



Dear Potential Medical Volunteer:

Thank you for your interest in becoming a Camp Boggy Creek Medical Volunteer. In order to process your application we request that you complete all sections, including both pages of the background check. Upon completion of the entire application please fax to 352-483-2959 or mail it to:

Camp Boggy Creek
30500 Brantley Branch Road
Eustis, FL. 32736
Attn: The Patch

We look forward to having you as part of our Medical Team. If you have any questions, please contact the Medical Center at 866-Go-Boggy extension 282, 270 or 252 or email drsue@boggycreek.org.

Sincerely,

Susan Griffis MD FAAP
Medical Director

MEDICAL VOLUNTEER APPLICATION

Name: _____ Male ___ Female ___

Office Address: _____ Home Address: _____

Phone #: () _____ Phone #: () _____

Fax #: () _____ E-mail (required): _____

Please check the appropriate box for the position you are applying for:

<input type="checkbox"/> Nurse
<input type="checkbox"/> ARNP or PA
<input type="checkbox"/> Physician
<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Pharmacist, Pharm Tech, PharmD student

Specialty? _____

Please specify your current certification(s)? (Please attach a copy of the certificate)

Board _____ CPR _____ PALS _____ ACLS _____

Which session would you like to attend?		
#1 Choice _____	and/ or	#2 Choice _____

Medical Licensure:

Florida License #: _____

MD ARNP RN LPN RT RPh

Please attach a copy of your current license.

How did you hear about Camp Boggy Creek? _____

REFERENCES (please provide at least three references other than friends or relatives; Email addresses preferred)

1) Name: _____ E-mail: _____

Nature of Relationship: _____ Phone Number: _____

2) Name: _____ E-mail: _____

Nature of Relationship: _____ Phone Number: _____

3) Name: _____ E-mail: _____

Nature of Relationship: _____ Phone Number: _____

VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE

1) Organization's Name: _____ Position: _____

City: _____ State: _____ Phone number: _____

Nature of work: _____ Time Period: _____

2) Organization's Name: _____ Position: _____

City: _____ State: _____ Phone number: _____

Nature of work: _____ Time Period: _____

EDUCATION

Please give name and city of: Dates Attended Diploma or Degree/Area of Concentration

College

Graduate or Medical School

Residency or other Education

Fellowship

EMPLOYMENT EXPERIENCE (*Please attach a copy of your Resume*)

Employer's Name: _____ City: _____ State: _____

Position: _____ Telephone: _____

Supervisor's Name: _____ Time Period: _____

Previous Employer's Name: _____ City: _____ State: _____

Position: _____ Telephone: _____

Supervisor's Name: _____ City: _____ State: _____

BACKGROUND INFORMATION

Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge? Yes No

Are there any criminal charges pending against you? Yes No

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected?

Yes No

If yes to any of these questions, provide a full description including dates, circumstances, and authorities involved:

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- **Please Note:** Before we can offer any volunteer positions with Camp Boggy Creek, the candidate's background information must be checked. Please fill out the Background Verification and Secure Point Background Form included. *MD's are exempt*
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APPLICANT’S CERTIFICATION AND AGREEMENT

Please read carefully and sign below

I, _____ (Print Name) hereby authorize Camp Boggy Creek 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 Boggy Creek verification of the information provided in my application, including without limitation evaluations of my prior performances, and I hereby release them from all liability from their doing so.

The above statements are true and complete in all respects.

Upon the offer of a staff, volunteer or other position, I understand that I must supply the camp with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified and/or corrected by Camp Boggy Creek by contacting persons or organizations named in this application.

Signature: _____ Date: _____

Print Full Name: _____ Date: _____

Camp Boggy Creek is an Equal Opportunity Employer. All applicants are screened without regard to age, race, religion, creed, national origin, ethnic background or medical condition.

Camp Boggy Creek is a smoke-free, drug-free, alcohol-free facility.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRAAs, creditors and others not listed below

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks,
and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word
"Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in
institution's name)

State-chartered banks that are not members of the Federal
Reserve System

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
202-326-3761

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

Camp Boggy Creek

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **Camp Boggy Creek** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with **Camp Boggy Creek**. *Please note, Camp Boggy Creek will not investigate the credit history of any applicants for volunteer or summer staff positions.*

I release **Camp Boggy Creek** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **Camp Boggy Creek** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If a Minnesota or Oklahoma resident checks "YES", and you do request a consumer report, please fax this form to Secure PointSM at 800-256-5876.

Account Number: _____

CS Note: Corresponding Request submitted electronically.

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