



CAMP TO BELONG MASSACHUSETTS &  
SIBLING SUNDAY / SIBLING SATURDAY  
**NEW VOLUNTEER APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_

**IDENTIFYING INFORMATION**

FULL, LEGAL NAME: \_\_\_\_\_

ALTERNATE NAMES, IF APPLICABLE: \_\_\_\_\_

MAIDEN NAME, IF APPLICABLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT  
THIS ADDRESS? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**PERSONAL INFORMATION**

DO YOU HAVE A PREFERRED NICKNAME? \_\_\_\_\_

GENDER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

WHAT OTHER LANGUAGES DO YOU SPEAK, IF ANY? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

DEGREE(S) HELD: \_\_\_\_\_

FIELD(S) OF STUDY: \_\_\_\_\_

ARE YOU CURRENTLY A STUDENT? ( NO ) ( YES, FULL TIME ) ( YES, PART TIME )

If yes, list your year in school: \_\_\_\_\_

If yes, what college/university: \_\_\_\_\_

**DRIVING INFORMATION**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ( NO ) ( YES )

If yes, attached a signed document indicating the nature and circumstances of the action taken against you.

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF  
A CRIME? ( NO ) ( YES )

Exclude any minor traffic violations for which the fine was \$50 or less before 05 April 1985 or \$100 or less on or after 04 April 1985.

HAVE YOU EVER BEEN ARRESTED FOR  
A CRIME? ( NO ) ( YES )

If yes, attached a signed document indicating the nature and circumstances of the crime(s).

SIBLING CONNECTIONS REQUIRES  
CLEARANCE FOR ALL VOLUNTEERS  
THROUGH THE DEPARTMENT OF  
JUSTICE, CHILD ABUSE INDEX,  
AND/OR INVESTIGATIVE FIRMS.  
**DO YOU GIVE SIBLING CONNECTIONS  
CONSENT TO OBTAIN THESE  
CLEARANCES WITH REGARDS TO  
YOU SERVING AS A VOLUNTEER  
WITH SIBLING CONNECTIONS?** ( NO ) ( YES )

**PRIOR RESIDENCY INFORMATION**

LAST ADDRESS PRIOR TO WHERE YOU  
LIVE NOW: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATES AT THIS ADDRESS  
(MONTH, YEAR to MONTH, YEAR): \_\_\_\_\_

LAST ADDRESS PRIOR TO THE  
ADDRESS ABOVE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATES AT THIS ADDRESS  
(MONTH, YEAR to MONTH, YEAR): \_\_\_\_\_

**EMPLOYMENT HISTORY**

PRESENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR(S): \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

DATE OF HIRE (MONTH, YEAR): \_\_\_\_\_

DO YOU PROVIDE CONSENT FOR  
SIBLING CONNECTIONS TO CONTACT  
THIS EMPLOYER? ( NO ) ( YES )

PRIOR EMPLOYER #1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR(S): \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES OF EMPLOYMENT  
(MONTH, YEAR to MONTH, YEAR): \_\_\_\_\_

DO YOU PROVIDE CONSENT FOR  
SIBLING CONNECTIONS TO CONTACT  
THIS EMPLOYER? ( NO ) ( YES )

PRIOR EMPLOYER #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR(S): \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES OF EMPLOYMENT  
(MONTH, YEAR to MONTH, YEAR): \_\_\_\_\_

DO YOU PROVIDE CONSENT FOR  
SIBLING CONNECTIONS TO CONTACT  
THIS EMPLOYER? ( NO ) ( YES )

## **HEALTH AND HEALTH-RELATED TRAINING**

ARE YOU CURRENTLY CERTIFIED IN  
CPR TRAINING? ( NO ) ( YES )  
If yes, what organization certified you, and when does your  
certification expire?: \_\_\_\_\_

ARE YOU CURRENTLY CERTIFIED IN  
FIRST AID TRAINING? ( NO ) ( YES )  
If yes, what organization certified you, and when does your  
certification expire?: \_\_\_\_\_

ARE YOU A CERTIFIED LIFEGUARD? ( NO ) ( YES )  
If yes, what organization certified you, and when does your  
certification expire?: \_\_\_\_\_

DO YOU HAVE ANY HEALTH ISSUES  
THAT WOULD POSE A RISK TO YOUTH  
OR STAFF? ( NO ) ( YES )

If yes, please elaborate: \_\_\_\_\_

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DO YOU HAVE ANY HEALTH ISSUES  
THAT WOULD PREVENT OR LIMIT  
YOUR PARTICIPATION IN SIBLING  
CONNECTIONS ACTIVITIES? ( NO ) ( YES )

If yes, please elaborate: \_\_\_\_\_

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## **VOLUNTEER EXPERIENCE**

ARE YOU VOLUNTEERING AS A PAID  
REPRESENTATIVE OF YOUR AGENCY  
OR BUSINESS? ( NO ) ( YES )

If yes, what agency or business?: \_\_\_\_\_

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ARE YOU VOLUNTEERING ON YOUR  
PERSONAL TIME? ( NO ) ( YES )

PLEASE LIST ALL PAST AND CURRENT  
VOLUNTEER EXPERIENCES (ATTACH  
ADDITIONAL SHEETS AS NECESSARY):

1. \_\_\_\_\_

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2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT SIBLING  
CONNECTIONS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT INTERESTED YOU IN  
VOLUNTEERING WITH SIBLING  
CONNECTIONS RELATED ACTIVITIES?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD ANY EXPERIENCE  
WITH CHILDREN IN FOSTER CARE,  
ADOPTION, OR KINSHIP CARE?

( NO ) ( YES )

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(attach additional sheets as needed)

HAVE YOU RECEIVED SPECIFIC  
TRAINING ON APPROPRIATE WAYS  
TO RESTRAIN YOUTH?

( NO ) ( YES )

If yes, please attach verification of training.

## REFERENCES

REFERENCE #1, NAME: \_\_\_\_\_

TITLE (IF APPLICABLE): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

REFERENCE #2, NAME: \_\_\_\_\_

TITLE (IF APPLICABLE): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_



YEARS ACQUAINTED: \_\_\_\_\_

REFERENCE #3, NAME: \_\_\_\_\_

TITLE (IF APPLICABLE): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

**AGREEMENTS**

Please read each paragraph and initial to the left, confirming your agreement.

\_\_\_\_\_ **I understand that the opportunity to participate in Sibling Connections' activities is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a volunteer site outside of my home geographic area, I understand I am responsible for all transportation costs to and from the Sibling Connections activity site.**

\_\_\_\_\_ **I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and/or email prior to volunteering, and that I will be required to attend on-site pre-activity training.**

\_\_\_\_\_ I understand that as a volunteer counselor accepted into the Sibling Connections' programs that my use of technological devices is prohibited, except during designated break times. Devices include, but are not limited to, computers, cell phones, cameras, and image capturing devices of any type. I further understand that, unless specifically approved by a member of the Board of Directors of Sibling Connections, the use of personal cameras and other image capturing devices is **ABSOLUTELY PROHIBITED.**

\_\_\_\_\_ I understand that as a volunteer counselor accepted into the Sibling Connections' program, I may be asked to assist in fundraising efforts for the Organization.

\_\_\_\_\_ I authorize investigation of all statements herein and release Sibling Connections and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by an authorized Sibling Connections representative. I also understand that untrue, misleading or omitted information herein, or in other documents completed by the applicant, will result in dismissal regardless of the time of discovery by Sibling Connections.

**SIGNATURE**

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE OF SIGNING: \_\_\_\_\_

Please return your completed application to:  
Sheila Kane  
11 Kingsbury Way  
Yarmouth Port, MA 02675  
508-375-0419  
sheilakane@comcast.net  
www.siblingconnections.org



## **Camp To Belong-Massachusetts Standards of Conduct for All Volunteers and Staff**

Camp To Belong Member Camp staff, counselors and other volunteers serve as role models and mentors for our campers and counselor colleagues. They also serve to signify the image of Camp To Belong to all the people involved in our Member Camp Program (including, but not limited to, our host site, guests, community members, donors, and media, etc.) as well as Camp To Belong, the organization.

This policy applies to all staff, volunteers and guests of the Camp To Belong Member Camp. It defines general conduct, the appropriate use of photos, social network sites, internet/computer usage, relationships with the campers, cell phones and the importance of confidentiality while at camp. The following is designed to protect not only you, as a volunteer/staff member, but all participants of the Camp To Belong program and the Camp To Belong organization.

All volunteers and staff must understand and agree to abide by the following standards of conduct:

### **Relationships**

Camp To Belong is committed to fostering a professional and safe environment for our campers during camp as well as after camp. Therefore, it is important that all relationships with campers and staff are mature, professional, safe and child-centered.

- Relationships between staff and campers are to be professional at all times.
- Romantic relationships between campers and volunteers/staff are not permitted.
- After-camp interaction/socialization between campers and counselors is strongly discouraged. However, circumstances may exist where this would be appropriate and beneficial. Therefore, all initial communication between Camp To Belong campers and counselors after camp must be approved by the Camp To Belong Member Camp Director. Counselors and campers are not permitted to exchange phone numbers, email addresses, or addresses. If a counselor requests future contact with a camper, the Member Camp Director will contact the legal guardian of the camper to introduce the requested connection and facilitate contact between the counselor and legal guardian. It will then be the legal guardian who will determine what contact, if any, will be allowed. The Member Camp will not be responsible for oversight or monitoring of these connections beyond the week of Camp and after contact with the legal guardian has been made.

### **Confidentiality**

It is very important to maintain the camper's rights, trust and respect, and therefore, confidentiality is of utmost importance while at camp and after camp. The life stories of Camp To Belong Member Camp counselors and campers are personal and will remain confidential within the Camp To Belong Member Camp family.

- If you seek permission and are granted the right to review the camper's individual file in its entirety, everything you read is confidential and you are not permitted to share with other CTB volunteers/staff and not permitted to share with colleagues or friends after the camp session.
- At all times while interacting with campers, volunteers are considered mandated reporters and must contact their respective camp coordinator/director in the event concerning information is disclosed. All concerns of child abuse or inappropriate actions shared by a camper regarding their home life will be immediately reported to the Camp To Belong Member Camp Director for proper documentation and reporting procedures. This information is not permitted to be shared with colleagues and/or friends after the camp session.
- The Camp To Belong Member Camp, in coordination with Camp To Belong International headquarters, must approve any materials, presentation subjects, video and interviews given to national, regional or local press, corporations, organizations, educational facilities and the like in order to ensure the appropriate clearances are obtained for any youth who are identifiable in the images used.

### **Photography**

It is important to protect all participants of CTB while at camp, and therefore, the number of people taking photos at camp must be limited, and adequate supervision must be provided when the campers are taking photos for their scrapbooks. ***Not all campers have been media cleared, and therefore, it is very important to follow the direction of the Camp Director.***

- Camp To Belong distributes and collects appropriate releases signed by a respective authority for use of image of select Camp To Belong camper. Not all campers will be "media cleared" which dictates if/when an image is usable.
- Volunteers/staff are not permitted to take pictures via any multi-media device unless granted permission from the Camp Director. Photos and videos may be captured *during counselor training* only with permission from the Camp Director.
- The Member Camp will have designated camp photographers who will capture appropriate camp moments. Photographs may be made available to all counselors after camp according to appropriate approvals. Personal photography and videography is prohibited because of the significance of the confidentiality of our campers.
- In the event campers are provided with a camera, all pictures will be processed prior to the end of camp and returned to the camper after being screened by the Member Camp.
- It is never appropriate for the campers to have cameras or take pictures without supervision. It is recommended to collect cameras from campers between each use.
- If campers bring cameras/multi-media devices to camp, they will be collected upon arrival and returned upon departure.

### **Cell Phones & Electronic Devices**

Please refrain from the use of cell phones and wireless transmitting devices (including phone calls **AND** texting) during the camp session. ***The devices may only be used during scheduled break periods when you are in an area away from the campers.***

## **Internet Usage**

The use of camp-owned computers and internet access is a privilege enjoyed by staff and volunteers only. These privileges are not available to campers. If you bring your own computer, it is important that you follow the same guidelines regarding use of cell phones & electronic devices.

- Computers (personal and camp owned) should only be used in designated areas and not be used near the campers.
- Computers are only to be used for professional reasons such as checking work or personal email. It is never appropriate to visit inappropriate websites such as but not limited to pornography, on-line gambling, etc.

The Member Camp will not be held responsible for damage incurred, lost or theft of any items, including electronic devices.

## **Social Network Sites**

It is very important to understand what a social network site is and why it is important that our volunteers, staff and CTB Member Camps are representing the CTB brand and campers in a professional and mature manner. Social network sites include, but are not limited to, "facebook," "YouTube," "myspace," "twitter," etc.

- The Member Camp will monitor its respective online social networking sites to ensure that no photographs and/or videos of media sensitive campers appear online.
- If you have your own social networking site, it is highly recommended that you ensure you are representing yourself in a mature and respectful manner. It is not permitted to allow campers access to your individual social network sites.
- As a volunteer/staff member, you may not post photos of any campers OR photos of staff involved in activities not permitted at camp (drinking, drugs), or otherwise not representing CTB in a positive way.
- If announcing online affiliation with the Member Camp, be cautious of what you are wearing and actions you are effectuating in personal photos.

## **General Conduct**

Volunteers and staff of Camp To Belong represent both the CTB Member Camp and the Camp To Belong organization as a whole. Because the actions of one can affect the reputation of all, there are also general rules of conduct which must be followed:

- Counselors may never raise a hand, strike, physically, verbally, or emotionally abuse, or in any way embarrass, demean, or degrade a Camp To Belong Member Camp camper or counselor colleague.
- Counselors should avoid any idle gossip and messages that take on the scope of the game "Operator." All concerns regarding Camp To Belong Member Camp campers or counselor colleagues should be taken immediately to a lead counselor or Camp To Belong Member Camp Director.
- Counselors may not be in the possession of, or use, tobacco products of any kind (smoking, smokeless, etc.) in view of the Camp To Belong campers. Should a counselor have matches or cigarette lighters, they will be secured with ultimate safety.
- Counselors may never be in the possession of, or use of any kind of, alcoholic beverages or illegal substances at Camp To Belong Member Camp.

- Counselors may never be in the possession of firearms, sling shots, fireworks, water pistols, knives, or any other weapons of any type. Shaving razors will be secured with ultimate safety.
- No medications are to be kept in cabins or where campers have access, except under certain conditions that are pre-approved by the Member Camp Director and/or Nurse. All counselors' medical conditions, allergies, prescriptions, or over-the-counter drugs must be identified in a medical form kept on file by the Camp To Belong Member Camp.
- The host site and sites we may visit shall be treated with proper care. There is to be no littering, damaging, or altering of facilities of any kind.
- Counselors shall comply with all rules, regulations and common safety practices of Camp To Belong Member Camp, host site and sites we visit. These include, but are not limited to:
  - o Fire Escape Routes,
  - o Accident Illness Incident and Contact Procedures,
  - o Medication and First Aid Procedures and
  - o Confidentiality of personal stories and Member Camp Program business specifics.
- Counselors will abide by all wake-up calls and evening curfews.
- Counselors shall not offer counseling/therapy or any other unqualified guidance to Camp To Belong campers or counselor colleagues.
- Counselors may not leave the Camp To Belong Member Camp premises without receiving prior approval from the Camp To Belong Member Camp Director.
- Counselors should admit when they need a pause, or a break, and take such accordingly with approval by the lead counselor or Camp To Belong Member Camp Director.

**Acknowledgement**

I have read the policies pertaining to relationships, confidentiality, photography, cell phones & electronic devices, internet usage, social networking sites and general conduct. I, as a volunteer, staff member, director, and/or affiliate will abide by these policies because I understand my position and the importance of the policies as they are intended to protect ourselves, the campers and Camp To Belong. By signing below, I am agreeing to the Standards of Conduct as outlined in this document as well as all policies set forth in the Staff Training Manual. Non-compliance with the standards of conduct stated above may result in immediate dismissal from the Camp To Belong Member Camp. Should dismissal occur, the counselor will be responsible for all expenses regarding departure to city of origin and any potential disciplinary action that needs to be taken.

Signature of volunteer/staff member: \_\_\_\_\_

Printed Name of volunteer/staff member: \_\_\_\_\_

CTB Member Camp Director: \_\_\_\_\_

Date: \_\_\_\_\_