

Personal Loss history

Relationship	Year of death	Age of diseased	Cause of death

VOLUNTEER HEALTH HISTORY FORM

Health History (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Physical Limitations |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Wears contacts/glasses | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Hearing Impairment | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seizures | |

Please explain any item checked. Include any other useful information regarding your health.

Are you currently under a physician’s care for a medical problem? yes no
 Are you restricted from participating in any physical activity? yes no

I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Jamie activities.

Signature

Date

Person to Notify in an Emergency _____

Relationship _____

Address _____

Daytime Phone # _____ Evening Phone # _____

Signature

Date

Authorization for Emergency Medical Treatment

Should a medical emergency arise during my participation in Camp Jamie activity and I am unable to speak for myself, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Jamie Director.
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature

Date

Preferred medical doctor/facility _____

Address _____

Telephone Number _____

Insurance Company _____

Policy Number _____

Policyholder's Name _____

Volunteer Release of Liability

I understand and agree that Frederick Health Hospice, Frederick Health, Board of Directors, Employees and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the volunteer listed below attends Camp Jamie.

Signature of Volunteer

Date

Volunteer Publicity Permission

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Frederick Health Hospice, Frederick Health and its Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape and/or interview some of the volunteers and children attending camp. Please sign below if you have no objections to being subject to this.

Signature of Volunteer

Date

Consent for Background Check

Due to the nature of services provided, background checks are required to be completed for all new volunteers, as well as every two years for all returning volunteers. Frederick Health Hospice utilizes HireRight to complete these background checks.

I agree to have a background check completed, and I understand that I will be receiving an email from HireRight with a link to enter my information and complete a background check, if I fall into one of the groups stated above.

Signature of Volunteer

Date