

Camp LionHeart Cardiac Kids Camp 2025

Counselor/Volunteer Application

Name: _____ Age: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ T-Shirt Size (circle one): **S M L XL XXL**

Emergency Contact: _____ Emergency Contact Phone: _____

Are you a Penn State Hershey Medical Center Employee? (Please circle) NO YES

Have you been a camp counselor before? (Please circle) NO YES if yes, where and when?

What experience do you have with children with special needs or heart conditions?

Are you CPR or PALS certified? If yes, date of expiration? _____

Why do you wish to be a camp counselor?

What days and times would you be available to attend Camp LionHeart?

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Times						

Please circle which of these activities you are most interested in participating or leading:

Swimming Hiking Kayaking Ropes Course Soft ball Kickball Campfire Crafts Talent show

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Please list at least 2 References below. They cannot be family members. At least one must be a school or work representative. Also, we may run a background check. Please understand that you will be notified by phone/email if you have been accepted to volunteer for this year's camp. Thank you for your interest.

Reference Name	Phone Number
1. _____	_____
2. _____	_____

By my signature, I certify that the information contained in this profile is complete and accurate to the best of my knowledge. I authorize Camp LionHeart and/or its agents to examine any applicable records, which may attest to my character and suitability for a volunteer staff position.

_____	_____
Signature	Date

Photo Consent Form

Camp LionHeart uses photographs, film, videotape, news releases, internet publications, and articles to keep the public informed of the hospital services and activities. Occasionally, outside photographers from newspapers or television stations are also used to help illustrate camp activities. We appreciate your permission to photograph (you/your child) or use (your name/child's name) and story during your stay at Camp LionHeart and to use them as mentioned above. By signing this form, you indefinitely waive the right to inspect or approve the photographs and /or materials before publication. Camp LionHeart and their affiliated corporations, officers, agents, and employees are indefinitely released from all debts, claims, and/or liability of any kind arising out of or in connection with the use of your name, story, or statements and the use of any caption or descriptive material herewith. Your signature fully releases Camp LionHeart of all responsibility for information and photographs that are used.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

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Notice of Privacy Practices

TO COUNSELORS/STAFF:

This notice describes how medical information about Camp LionHeart counselors/staff may be used and disclosed for the purposes of Camp LionHeart and how you can get access to this information. This is required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996.

COUNSELOR/STAFF HEALTH INFORMATION:

This notice describes the information privacy practices followed by Camp LionHeart medical staff. Our office is dedicated to maintaining the privacy of counselor/staff health information. We are required by law to give you this notice and maintain the confidentiality of counselor/staff health information.

OUR USE AND DISCLOSURE OF HEALTH INFORMATION:

1. To public health authorities and agencies that are authorized by law to collect information.
2. For medical treatment. For example, we will use the counselor/staff medical history to provide you with medical treatment as needed during the week of Camp LionHeart.
3. Lawsuits and similar proceedings in direct response to a court order.
4. If required to do so by a law enforcement official.
5. When necessary to reduce or prevent a serious threat to the counselor/staff health and safety or the health and safety of another individual or the public.
6. To federal officials for national security and intelligence activities.
7. To persons assisting in the counselor/staff care such as other doctors, or an aide who is providing care.

COUNSELOR/STAFF RIGHTS REGARDING HEALTH INFORMATION:

1. You may request a restriction in the way we use and disclose your counselor/staff health information. You may request that we restrict information to only certain individuals involved in your care.
2. You may request that we communicate with you by alternative means or alternative locations such as only at home or by mail.
3. You have the right to inspect and obtain a copy of the health information used to make decisions about your health.
4. You have the right to ask us to correct or add missing information to your health record if you believe our information is incorrect. To request an amendment, please submit your request in writing. You must provide us with a reason to support your request.
5. You may request a copy of this notice.
6. You have the right to file a complaint. If you believe your privacy has been violated, you may file a complaint with our practice or the Department of Health and Human Services at 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices and adhere to changes in federal and state regulations.

YOU MAY CONTACT OUR OFFICE AT 717-531-8674 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES.

I hereby acknowledge that I have read the Notice of Privacy Practice of Camp LionHeart.

Medical Staff Signature _____ Date _____

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Volunteer and Counselor's Expectations

In additions to the associate rule and expectations camp counselors should abide by the following rules:

- No alcoholic beverages, illegal drugs, or tobacco products are allowed.
- Prescription medication must be stored in its original container and secure in the designated area.
- No guns, knives, projectile devices, fireworks, or any other kind of weapons are allowed.
- Physically/Verbally suggestive or sexual behavior is unacceptable and will not be tolerated.
- Swearing and foul language are unacceptable and will not be tolerated.
- No counselor should under any circumstances be alone with a camper.
- No counselor should leave the campgrounds without permission from the director
- The camp director should be notified of any concerns regarding a camper/counselor's well-being or behavior

If at any time during the camp these expected behaviors are not displayed or a counselor's behavior takes away from a positive camp experience, the Camp Director reserves the right to terminate the counselor's stay. In such a case, the Camp Director will decide if and when such a counselor can return to camp in the future.

By signing below, I acknowledge and agree to the above counselor expectations/behaviors:

Print Name: _____ Date: _____

Signature: _____

Medical Release / Permission to Treat:

I, _____, authorize and appoint any member of the staff of Camp LionHeart to take care for me in the case of medical emergency while attending Camp LionHeart. This authorization shall include the right to any necessary medical treatments in the case of an emergency. I authorize the Camp Director and/or camp staff to communicate about my medical information with my emergency contact.

Signature Date

***** Please submit a copy of your Health Insurance Card and Updated Immunizations*****

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Medical Information for Volunteers / Counselors

Other Emergency Numbers:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE LIST ALL PERTINENT MEDICAL/PSYCHIATRIC HISTORY INCLUDING DATE OF ONSET.

CONDITION	DATE

Please explain any issues that may arise at camp due to your medical conditions. Include special treatments or procedures that you may need to do to alleviate symptoms (i.e. warm packs, rest, medications, asthma treatments, etc.)

ALLERGIES

Are you allergic to anything? Please explain item(s) and specific reactions and date of last reaction; please state how allergic reactions are treated.

- Insect bites or stings _____
- Foods _____
- Animals _____
- Medications _____
- Other _____

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DIET

Please describe any special diet or dietary restrictions: _____

IMMUNIZATIONS

Are immunizations up to date? YES NO DATE OF LAST TETANUS BOOSTER: _____

ACTIVITY/EXERCISE

Please describe any special exercise or activity limitations and any adaptations that you will need (e.g. use of golf cart for distances) _____

MEDICATIONS

Please list all your **medications**, including commonly used **over-the-counter medications**. Please be exact with doses, times given and ways that you take the medications. You will be responsible for the taking of all your own medications.

COUNSELOR/STAFF'S MEDICATION LIST			
MEDICATION Name; Dose in mg or ml (cc)	HOW MANY ARE GIVEN AND HOW (by mouth, IM or SQ)	WHEN Day, Time	*SPECIAL PROCEDURE

AUTHORIZATION

This history is correct as far as I know, and I believe I will be able to engage in all prescribed Camp activities except as noted above.

Signature _____ Date _____