



Thank you for your interest in joining the Camp Red Cedar Volunteer Team! We take pride in the fact that our staff and volunteers are people with compassion to help people with disabilities.

Because we work with children and adults with disabilities, we screen our volunteers with the utmost scrutiny. Our background checks include references, sex offender and criminal background searches including juvenile criminal search for volunteers who are 22 years old or younger. Successful completion of Drug and TB tests are also a condition of volunteering at Camp Red Cedar. Authorizations for Release and consent forms are included within this information packet. In addition, volunteers must be 14 years old or older and will be required to attend a 3 ½ hour orientation course.

As a volunteer, we encourage you to contribute your ideas, as well as share your skills and talents. Volunteers are the backbone of our program and success of any program is only as good as it's members. Most of our needs for volunteers are focused around our Therapeutic Riding lessons in the evenings that require horse leaders and side walkers. Please read through descriptions below to determine which area of our volunteer program best suits your abilities.

Program Volunteers

Leading a Horse: A position in which a qualified horse leader directs the horse during therapy lessons and aids the instructor by paying particular attention to the horse and surroundings to insure the safety of the rider and side walkers.

Side Walker: This position aids the instructor by physically supporting a rider on the horse to insure the proper body position and acting as an aid providing various levels of assistance to insure the safety of the rider.

Maintenance: If you are mechanically inclined this is a fantastic opportunity for you. Duties range from changing light bulbs to mending fences. There truly are no limits to this position.

Stable Help: This position varies, as there are so many aspects relating to the care and condition of livestock and the areas in which they live. Duties are as follows but are not limited to organizing, stall cleaning, stacking/moving hay or grain, sweeping, de-cob webbing, cleaning tack, and watering horses.

Summer Camps: Assisting camp counselors with campers throughout camp activities, mounted or un-mounted, in any way needed, such as set-up, clean-up, lunchtime, rotating to activities, etc.

Special Events: Assisting in activities such as side walking, leading, tacking and un-tacking horses, arts, and crafts, visual demonstrations, concessions set-up, camp clean up for opening and closing season and facility tours.

In order to expedite your application and plan for the upcoming camp season, please return as soon as possible to:

Volunteer Coordinator / Red Cedar

3900 Hursh Road Fort Wayne, IN 46845

Or Fax to: 260-637-5483

We sincerely appreciate your interest in volunteering at Camp Red Cedar.

If you have any questions about our volunteer opportunities, please contact us at (260) 637-3608.



Please provide the following documents to further the application process (checked off below):

- Juvenile Criminal History (if 22 years of age or younger) from the county in which you live. In Allen County, this can be obtained at the Allen County Juvenile Center, 2929 Wells St. 260-449-8072 (formerly Wood Youth). Go through the front lobby to room 114 with picture ID to obtain the record between the hours of 1:00p.m. - 4:00p.m.
- Volunteer Information Form and Health History (Page 3)
- Volunteer Information Form Health History (Page 4)
- Authorization to Release (Page 5)
- Drug Screen/TB (Page 6)
 - Camp Red Cedar will authorize volunteer to go at Parkview Occupation locations only. A representative will be in touch to set appointment.
- Authorization for Emergency Medical Treatment (Page 7)
- Three Character References (Pages 8-10)
- Volunteer Availability (Page 11)

If you have any additional questions please feel free to contact

Anne Boyer at:

Phone: (260) 637-3608

Fax:(260)637-5483

Email: aboyer@campredcedar.com



Volunteer Information Form and Health History

General Information

Name: _____

Address: _____

Phone: _____ Email: _____

Employer/School: _____

Parent/Legal Guardian/Caregiver Name: _____

Address: _____

Phone: _____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted and camp program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check areas in which you are interested:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Leading Horse | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Administrative Duties | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalker | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> Stable Help | <input type="checkbox"/> Showdeo | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program. I acknowledge the risk associated with volunteering at Camp Red Cedar and agree that said volunteer will be attending these activities voluntarily. I assume all risk of injury arising out of the condition of Camp Red Cedar.

Signature: _____ Date: _____

(Volunteer)



Volunteer/Staff Information Form and Health History -

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by *Camp Red Cedar/Benchmark Human Services* of any and all photographs and any other audio/visual materials taken of me for promotional material, social media, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N If yes, please explain _____

I, _____ (volunteer), authorize *Benchmark Human Services/Camp Red Cedar* to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my applications an employee/volunteer, and I expressly DO NOT authorize the facility, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(Volunteer)

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(Volunteer)



AUTHORIZATION • BACKGROUND CHECK RELEASE AND DISCLOSURE

Subject of Request:

Last Name:	First Name:	Middle Name:
All previous last names used:		
Address:	City/State:	Zip Code:
Sex	Race	Date of Birth:
Social Security #:	Driver's License #	State of Issue:

I have resided in the following cities/counties in the past seven (7) years (if additional space is needed, list additional locations on separate sheet).

City	County	State	Years resided there (ie: 2010-2014)	
			From:	To:
			From:	To:

I do **OR** do not authorize you to contact *my current* employer for Employment and Reference Verifications, This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have read and understand the forgoing Disclosure, and authorize A. W. Holdings LLC d.b.a. Benchmark Human Services, Post Masters, HomePointe HealthCare, and AWRC Industries to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

Signature of Subject:

Date:



A. W. HOLDINGS

Please Read Carefully Before Signing the Authorization

DISCLOSURE • BACKGROUND CHECK RELEASE AND DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, discipline or any time during employment A.W. Holdings LLC d.b.a. Benchmark Human Services, Post Masters, HomePointe Healthcare, AWRC Industries, (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records.
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



To: Applicants for employment with Camp Red Cedar/Benchmark Human Services
From: Human Resources

To be considered for employment, you must complete a drug screening upon being notified to do so.

Occasionally when a person is tested for drugs, the results are reported as too dilute. Reasons for dilute results are:

1. An individual may consume above average amounts of fluid as part of their daily routine or
2. An individual is drinking extra fluids to dilute the drug test results.

We cannot accept a dilute test as a negative result. Therefore, it is important that you do not drink large amounts of fluids prior to your drug screening. It is also recommended that you go for your drug test early in the morning so that the urine will be more concentrated.

If the result of your drug screen is reported as dilute, cold or if you fail to provide an adequate amount of specimen, you will be responsible for the cost of a second drug screen, should you wish to be considered for employment. If you fail the second drug test for any reason, you will not be eligible for employment with Camp Red Cedar/AWS.

You will also be required to be tested for TB. The test is a skin test which must be read 48 to 72 hours after administration. If you fail to return to have the test read, you will need to have the test repeated should you wish to be considered for employment, and you will be responsible for the cost.

I understand the above drug screening and TB test information.

Signature

Date



EMPLOYMENT/PROFESSIONAL REFERENCE REQUEST

Applicant to Complete Top Section

Applicant name: _____

Position applied for: **Volunteer**

Reference Information

Reference Name: _____

Position/Relationship: _____

Phone: _____

Email: _____

I hereby request and authorize you to furnish Benchmark with the information requested below regarding my employment with your company, and unconditionally release you, your company, or others from any liability or damage, which may result from furnishing the information.

Applicant signature: _____ Date: _____

Employer/Professional to Complete Section Below

Dates of employment: _____ to _____

Position held: _____

Reason for leaving: _____

Is this person eligible for rehire? _____ If no, why not? _____

Reason Dates of Employment could not be verified: _____

	Excellent	Good	Fair	Poor
Ability to meet performance expectations				
Quality of work (i.e., accuracy, timeliness)				
Cooperation with others/teamwork				
Attendance/punctuality				
Initiative				
Dependability				
Professionalism				

How long have you known this person, and in what capacity? _____

Comments: _____

Signature: _____ Title: _____ Date: _____



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Applicant name: _____

Position applied for: **Volunteer**

Reference Information

Reference Name: _____

Position/Relationship: _____

Phone: _____

Email: _____

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Applicant signature: _____ Date: _____

Employer/Professional to Complete Section Below

Dates of employment: _____ to _____

Position held: _____

Reason for leaving: _____

Is this person eligible for rehire? _____ If no, why not? _____

Reason Dates of Employment could not be verified: _____

Table with 5 columns: Performance Category, Excellent, Good, Fair, Poor. Rows include: Ability to meet performance expectations, Quality of work (i.e., accuracy, timeliness), Cooperation with others/teamwork, Attendance/punctuality, Initiative, Dependability, Professionalism.

How long have you known this person, and in what capacity? _____

Comments: _____

Signature: _____ Title: _____ Date: _____



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Applicant to Complete Top Section

Applicant name: _____

Position applied for: **Volunteer**

Reference Information

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Applicant signature: _____ Date: _____

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Dates of employment: _____ to _____

Position held: _____

Reason for leaving: _____

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How long have you known this person, and in what capacity? _____

Comments: _____

Signature: _____ Title: _____ Date: _____



Volunteer Availability

Monday

Tuesday

Wednesday

8 :00am – 11:00am		8 :00am – 11:00am		8 :00am – 11:00am	
11:00am – 1:00pm		11:00am – 1:00pm		11:00am – 1:00pm	
1:00pm – 3:00pm		1:00pm – 3:00pm		1:00pm – 3:00pm	
3:00pm – 5:00pm		3:00pm – 5:00pm		3:00pm – 5:00pm	
5:00pm- 7:00pm		5:00pm- 7:00pm		5:00pm- 7:00pm	
7:00pm-9:00pm		7:00pm-9:00pm		7:00pm-9:00pm	

Thursday

Friday

Saturday

8 :00am – 11:00am		8 :00am – 11:00am		8 :00am – 11:00am	
11:00am – 1:00pm		11:00am – 1:00pm		11:00am – 1:00pm	
1:00pm – 3:00pm		1:00pm – 3:00pm		1:00pm – 3:00pm	
3:00pm – 5:00pm		3:00pm – 5:00pm		3:00pm – 5:00pm	
5:00pm- 7:00pm		5:00pm- 7:00pm		5:00pm- 7:00pm	
7:00pm-9:00pm		7:00pm-9:00pm		7:00pm-9:00pm	

I'm available (select all that apply):

- All Year Around
- Only Summer Time
- January-March
- April-June
- July-September
- October-December
- To Volunteer with Horses Only
- To Volunteer on Camp Side Only

Please rank (1 = first choice) each position that you are most interested in offering your services.

___ Leading a Horse ___ Stable Help ___ Special Events
 ___ Side Walker ___ Summer Camps ___ Maintenance

Signature: _____