Fresno American Indian Health Project
GONA Volunteer Packet 2019

Check List

☐ By May 10, 2019 complete:
   a. Fresno American Indian Health Project Volunteer Application and
   b. GONA Volunteer Packet (annually). Both should be turned in to the main office

Packet is online at faihp.org under the GONA tab

☐ Attend Mandatory Volunteer Orientation on Friday, May 10, 2019 or Sunday, May 19, 2019. Orientation will be 9 a.m. – 4 p.m. at Fresno American Indian Clubhouse

FAIHP staff will follow up regarding the completion of the following:

☐ TB skin test (annually)

☐ Drug screening (annually)

☐ Live Scan fingerprinting

Final step

☐ Attend GONA June 10, 2019 – June 14, 2019 at Quaker Meadow Christian Camp

Roles

We would like to get an idea on what jobs you would like to do. ***Please, number 1 through 4 next to the jobs below, 1 being your first choice and 4 being your last***. We will do our best to accommodate your choices; however, the needs of the youth will come first when roles are designated.

☐ **Clan Elder:** Clan Elders are the primary support for each youth. The clan elder is responsible for encouraging youth to participate in daily activities and ensure all youth are safe and accounted for. Clan Elders guide youth in their personal growth and daily living skills by reinforcing the GONA principals.

☐ **Mountain Mover:** Mountain movers assist in the set up and cleanup of activity areas. Mountain movers will organize specific areas of the campgrounds by moving equipment and prepping locations consistent with the GONA curriculum and agenda. Mountain Movers will assist in chaperoning youth during activities.

☐ **Recreation and/or Cultural Leader:** Recreation leaders deliver sport activities that are safe, fun, and appropriate to youth age and abilities. Assist in the management of the sport facilities area and equipment. Cultural leader facilitates cultural activities. Please specify the type of activity _____

☐ **Cabin Leaders**: These individuals are assigned to the youth cabins and will ensure youth safety while in the cabins. Cabin leaders will notify administration or a primary camp contact if any issues arise in the night and will monitor youth to ensure they remain in their cabins during the night and early mornings.

Expectations

In any role at GONA, all volunteers and staff are expected of the following:

- Be respectful of all at camp, youth and staff
- Be active and engaged
- Practice good role-model behavior
- Communicate with FAIHP staff should issues arise

Availability

What will your availability be during the week of GONA?

☐ Monday – Friday, day and night

☐ Monday – Friday, days only

☐ Limited days throughout the week

Transportation

What are your transportation needs/preferences?

☐ I will need transportation from FAIHP to GONA

☐ I prefer to use my personal vehicle to get to GONA and others can ride with me

☐ I prefer to use my personal vehicle to get to GONA alone

☐ I can take my own vehicle or will ride with FAIHP if needed

Room and Board

Please let us know if you need to request special accommodations:

_____

_____

_____

FAIHP staff will do our best to accommodate space preferences at camp but cannot be guaranteed. Room assignments will be sent out one week prior to camp. If requesting to bring a child who is not a participant, staff/volunteers should make every effort to be available close to 8 hours per day at camp while supervising youth.

Staff/volunteers must inform GONA Camp Coordinator of request to take youth one month prior to camp. This will be approved or denied by Fresno American Indian Health Project supervisors. Space is limited at camp. Requests to bring children to camp will be reviewed on a first come, first serve basis. Due to funding, it may be necessary to charge for youth who are between the ages of 5 and 12 years old. It may also be necessary to charge for a person in the caretaker role.

Please provide your e-mail address to stay up to date on Planning Meetings, a Mandatory Volunteer Orientation, and to receive information such as the room assignments and exact times we will leave to and arrive back from camp.

_____

E-mail Address

Quaker Meadow
CHRISTIAN CAMP

Form F001: RELEASE WAIVER
HEALTH HISTORY-HEALTH SCREENING
This form must be completed annually for all individuals.

Participant (Print): _____

Group's Name: FAIHP GONA

Event Dates: June 10, 2019 - June 14, 2019

Counselor's Name: Fresno American Indian Helath Project

Signature: _____ **Date:** _____ **Age:** _____ **Gender: Male / Female**

Health Information: You may opt out by checking the following statement: I decline to provide personal health information.
Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while on site.

_____

_____

Date of last tetanus shot: _____

List any other immunizations & dates: _____

_____

List any allergies: _____

Group Health Supervisor (Sign): _____

Date: _____

General Release Waiver
The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

Image Release Waiver
The undersigned gives permission to Quaker Meadow to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Transportation Waiver (Minors)
The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from Quaker Meadow by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

Medical Release Waiver
The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Emergency Contact Information: Mr. Mrs. Ms. _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell/Work:** _____

E-mail: _____

Parent/Guardian (Print): _____

Parent/Guardian/Camper Signature: _____ **Date:** _____

Quaker Meadow
CHRISTIAN CAMP

F002-VOLUNTARY DISCLOSURE
MUST BE COMPLETED FOR ALL LEADERS, STAFF, & COUNSELORS
Must be completed and re-signed yearly

Name:_____ Birth Date: _____

Home address: _____

_____

Other names by which known (e.g., maiden name): _____

Home phone:_____ Email: _____

Driver's License #:_____ State: _____ Expiration: _____ ☐ Do Not Call ☐ Do Not Mail ☐ Do Not Email

Previous residence(s) for last five years: (Include college and home residences. Continue on a separate sheet, if necessary)

City: _____ State:_____ Years:_____

City: _____ State: _____ Years: _____

1. Have you ever been convicted of any crime including, but not limited to, any crime similar in manner to children and/or your conduct with them, Indecent assault and battery on a child under fourteen, Indecent assault and battery on a mentally retarded person, Indecent assault and battery on a person who has obtained the age of fourteen, Rape, Rape of a child under sixteen with force, Assault with intent to commit rape, Kidnapping of a child under sixteen with intent to commit rape, Distribution and trafficking of narcotics or other controlled substances, or Intent to commit any of the above crimes?
☐ Yes ☐ No

2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
☐ Yes ☐ No

3. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?
☐ Yes ☐ No

4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
☐ Yes ☐ No

I understand that eligibility may be denied to any person who answers "yes" to any one of questions 1-4. If circumstances indicate a "yes" answer to any of the above questions, eligibility may be terminated immediately. The information provided on this form is subject to verification, which will include a background check. Employment or volunteer service of any person may be terminated if that person is found, regardless of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or have falsified or omitted information in this disclosure statement. If you answered yes on any of the above questions, please explain on a separate sheet.

Signature of Applicant: _____ Date: _____

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

VOLUNTEERS ONLY. The Volunteer, with full knowledge of his/her rights, does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms: Volunteer understands that he/she is donating their services without promise, expectation or receipt of compensation. The Volunteer understands that Quaker Meadow Christian Camp does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance in effect. Volunteer has executed this Waiver and Release.

Signature of Volunteer: _____ Date: _____

FAIHP Staff to complete the following:

Group Director's Statement: Background checked with *either:* ☐ NSOPW (www.nsopw.gov)
☐ LIVE SCAN (www.ag.ca.gov/fingerprints)

Person who organized background check: _____ Phone: _____

Background Approved?: ☐ Yes ☐ No Signature: _____ Date: _____

Group Health Supervisor's Statement. Individual has been trained in the principles of First Aid & CPR.

Group Health Supervisor (sign): _____ Date: _____

FAIHP
Fresno American Indian Health Project

Name: _____ (First / Middle / Last)
Sex: ☐ Female ☐ Male
Birthdate: _____
Permanent Address: _____ (Street Address)
E-mail: _____
_____ (City / State/Country / Zip/Code)
Phone Number: _____

- *Notify Nancy Pierce RN, if you are exposed to a communicable disease within three weeks of beginning your job.*
- *The camp nurse expects that you arrive in good health and capable of performing the essential functions of your position. If you have concerns regarding this, speak with the camp director prior to arrival.*
- *Information on this form is available for the Camp Director, your work supervisor(s), and the Camp Health Supervisor* ***only as necessary****.*
- *Completing some portions of this form is voluntary; such areas are so marked.*

If you have questions about our camp health services, please contact the Camp Director.

Allergies: *Check those that apply to you. Completion of this section is voluntary, yet helpful to healthcare staff.*

_____ I have no known allergies.

_____ I have an allergy to this food: _____ This causes anaphylaxis? ☐ Yes ☐ No

Describe what happens if you eat this food and how the reaction is managed:

_____

_____

_____ I am allergic to this medication(s): _____ This causes anaphylaxis? ☐ Yes ☐ No

_____ I am allergic to these substances: _____ This causes anaphylaxis? ☐ Yes ☐No

Describe what happens if you are exposed to these medications or substances and how the reaction is managed:

_____

_____

Nutrition: *Discuss concerns with the camp director prior to the start of camp.*

_____ I eat a regular, varied diet and am prepared to eat a variety of foods while at camp.

_____ I am a vegetarian of this type:

- ☐ Semi-vegetarian (no pork or beef)
- ☐ Pesco (no pork, beef, or chicken)
- ☐ Lacto (no meats, fish, seafood, or eggs)
- ☐ Ovo (no meats, fish, seafood, or dairy)
- ☐ Lacto-ovo (no beef, pork, chicken, seafood, or fish)
- ☐ Vegan (no meats, seafood, eggs, or dairy)

_____ I do not eat _____ products because of religious beliefs.

Chronic Concerns: *Check all that pertain to you and provide information about supportive healthcare.*

Your supervisor expects that staff who have chronic health concerns are capable of performing the essential functions of the job for which they have been hired. If you have any concerns, please speak with your supervisor.

Completion of this section is voluntary, yet helpful to healthcare staff.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s):

- ☐ Asthma
- ☐ Diabetes
- ☐ Fainting
- ☐ Back pain or injury
- ☐ Headaches, Migraines
- ☐ Difficulty breathing
- ☐ Surgical history
- ☐ Knee or ankle weakness
- ☐ Sleep problem
- ☐ Dysmenorrhea
- ☐ Seizure disorder: _____
- ☐ Other: _____

Immunization History:

Date (month/year) of your most recent tetanus immunization: _____

Medication: *All medication must be locked securely unless in the immediate possession/control of the user.*

NOTE: Health Center staff will ask about your medication(s) to determine if the use (or non-use) of such medication will impair completion of the essential functions of your job. They may also ask about medication when you seek healthcare. Providing additional information about your medication is voluntary.

General Physical History: *If you answer "Yes" to any of these questions, provide more information at the end of this section.*

Completing this session is voluntary, but helpful to healthcare staff.

1. Have you ever been hospitalized? ☐ Yes ☐ No
2. Have you ever passed out during or after exercise? ☐ Yes ☐ No
3. Have you ever been dizzy during or after exercise? ☐ Yes ☐ No
4. Have you ever had chest pain during or after exercise? ☐ Yes ☐ No
5. Do you tire more quickly than your friends during exercise? ☐ Yes ☐ No
6. Have you ever had high blood pressure? ☐ Yes ☐ No
7. Have you ever had a racing heartbeat or skipped heartbeats? ☐ Yes ☐ No
8. Have you ever been knocked out or become unconscious? ☐ Yes ☐ No
9. Have you ever had a seizure? ☐ Yes ☐ No
10. Have you ever had a stinger, burner, or pinched nerve? ☐ Yes ☐ No
11. Have you ever had heat or muscle cramps? ☐ Yes ☐ No
12. Have you ever been dizzy or passed out in the heat? ☐ Yes ☐ No
13. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? ☐ Yes ☐ No

    If so, where? ☐ Head ☐ Shoulder ☐ Leg ☐ Neck ☐ Chest ☐ Arm, hand ☐ Ankle ☐ Back ☐ Hip ☐ Foot

14. Have you been in countries other than the United States in the past nine months? ☐ Yes ☐ No

    If yes, list the countries and the time spent in them.

    Country: _____ Dates: _____

    Country: _____ Dates: _____

    Country: _____ Dates: _____

Use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."

_____ _____

_____ _____

_____ _____

Name of your physician: _____ Office Phone (_____)_____

Emergency Contact: *Who do you want us to contact in an emergency?*

First Contact: _____ Preferred Phone: (_____)_____ Relationship to You: _____

Alternate Contact: _____ Preferred Phone: (_____)_____ Relationship to You: _____

Staff Member STOP Here.

Date/Time	**Documentation by Health Center Staff**	Initial

_____ Screening has been conducted per camp protocol and findings noted below:

A. Any signs/symptoms of illness or injury upon arrival? . . . . . NO YES as noted below
B. Any history of exposure to communicable diseases? . . . . . NO YES as noted below
C. Any additions, corrections, or clarifications to information on this form? . . . . . NO YES as noted below
D. As necessary (see statement under "Medication"), medication has been reviewed with the healthcare provider? . . . . . NO YES as noted below
E. Any signs/symptoms of head lice? . . . . . NO YES as noted below

Screening Done By: _____

EXIT NOTE: *Check one of the following:*

☐ Left camp this day with no reported illness or injury symptoms. Client's exit date: _____

☐ Left camp this day with the following problem/concern: _____

Summary of nursing instructions provided: _____

Exit note completed by: _____