



Camp Spearhead Weekend Program Volunteer Application

Dear Potential Volunteer,

Thank you for your interest in becoming a part of the Camp Spearhead family. Camp Spearhead is a special needs camp serving children and adults with disabilities and is operated by Greenville County Parks, Recreation, & Tourism. We welcome volunteers and value their service to our campers. *The Weekend Program* provides campers the opportunity to enjoy a variety of social and recreational activities during the school year. These activities are usually day trips and are staffed by volunteers. *Weekend Program* activities include but are not limited to sporting events, zoo trips, picnics, overnight retreats, and dance parties.

We rely on our volunteers to assist our campers and ensure that they get the most from their experience from camp. The work is not always easy but it is very rewarding. Volunteers must be 16 years old or older. Volunteers under 18 must have a parent or guardian signature to participate.

Enclosed you will find:

- ◆ Schedule for the current season of Weekend Program
- ◆ Volunteer Application
- ◆ Background Check/Consumer Authorization Form, Equal Volunteer Opportunity Form, Drug Free Workplace Policy, and Sexual Harassment Policy
- ◆ Volunteer Participant Waiver of Liability and Assumption of Risk Form

Please mail, fax or email completed forms to the following:

- ◆ Camp Spearhead, 4806 Old Spartanburg Road, Taylors, SC, 29687
- ◆ 1-864-288-6499
- ◆ jwall@greenvillecounty.org

We review all applications on a continual basis and are always looking for people willing to serve. We will contact you via email or telephone with any concerns. Volunteers are not eligible for compensation for their volunteer service nor are they considered employees for any purpose. However, we do cover all expenses (tickets, meal, etc.) for volunteers on their day of service.

Thank you for applying to serve as a volunteer with Camp Spearhead. Should you have any questions, please feel free to contact me at 864-288-6470 ext. 164 or jwall@greenvillecounty.org

Sincerely,

Josh Wall, MS, CTRS
Therapeutic Recreation Coordinator & Inclusion Coordinator
Camp Spearhead



Volunteer-- 2019 Fall Weekend Program Schedule

September 14	Pool Party at Camp Spearhead One Meal	115p – 630p
September 20	Family Night @ Greenville Triumph No Volunteers Needed	7p
September 28	Movie Day Meal & Movie (popcorn +drink)	915a – 2p
October 5	Pizza & Bowling I <i>One Meal & Bowling</i>	1015a - 3p
October 12	Fisher's Orchard One Meal	1015a – 3p
October 19	Furman Football One Meal & Admission	1045a – 5p
November 2	Spooktacular <i>One Meal</i>	415p – 9p
November 9	Swamp Rabbits Hockey <i>Admission Only; No Meal</i>	515p – 10p
November 16	Pizza & Bowling II One Meal & Bowling	1015a – 3p
November 23-24	Winter Retreat All Meals	115p (Sat.) - 2p (Sun.)

What you need to do to volunteer:

- ◆ Consider the schedule of activities to see which activities peak your interest. We hope that you will volunteer at many events this season, but understand if you can only attend a few.
- ◆ Send an email to Therapeutic Recreation Coordinator, Josh Wall, at jwall@greenvillecounty.org with your name, email address and phone number.
- ◆ Complete a Volunteer Application that will be sent to you by email after you have emailed Josh (You can also find the application online at www.campspearhead.org). Former camp staff and previous volunteers do not need to complete this step.

Questions: Josh Wall

(864) 288-6470 ext. 164

(864) 380-6961

jwall@greenvillecounty.org

**Camp Spearhead provides children and adults with special needs
in an environment of unconditional acceptance.**

Camp Spearhead Weekend Program
4806 Old Spartanburg Road
Taylors, SC 29687

Phone: 864-288-6470 ext. 164
Fax: 864-288-6499
Email: jwall@greenvillecounty.org



Volunteer Application

Please note: Minimum age for volunteers is 16. All volunteers must complete the application. Under 18 must have a parents signature.

Name: _____

Circle One: Male / Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

*Are you currently certified in any of the following?

_____ First Aid _____ CPR _____ Any other certifications or professional licenses (RN, teaching, CDL, etc.)

Certificate #: _____ Issuer: _____

*What are your experiences with any special needs populations? _____ Children _____ Adult

*How did you hear about the Weekend Program/Camp Spearhead (circle all that apply and share below)?

College/University Friend Internet Camper Other Organization

PLEASE NOTE: Before you are cleared to volunteer with Camp Spearhead, your background information must be checked and cleared. Please complete all of the attached forms.

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully and sign below

I, _____ (*Print Name*) hereby authorize Camp Spearhead / Greenville County Parks, Recreation & Tourism to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal or other violations. This information will include, but not be limited to; allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any state or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply to Camp Spearhead / Greenville County Parks, Recreation & Tourism verification of the information provided in my application.

The above statements are true and complete in all respects.

I understand that as a volunteer I am not eligible for compensation, nor am I considered an employee for any purpose.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification. The information that I have provided may be verified and/or corrected by Camp Spearhead/ Greenville County Parks, Recreation & Tourism by contacting persons or organizations named in this application.

Applicant Signature: _____ Date: _____

Print Full Name: _____

By submitting this signed volunteer application, I affirm that all information contained in this application and asserted during the pre-volunteer assignment process is true, complete, and accurate. I authorize Greenville County Parks, Recreation & Tourism (GCPRT) to investigate and confirm all information contained herein (and on resume, if provided). Further, I authorize the employers and references listed to give you any and all relevant information concerning my employment and any pertinent information they may have. I release all parties from all damage and liability that may result from utilization of such information. I also understand that the discovery by (GCPRT) of false or misleading information given in my application, resume, interviews, or at any time in the pre-volunteer placement process will disqualify this application from further consideration and if already an active volunteer, will be grounds for immediate termination of said placement.

I understand that under certain circumstances, (GCPRT) volunteers are subject to alcohol and drug testing. I also understand that any volunteer assignment is contingent upon an acceptable background check (GCPRT conducts nationwide criminal and sexual predator background checks, driver's license checks as applicable).

I understand that nothing contained in this volunteer application or in the granting of an interview is intended to create a

EQUAL VOLUNTEER OPPORTUNITY POLICY

Greenville County Parks, Recreation & Tourism (hereafter referred to as GCPRT) fully complies with applicable federal, state and local laws concerning equal opportunity.

It is the GCPRT's policy not to discriminate against any volunteer or volunteer applicant because of race, color, religion, age, sex, national origin, ancestry, or disability. This policy to not discriminate in volunteering includes, but is not limited to, the following:

- GCPRT will select those applicants who possess the necessary skills, education and experience for the volunteer position, without regard to race, color, religion, age, sex, national origin, ancestry or disability.
- GCPRT will promote, upgrade, transfer, recruit, advertise or solicit for volunteers without regard to race, color, religion, age, sex, national origin, ancestry or disability.
- GCPRT will train during the time the volunteer is working and select training and internship programs without regard to race, color, religion, age, sex, national origin, ancestry or disability.
- No employee and/or other volunteer will aid, abet, compel, coerce, or conspire to discharge or cause another volunteer to resign because of race, color, religion, age, sex, national origin, ancestry or disability.
- GCPRT will establish privileges and condition of volunteering without regard to race, color, religion, age, sex, national origin, ancestry or disability.
- GCPRT will use, for volunteer referral purposes, only those agencies that do not discriminate on the basis of race, color, religion, age, sex, national origin, ancestry or disability.

DRUG FREE WORKPLACE POLICY

Greenville County Parks, Recreation & Tourism (GCPRT) has a vital interest in ensuring the health and safety of its volunteers and the protection of property while maintaining productivity, public interest, and a safe work environment.

The use and abuse of illegal drugs and alcohol by GCPRT volunteers poses unacceptable safety and other risks to staff, other volunteers, customers, and the public. Therefore, the use, sale, or possession of illegal drugs, and being under the influence of illegal drugs while on GCPRT premises or while on GCPRT business is strictly prohibited. Violation of these rules will subject the volunteer to immediate termination.

Consistent with GCPRT's objective to maintain safe, healthful, and productive work environment, the following provisions are recognized. These provisions are not all-inclusive and do not limit volunteer responsibility to only those provisions specified. Full compliance with these provisions will be a condition of volunteering or continuing to volunteer with GCPRT.

The use, sale, purchase, transfer, or possession of any illegal drug, or controlled substance by a volunteer while performing GCPRT business or on GCPRT premises is prohibited. Use of prescription medicine must follow physician's instructions. Use of a drug that causes drowsiness or other side effects should be reviewed by the doctor considering the job requirements.

Volunteers are **not** permitted to work while under the influence of drugs or alcohol.

A volunteer who is involved with off-the-job illegal drug use or who is arrested for off-the-job related activity may be considered in violation of this Policy, depending upon the nature of the charges, the circumstances of the arrest, their record with the GCPRT and other relevant factors, the volunteer can be subject to termination.

SEXUAL HARASSMENT POLICY

It is the policy of Greenville County Parks, Recreation & Tourism (hereafter referred to as GCPRT) to maintain a volunteer environment free from all forms of harassment on the basis of race, color, religion, gender, sex, national origin, age or disability. Such harassment is a violation of federal and state laws.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where: (1) submission to such conduct is explicitly or implicitly a term or condition of being a volunteer, (2) submission to or rejection of such conduct is used as a basis for volunteer decisions or academic decisions, or (3) such conduct has the purpose or effect of unreasonable interfering with an individual's volunteer performance or creating an intimidating, hostile, or offensive environment. Sexual harassment is an infringement upon an individual's right to volunteer in an environment free from unwanted sexual attention and sexual pressure of any kind. The GCPRT's policy and federal and state law, expressly prohibits sexual harassment by employees, staff management or volunteers. Allegation of sexual harassment is extremely serious with potential for great harm to all persons if ill-conceived or without foundation. GCPRT is committed to protecting the rights of the alleged harasser as well as the complainant. Any employee who believes that he or she has been a victim of sexual harassment should report the alleged conduct immediately to the Human Resources Manager at (864) 288-6470. A timely investigation will be made and appropriate actions will be taken. Sanctions against employees and/or volunteer for sexual harassment may range from reprimand to termination depending on the severity of the conduct and the circumstances of the particular case.

I have read and understand all of the above Equal Volunteer Opportunity, DrugFree Workplace, and Sexual Harassment Policies of Greenville County Parks, Recreation & Tourism.

Volunteer Signature: _____ Date: _____

Print Name: _____



**LONG TERM VOLUNTEER
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY**

Thank you for volunteering with Greenville County Parks, Recreation & Tourism (GCPRT). We greatly appreciate your assistance and commitment in improving our community through our parks and recreational programs. Please take a moment to read and sign this Waiver of Liability and Assumption of Risk form prior to beginning any volunteer activity with GCPRT.

I understand that my participation is a voluntary activity, and that I am freely donating my time and my labor. I agree to perform my assigned tasks in a responsible manner. I also hereby agree to **ASSUME THE RISK OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in this volunteer activity. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** GCPRT and the County of Greenville, SC, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether know or unknown, in law or in equity, and arising from or in any way connected with my participation in GCPRT volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

PHOTO RELEASE

Furthermore, I give my permission to have photos and/or video recordings taken of me for publicity purposes during GCPRT activities. I hereby grant and convey unto GCPRT all rights, title and interest in any and all photographic images and video or audio recordings made by GCPRT during my volunteer activities with GCPRT.

CAUTION

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against Greenville County Parks, Recreation & Tourism and the County of Greenville, SC, in connection with my participation in GCPRT volunteer activities.

I accept the conditions printed above:

Volunteer Signature

Date

Print Volunteer Name

PLEASE NOTE – VOLUNTEERS UNDER 18 YEARS OF AGE

A parent or guardian signature is required if the volunteer is 18 years of age. By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date

Print Parent or Guardian Signature

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, education history, along with reasons for termination of past employment/ education/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of Greenville County Department of Parks, Recreation & Tourism ("GC PRT") may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with consideration of potential employment or volunteer activities with GC PRT now or at any time during my tenure with GC PRT, and give my full consent for this information to be obtained.

II. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I understand that if I am a resident of **Minnesota/Oklahoma/California (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box *.

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

CANDIDATE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Please print any other names you have used (including maiden name if applicable)

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for an adverse employment decision regarding an employee or candidate, have the candidate/employee contact General Information Services, Inc.