medications by camp agents as prescribed by a physician and/or their parent or legal guardian.

I further understand that CHILDREN'S RESEARCH TRIANGLE carries no accident coverage on participants and that expense related to immediate medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or legal guardian.

I consent to my child/self participating in any form of authorized activity including water activities except those specifically prohibited by the physician who examined my child/participant for admittance to camp and who signed the Medical Examination Form.

The information in this entire Agreement remains current unless written corrections are provided to CHILDREN'S RESEARCH TRIANGLE.

Signature of Applicant _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

(If under 18 yrs.)



CONSENT FOR RELEASE OF PHOTOGRAPHS, AUDIOTAPE, VIDEOTAPE AND OR INTERVIEW

Please complete and return with camp application

I hereby give CHILDREN'S RESEARCH TRIANGLE or any of its affiliates permission to:

- Take, copyright and /or publish photographs, audiotapes or video tapes of me and/or my child.
- Interview me and/or my child about our experience and publish the interview in whole or in part without the right to review.
- Identify my and/or my child's name in connection with these photographs, audiotapes, videotapes or interviews.

I understand these photographs, videotapes or interviews may be used for publication and/or for other public affairs purposes, including publications, advertisements, displays and placement on the CHILDREN'S RESEARCH TRIANGLE web site and social media, as determined by CHILDREN'S RESEARCH TRIANGLE.

I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, audiotapes, videotapes and interviews and agree that these photographs, audiotapes, videotapes and interviews shall at all times be the property of CHILDREN'S RESEARCH TRIANGLE.

I hereby release CHILDREN'S RESEARCH TRIANGLE or any of its affiliates, employees, or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these photographs, audiotapes, videotapes and interviews.

Date: _____

Name of Counselor:
(PLEASE PRINT)

Name of Parent or Legal Guardian:
(PLEASE PRINT)

Signature of Parent, Legal Guardian, or Counselor (if over 18):

CHILDREN'S RESEARCH TRIANGLE
70 E Lake Street, Suite 1300
Chicago, IL 60601
Phone: 312-726-4011
www.childrensresearchtriangle.org



Voluntary Disclosure Statement

**** Complete ONLY if you are 18 years or OLDER ****

Camp SOAR and Children's Research Triangle is required to do a background check on all volunteers and staff over the age of 18. If you will be 18 or older at the start of camp, you must complete and sign this page.

First Name Middle Name Last Name Social Security Number

Driver's License State Expires

Date of Birth	Place of Birth City/State	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other Specify	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Height FT IN	Weight	Hair Color	Eye Color	Race
---------------	------------------------------	--	---	-----------------	--------	---------------	--------------	------

Current Address: Street Address City State Zip

School or College: Street Address City State Zip

School or College: Street Address City State Zip

Permanent Address: Street Address City State Zip

Previous residence(s) for last 5 years (including college and home residences):

1. Street Address City State Zip Dates To/From

2. Street Address City State Zip Dates To/From

3. Street Address City State Zip Dates To/From

(Continue on a separate sheet if necessary)

Have you ever been convicted of any crime, other than a minor traffic violation, in the last seven years? ☐ No ☐ Yes

If yes, please use a separate sheet to describe the circumstances.

I affirm that the answers to all the above statements are true, complete and correct. I understand a criminal background check will be performed prior to my being accepted as the volunteer Camp SOAR counselor.

Signature of Applicant Date: