



Double H Ranch

A SeriousFun Camp

97 Hidden Valley Road Lake Luzerne, NY 12846

Phone:(518) 696-5676 Fax:(518) 696-4528

Email: volunteer@doublehbranch.org

2016 Short Term Application

State and Federal Laws prohibit discrimination because of age, race, creed, color, national origin, sex, marital status or disability.

INSTRUCTIONS: All questions are to be answered by the applicant in his or her own handwriting. False statements are grounds for dismissal.

Name _____ Social Security # _____ - _____ - _____
Last First Middle Initial (U.S Social Security # only)
Email Address: _____ Date of Birth: _____ / _____ / _____

Home phone # (____) _____ Cell phone # (____) _____

Home Address _____
Street Apt.#
City State Zip Code
County (not COUNTRY) Country

Emergency Contact Information

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Medical Information

To be completed by the APPLICANT:

1. Does the applicant have any **drug allergies**? YES NO
If yes, to what drug and what reactions _____
2. Does the applicant have any **food restrictions, food allergies** (e.g. peanuts, milk) or special diet requirements? YES NO
If yes, please explain _____
3. Does the applicant have a **past or on-going medical history** (such as asthma, diabetes, heart disease, etc.)? YES NO
If yes, please explain _____
4. Does the applicant have past **hospitalizations or surgery** (Please give year and nature of medical problem)? YES NO
If yes, please explain _____
5. Is the applicant currently on any **medications**? YES NO
If yes, please list _____

Name: _____

All Volunteers

1. Are you a US Citizen? Yes No
2. If we take your photo while you're at Double H, do we have your permission to use it publicly? Yes No
3. Are there any reasons you may have difficulty in performing any of the essential functions of the position for which you have applied? Yes No
4. Do you have a history of child or client abuse, neglect or mistreatment? Yes No
5. Have you ever been convicted of a criminal offense, including misdemeanors, felonies, other than traffic violations? Yes No

If you answered YES, please give the date and nature of the charge and conviction below. A conviction is not an automatic bar to volunteering, and each case is considered on individual merits.

Short Answer Questions

1. Why do you want to be a part of the Double H Ranch volunteer program?

2. What do you feel will be the most beneficial part of volunteering at Double H?

3. Explain any personal/professional experiences that have helped prepare you for a position at Double H.

4. What is something you may struggle with in the camp environment?

Name: _____

2016 Background Authorization Form

New York State Disclosure and Release

In connection with my application for volunteering (including contract for services) with Double H Ranch, I understand that consumer reports which may contain public record information and investigative consumer reports consisting of interviews with employers, neighbors, friends, and associates may be requested from National Background Investigations, Inc. Post Office 966, Stevensville, Maryland 21666, a consumer reporting agency. These reports may include the following types of information: names of employers and dates of previous employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal state and other agencies which maintain such records. I hereby consent to your obtaining the above information from such agency.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to National Background Investigations, Inc. Post Office 966, Stevensville, Maryland 21666, upon proper identification, to request the nature and substance of all information; in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports and investigative consumer reports at any time during my volunteering (or contract) period.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

SIGNATURE: _____ DATE: _____

Print Name: _____

The information below is required to perform a background check:

NAME: _____
(First, Middle, Last) *Please print clearly

HOME ADDRESS: _____

(Street, City, State, Zip Code)

DATE OF BIRTH: ____ / ____ / ____

SOCIAL SECURITY #: _____ - _____ - _____

Name: _____

Appendix A

APPENDIX A: NOTICE OF SOCIAL SERVICES LAW 424-A

Section 424-a of the New York State Social Services law requires this organization, as a provider or services for children in facilities certified by the Department of Health, to inquire whether anyone actively being considered for employment or consultancy who will have the potential for regular and substantial contact with children being cared for by the organization is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Department of Social Services). This section of the law also requires us to make such an inquiry regarding an employee of an individual, corporation, partnership, or association which provides us with goods or services and who has or will have the potential for regular and substantial contact with children residing at the facility under the auspices of this organization. This organization will make the required inquiry to the State Central Register regarding yourself, based on the position for which you have applied, are being considered or which you currently occupy. If the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, you will be notified of this by the State Central Register. This organization will also be advised of the findings. If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, this organization must consider that factor, along with other background information, in determining whether to employ you, retain you as an employee, hire you as a consultant or to allow access to provide goods and services to this organization. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing this organization to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish us to further consider your application. If you are denied employment, terminated as an employee, not hired as a consultant, or denied access to any of our facilities for the purpose of providing goods or services --and such denial is based, in whole or in part, on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for denial. You will also be informed at that time, of your right, pursuant to Sections 22 and 424-a of the Social Service Law, to request a hearing before the New York State Department of Social Services on the indicated report on file with the State Central Register. All information obtained through this process is confidential.

Given to: _____ /____/____ By: **The Double H Ranch**
(Applicant's Signature) (Date) (Organization)

Appendix B

APPENDIX B: ACKNOWLEDGMENT BY APPLICANT OF THE PROCESS WHEREBY THE APPLICANT'S HISTORY IN RELATION TO POSSIBLE CHILD ABUSE OR MALTREATMENT IS CHECKED AT THE STATE CENTRAL REGISTER

I, _____ have _____ have not
(Name of applicant) (please check one)

been a subject of an indicated report of child abuse or maltreatment (an indicated report of child abuse is a report on file with the State Central Register of the New York State Department of Social Services because some credible evidence exists to support that you have been involved in a case of child abuse and/or maltreatment). I have received notice of the requirements of Social Service Law 424-a and I understand that if information regarding my past history with the State Central Register for Child Abuse and Maltreatment is contained in a report from the Register, it will be used to determine my suitability to take a position that involves regular and substantial contact with children under eighteen years of age. I further understand that any misrepresentation of my status or of the information given will result in administrative action, which may include dismissal or discipline.

_____/____/____
Applicant's signature (Date)

Name: _____

2016 Volunteer Service Agreement

1. TRAVEL: The volunteer staff member accepts all responsibility for travel to and from the Ranch. All vehicles must be registered in the office and parked in the staff parking lot while at camp.
2. COMPENSATION: The volunteer staff member agrees to serve without compensation.
3. POLICY ADHERENCE: The volunteer staff member takes responsibility for knowing and adhering to the policies of the Double H Ranch. These policies can be found in the Volunteer Manual. Each volunteer will review the manual and sign the last page of the manual prior to participation in a Double H program.
4. DOCUMENTATION: The volunteer staff member is responsible for signing in and out on days that he/she are at the Ranch, visiting or otherwise, as well as while volunteering on behalf of the Ranch offsite.
5. MEALS: The winter and part-time volunteer staff members will provide their own meals. Session volunteers, or those staying for an entire session, will be housed and fed for the duration of their stay. Meal service is provided for breakfast and lunch on Family Sleepover Weekends for volunteers.
6. TERMINATION: The Director of Operations has the right to terminate this service agreement at any time if she believes the performance of the volunteer member is detrimental to the best interest of the Ranch.
7. INDEMNIFICATION OF THE CAMP: The Double H Ranch has liability coverage for the camp, which covers volunteers in the event of negligence that causes injury or damage to property or to another individual, such as a camper. However, coverage is not provided if the volunteer engages in intentional reckless or malicious acts, or wanton behavior.
8. INSURANCE: Volunteers who sustain an illness or injury at the Double H Ranch are responsible to follow up with their primary healthcare provider. Individual insurance coverage is required for medical care.
9. SCHEDULING: The organization will generate volunteer opportunities focused on our needs and are responsible for communicating and scheduling those needs to the volunteer. Due to the nature of the program, conditions sometimes demand a temporary shift in responsibilities. All volunteers must be willing to accept such assignments when called upon to do so.
10. VISITING: Double H is a closed site. We request that you only visit when you are scheduled to volunteer or have made prior arrangements with our main office. If you would like to request a tour for yourself or friends and family, please contact the Volunteer Coordinator to schedule a visit.
11. CONFIDENTIALITY: The volunteer staff member will not release, divulge, discuss or otherwise use information gained from any source, written or verbal, about camper's records and charts except as required in the work assignment.
12. PHOTO PERMISSION: Check with the Admissions Office before using pictures of children from Double H. Photo permission must be granted by a parent/guardian before a picture may be used in public.
13. CONTACT: Any contact with a camper outside of participation at Double H must be permitted by a parent/guardian. If there are questions about contact with a camper or family, please contact the Admissions Office.

Policies and Procedures

1. The Double H Ranch does not discriminate, nor permit discrimination, based on race, color, religion, nationality, age marital status, sex, orientation, or disability.
2. Alcoholic beverages and other drugs are not permitted at the Ranch. Abuse of alcohol or inebriation while on grounds will be cause for dismissal.
3. Smoking is not permitted on Ranch property (except in a designated location).

Please review and sign to acknowledge your understanding of, and agreement to these conditions.

Signature

____/____/____
Date

Name: _____

2016 TB Risk Questionnaire

1. Have you spent time with a person with infectious TB or someone with a prolonged productive cough (> 2 weeks) ? YES NO
2. Do you have HIV infection or another condition that puts you at high risk for TB disease? YES NO
3. Do you think you might have TB disease? YES NO
4. Are you from a country or have you done extensive (>2 weeks) travel to a country where TB disease is very common? YES NO
(This includes Mexico, countries in Latin America and the Caribbean, Russia and Eastern Europe, Africa, and Asia, except for Japan)
5. Do you inject drugs not prescribed by a doctor? YES NO
6. Do you live or work somewhere in the U.S. where TB disease is common? (homeless shelters, migrant farm camps, prisons and jails, some nursing homes) YES NO
7. Have you had any recently unexplained weight loss? YES NO
8. Do you experience night sweats? YES NO
9. At present do you have any kind of cough? YES NO
10. Do you experience unexplained fevers? YES NO
11. Have you ever been treated for TB? YES NO

I have read this information and believe that I am **not** at risk for TB infection.

Signature

____/____/____
Date