



Dear Year 2010 Camp Volunteer:

Thank you for your interest in working with us to provide camp this summer for children with diabetes. The dedicated service of volunteers like you is what makes Camp Bluebonnet possible.

Camp Bluebonnet will be June 21-25, 2010. Check in begins each day at 8:30 am and camp ends at 3:30 pm Monday through Thursday and at 1:30 pm on Friday.

If you would like to join our team, you must complete and return this form **no later than May 31st, 2010** to allow us time to process your background check. Please be advised that background searches will be done on all applicants. The Volunteer Coordinators would appreciate a timely response in order to allow us to properly plan Camp.

Camp Bluebonnet is held on a beautiful section of hill country. Therefore, there is a lot of hiking and physical activity for most of the volunteer positions. The volunteer positions available are:

- **Group Leader:** This individual manages a group of 15 to 20 children within an age group as well as oversees the activities of any Counselors in Training (CITs) assigned to help the group (9th graders or older). This includes tasks such as getting the group to activities on time, assuring a headcount of campers frequently during the day, and monitoring the behavior of campers. Generally, there are two Group Leaders to each age group.
- **Group nurses:** The nurses at Camp must be registered professionals. They are responsible for the diabetes care of the campers during Camp hours including checking blood sugars and treating any highs or lows. Group nurses report directly to the Medical Director.
- **Arts & Craft helper:** The Arts & Crafts helpers spend most of their day under the tent assisting the Arts & Craft Coordinator by preparing art supplies and assisting the campers with their craft projects. They may also be asked to assist in pre-Camp preparation of supplies. This is the least physical volunteer position.
- **Volunteer/parent** within an age group: These individuals are assigned to an age group to assist the Group Leader with duties. They may be asked to take over any specific duty of the Group Leader or be assigned to assist a needy camper.
- **Floater:** These individuals may be asked to do any job during Camp. These are frequently short term jobs or fill-in jobs and may require interaction with the campers or physical exertion.

**Complete, Sign, Date & Return This Form to:**

Children's Diabetes Camp of Central Texas, Inc.

P. O. Box 12885

Austin, TX 78711-2885

- Please send all group nurse applications attn: Lynne Hinnencamp
- All other volunteer applications send attn: Jenny Greinert

If your application is approved, you are invited to attend the Volunteer Orientation held at the Peaceable Kingdom Retreat Center for Children on Saturday, June 12 from 10 am until 2 pm. At the Volunteer Orientation, we will review the volunteer manual and procedures for Camp Bluebonnet. A tour of the Peaceable Kingdom Retreat Center site will be included. Lunch will be provided.

If you have general Camp questions, please email [camp\\_bluebonnet@yahoo.com](mailto:camp_bluebonnet@yahoo.com) or call Amy Wallquist at: 512-917-3688. I can be reached at [jennygreinert@yahoo.com](mailto:jennygreinert@yahoo.com) or 512-694-2310. If you have medical volunteer questions, please contact Lynne Hinnenkamp at [KamperMan@aol.com](mailto:KamperMan@aol.com) or call 512-560-3124.

Sincerely,

Jenny Greinert

Volunteer Coordinator

Camp Bluebonnet 2010

# Camp Bluebonnet Volunteer Application

Please enclose a copy of your picture ID and print or type. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

How long at the above address? \_\_\_\_\_

If less than 2 years at above address, list previous address:

Street Address City State ZIP  
Primary Phone #: \_\_\_\_\_ Additional Contact #: \_\_\_\_\_

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

Have you ever volunteered at Camp Bluebonnet before?  Yes  No

Have you ever been convicted of a felony?  Yes  No

## Emergency Contact Information:

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Additional Contact Relationship: \_\_\_\_\_

Health Insurance Company, Address and Policy#: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Primary Care Phone Number: \_\_\_\_\_

Describe any current health conditions requiring medication, treatment, special restrictions or considerations while at camp:

Please check the position you wish to apply for.

*We will make every attempt to place you in the area you are most interested in.*

- Group leader
- General volunteer
- Group nurse

If requesting a group leader or group nurse position, please check one or more of the *preferred* grade level of children to supervise:

- Pre-K
- K
- 1<sup>st</sup> graders
- 2<sup>nd</sup> graders
- 3<sup>rd</sup> graders
- 4<sup>th</sup> graders
- 5<sup>th</sup> graders
- 6<sup>th</sup> graders
- 7<sup>th</sup> & 8<sup>th</sup> graders

If requesting a general volunteer position, please indicate areas that most interest you:

- Arts & crafts helper
- Volunteer/parent within an age group (non-group leader)
- Floater (willing to help anywhere during camp)

---

Please check the days you are available to work  
(minimum of 2 days):

- Mon., June 22
  - Tues., June 23
  - Wed., June 24
  - Thurs., June 25
  - Fri., June 26
- 

Briefly describe your experience working with children, especially those with chronic medical conditions.

---

**For volunteers who are diabetic:**

Please list how your diabetes is treated; all medications used by brand, type and dosage including oral agents, insulin & all supplies for insulin pumps (manufacturer, model #, infusions sets, etc.).

---

Do you recognize your own low blood sugars?  Yes  No  Not Always

Name of physician who treats your diabetes: \_\_\_\_\_

Phone number of physician who treats your  
diabetes: \_\_\_\_\_

---

**For Medical Staff:**

Please attach a copy of your current license.

List current and previous employment, including contact names and phone numbers:

---

Has your license ever been revoked?  Yes  No

If Yes, please explain:

---

Have you ever been accused of, convicted of, or had  
deferred adjudication of medical malpractice?  Yes  No

If Yes, please explain:

---

---

Do you have malpractice insurance covering your service at camp?  Yes  No

If Yes, please list:

---

## For all volunteers:

**My signature on this document acknowledges my understanding of the following statements.**

- 1) The Children with Diabetes Camp of Central Texas (Camp Bluebonnet) will perform a background and criminal history check and request from any central registry of child abusers. The Camp will terminate voluntary service of any person:
  - Found to have a history of complaints of abuse and/or
  - Found to have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse.
  - Found to be convicted of a felony.
- 2) IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact the person designated as emergency contact. In the event that they/I cannot respond, I hereby give my permission to the physician selected by the Camp Medical Director and medical team to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for me as named above.
- 3) I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if a voluntary service position is offered, I will be an at-will volunteer. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.
- 4) I authorize the Children's Diabetes Camp of Central Texas to release pictures, photographs, slides, or movies for publicity or public usage.

---

Volunteer Printed Name

Volunteer Signature

Date