# **Camp Wieser**

(Formerly known as Camp Challenge) A program of The Me-One Foundation

## SPA & SALON VOLUNTEER APPLICATION 2017 PLEASE NOTE CAMP DATES ARE JULY 7, 8 & 9

DEAR VALUED VOLUNTEER APPLICANT: Thank you for taking the time to complete the following application. Due to liability and safety reasons we may need to research background information on applicants. Please know we mean no invasion of privacy; we mean only to protect our campers. THANK YOU FOR UNDERSTANDING. *PLEASE PROVIDE THE FOLLOWING INFORMATION TO ASSIST US IN THIS PROCESS.* 

	M / F						
APPLICANT FULL NAME		GENDER					
DRIVER'S LICENSE NO.	STATE OF ISSUE		EXP. DATE				
CURRENT ADDRESS							
CITY	STATE		ZIP				
HOME PHONE	WORK PHONE		CELL PHONE				
EMAIL							
In case of an emergency, please	CONTACT:						
	NAME/REI (NOTE: we will try but cannot assur	LATIONSHIP re placement in yo	PHONE NUMBER(S our preferred area)				
Spa and Salon: Are you licensed	in any of the following areas? Yes	No					
If yes – please provide details and	your license/Certification informati	ion:					
Massage Therapists, please inclue	de your ABMP or AMTA number:						
Reception Area	Manicures	Н	lair Cuts				
Reflexology	Pedicures	N	lakeup				
Chair Massage	Facials- Estheticians	Н	lypnotherapy				
Table Massage	Reiki or Energy	O	ther:				

As a volunteer-driven nonprofit, the Me-One Foundation is always seeking ways to manage the cost of operating Camp. In order to provide the best experience possible for our Campers, we seek to lower the administrative cost of the room and board of our volunteers. The cost of room and board for all volunteers totals approximately \$17,000. We kindly ask that you consider making a tax-deductible donation to help offset this cost. A donation is not a guarantee that you will be selected as a volunteer and no donation will be deposited until after the volunteer selection process is final. If not selected to volunteer at Camp Wieser this year, you may request return of your donation. We are sincerely grateful for the time you are dedicating to the Me-One mission!

I agree to the following donation payable online or by check to the Me-One Foundation: \$50 \_\_\_\_\_\$75 \_\_\_\_\_\$100 \_\_\_\_\_\$150 \_\_\_\_\_\$200 \_\_\_\_Other Please visit www.me-onefoundation.org/donate2 to make the donation.

Me-One Foundation | PO Box 135 | Roseville, CA 95678 | Tel: 916.784.2267 | Fax: 916.720.0223 www.me-onefoundation.org

1	VOLUNTEER EXPERIENCE										
	Organization & Position	Dates	City, State	Supervisor	Phone #						
Γ											
F											

PERSONAL REFERENCE									
Relationship	Years Known	City, State		Phone #					
Relationship	RHOWH	Oity, State		T Hone #					
Have you ever been convicted of a crime other than a minor traffic violation? yes no									
If yes, please explain:									
What special skills or talents do you have that might be useful at camp?									
Do you have any special training (i.e. CPR or first aid)? if yes, please describe									
Do you have any allergies or are you on any medications? if yes, please describe:									
Why do you want to volunteer at Camp:									
Is there any additional information you feel we should know?									
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Will you be staying at Mission Springs? Please check nights that apply. Friday night \_\_\_\_\_\_ Saturday night\_\_\_\_\_

In an effort to keep our volunteer costs at a minimum and to maximize the available lodging, volunteers are housed by gender. You will be assigned lodging with other volunteers of your same gender and your roommate may be someone that you do not know. We do our best to honor roommate requests (same gender only), but cannot guarantee any requests. There is a \$10.00 refundable room key deposit. You may leave your deposit in the form of exact cash, check, personal ID or card. Your deposit will be returned when you turn in your room key Sunday morning before Closing Ceremony. Mission Springs charges Me-One \$10.00 for each lost key.

Cabin / Bunkmate request: \_\_\_

Please return this form via fax, mail or upload securely on our website, by June 1<sup>st</sup>. Only complete applications will be accepted, (Application, Authorization, Release & Waiver of Liability and Photo Release). Incomplete applications will not be considered. Thank you!

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#### **AUTHORIZATION** PLEASE READ CAREFULLY BEFORE SIGNING

I understand and agree that this authorization serves as an on-going authorization for The Me-One Foundation to investigate the above information as well as to obtain any further background information and reports (such as criminal and court records) for employment/volunteer purposes relative to any assignment I may be applying for or already have as a The Me-One Foundation Volunteer/Staff Member. By signing below, I represent that the afore-mentioned information is true and correct to the best of my knowledge and that I provide permission for Camp, The Me-One Foundation or appropriate representatives thereof to research this information. Should information be found to be false. I understand and agree that it is grounds for denial of a position, and/or immediate termination and/or removal from camp or The Me-One Foundation property. Should any of the above information change, I understand that it is my responsibility to notify the appropriate representative of Camp/The Me-One Foundation (in a timely manner prior to any volunteer functioning). Lastly, I understand that the position I am applying for is strictly a voluntary position with no financial compensation unless clearly stated otherwise.

Note: Submission of this application does not assure acceptance as a The Me-One Foundation volunteer.

THANK YOU FOR YOUR INTEREST IN BEING A SPA & SALON VOLUNTEER!

Our Spa Director will contact you to confirm your place at camp.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

PARENT/LEGAL GUARDIAN PRINTED NAME (IF APPLICANT IS A MINOR)

PARENT/LEGAL GUARDIAN SIGNATURE

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DATE

DATE

#### RELEASE AND WAIVER OF LIABILITY AND PHOTO RELEASE PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned on behalf of him/herself, their agents, heirs and representatives hereby releases, waives, discharges and covenants not to sue The Me-One Foundation or any of its affiliates, members of its board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff, (hereinafter referred to as "Releasees") for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for, on account of physical, mental, or emotional injury, or death of the person or minor child or to the property of the person or minor child, whether such injury or death be caused by the negligence, gross negligence of the Releasees or otherwise, while the person or minor child participates in Camp. Notwithstanding any other provision of this Release and Waiver, the undersigned also releases The Me-One Foundation, but no other Releasee from any liability whatsoever arising from any injury, damage, or death to the person or minor child where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of a Me-One Foundation employee, agent, volunteer, camp counselor, or any other camp personnel.

The undersigned hereby grants The Me-One Foundation or any of its affiliates, members of its board of Directors, employees, agents, contractors, volunteers, guests and all other camp personnel, whether volunteers or paid staff, permission to allow, take, release or utilize pictures and/or recordings of an audio or visual nature or both of themselves and/or any minor they are signing for, as deemed appropriate by Camp Wieser and/or The Me-One Foundation for means of public relations, marketing, media or otherwise.

The undersigned hereby releases, waives, discharges and covenants not to sue The Me-One Foundation or any of its affiliates, members of its board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for.

The undersigned further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the Release and Waiver of Liability and Photo Release and further agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by a written document signed by the undersigned and a duly authorized representative of The Me-One Foundation.

#### APPLICANT PRINTED NAME

#### APPLICANT SIGNATURE

PARENT/LEGAL GUARDIAN PRINTED NAME (IF APPLICANT IS A MINOR)

### PARENT/LEGAL GUARDIAN SIGNATURE

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