

83 Hamilton Drive Suite 200 Novato CA 94949 TEL 415.382.9083 FAX 415.382.8384 www.okizu.org info@okizu.org

January 2017

Dear Camp Okizu Medical Staff,

I hope this letter finds you well and happy. As you know, each session of camp is only possible if we get doctors, nurses, social workers, and child life specialists to volunteer to staff the health center and take care of all of us. We are so appreciative of you and everything you do for us.

As we gear up for the 2017 season of camp, I am writing to see about getting your help at Family Camp, SIBS (Special and Important Brothers and Sisters) Camp, and/or Oncology Camp. I am also writing to see if you might be able to help us get some other medical and psycho-social staff there as well!

Medical Staff Registration and Recruiting

The registration for Returning Medical Staff is available online. Visit www.okizu.org/apply to register today. Prefer a paper application? Please fill out the attached application and mail it to the Okizu office or fax it to 415.382.8384.

This year's application also includes a Voluntary Disclosure Form. You will remember this form from previous years' confirmation process. We have moved it to the application this year.

You are our best advertisement and we hope you can help us out by spreading the word to folks you think would be a good fit for Okizu. If you do know of any other nurses, doctors, social workers, or child life specialists who might be interested in volunteering at Okizu, please ask them to call me at the office or visit www.okizu.org/apply to apply!

The registration for process for new members of the medical staff has changed a bit from previous years and new medical staff will participate in a phone interview and background checking process. Details about the process can be found in the New Medical Staff Registration.

Family Camp

We will be having nine Family Camp weekends again this year, each of which will need at least one medical staff on site at all times.

Family Camps are an opportunity to let patients, parents, and siblings enjoy a weekend at camp. Families are able to relax, play, and share with each other and with other families who can relate to their situation. There are parent discussion groups, time for the kids to play with our counselors, and time for the whole family to enjoy together. We need to have a doctor or nurse on site during all Family Camps and we are hoping to add some medical staff to our roster of group facilitators.

Like last year, in order to give families a longer time at Family Camp, we have added an extra day and night to our non-holiday weekend Family Camps. Now all Family Camps, including Memorial Day and Labor Day, will run from Friday evening to Monday morning.

For our non-holiday weekend Family Camps, the Medical Staff time commitment is Friday evening through Sunday after dinner. Medical Staff are encouraged to stay through Monday morning if they are available. On Memorial Day and Labor Day, most families will stay through Monday morning. The Medical Staff time commitment is Friday evening through Monday morning.

Family Camp 2 (April 28 – May 1) will have additional resources for families with a child with a brain tumor and Family Camp 9 (September 22 – 25) will have additional resources for families with a child with a solid tumor. If you are a doctor, nurse, social worker, or child life specialist who specializes in pediatric brain cancers or solid tumors, please consider being one of these additional resources and volunteer at one of these weekends. During Family Camp 3 (May 19 – 22), we will offer our regular programming in English and we will also offer a Spanish language discussion group; if you speak Spanish, please consider volunteering at this weekend.

Summer Camp

We will be running four weeks of SIBS Camp and three weeks of Oncology Camp this summer. We encourage people with pediatric oncology experience to apply for Oncology Camp, and for volunteers with other medical experience to volunteer for SIBS Camp. Adequate expertise in pediatric oncology is essential during Oncology Camp weeks, but additional professionals with expertise in general pediatrics or urgent/emergency care are also necessary.

Please also remember we would like a full week commitment for SIBS and Oncology Camp if possible. If you would like to split the week with another person from your treatment center, please let me know.

TNT and Bereaved Teen Weekends

In addition to Family Camp, SIBS Camp, and Oncology Camp, we also offer programs for teens and young adults. Teens-N-Twenties or TNT provides a chance for young adults (ages 18 - 25) to enjoy a weekend of Okizu spirit, friendship and peer support. There will be four TNT trips in 2017; two in the spring and two in the fall. This program is for patients and siblings and each of the weekends needs a medical staff person to accompany them.

We also offer a weekend program for bereaved teen siblings; this year will be March 10 - 12 and October 13 - 15. I don't have applications for these programs, just email me if you have questions or are interested in volunteering, and we'll take it from there.

Other Details

Over the years, we've had questions about medical staff bringing their children/families to camp with them. We can't routinely accommodate children or families of medical or psychosocial staff volunteers. However, if the volunteer is staying the entire week and could not come otherwise, exceptions can sometimes be made on a case by case basis. This request needs to come directly to me at my email address below.

Please think about whether or not you can commit to any of these dates and fill out the attached registration forms. If you have any questions, please feel free to call me at 415.382.9083 or email me at <u>katie@okizu.org</u>. Thank you for your help with this. I look forward to working with you soon.

Thanks for all you do for us, and for the kids.

Katie Mahon

Katie Mahon Director of Volunteer Sustainability <u>Katie@okizu.org</u>



Okizu Returning Medical Staff Registration 2017

Registration is also available online. Visit <u>www.okizu.org/apply</u> to register. If you have any questions, please contact Katie at <u>katie@okizu.org</u>.

Name	
You are a Nurse Doctor Social Worker C	Child Life Specialist Other, please explain
Hospital or institution name	
Department or specialty	
Camp name (if applicable)	
Medical License Number:	Medical License Expiration Date:
Address	County:
Home phone	Email
Work phone	Cell phone
Have you volunteered at Okizu before?	
Indicate the session	n(s) for which you would like to volunteer.
2017 Summer Camp Dates	
Oncology Camp 1: June 12 – 18	SIBS Camp 3: July 10 – 16
SIBS Camp 1: June 19 – 25	SIBS Camp 4: July 17 – 23
SIBS Camp 2: June 26 – July 2	Oncology Camp 2: July 24 – 30
for SIBS Camp. Adequate expertise in pediatric oncology is essentiatrics on urgent/emergency care is also necessary	Oncology Camp 3: July 3 I – August 6 pply for Oncology Camp, and for volunteers with other medical experience to volunteer ential during Oncology Camp weeks, but additional professionals with expertise in general
2017 Family Camp Dates	•••••••••••••••••••••••••••••••••••••••
Family Camp 1: April 21 – 24*	Family Camp 6: August 25 – 28
Family Camp 2: April 28 – May 1**	Family Camp 7: September I – 4 (Labor Day)
Family Camp 3: May 19 – 22***	Family Camp 8: September 15 – 18*
Family Camp 4: May 26 – 29	Family Camp 9: September 22 – 25**
Family Camp 5: August 18 – 21	
 18) will be specifically for bereaved families. **In addition to our regular Family Camp program, Family Cam brain tumor and Family Camp 9 (September 22 – 25) will inclunurse, or social worker who specializes in one of these areas, pl **While we encourage Spanish speaking families to attend the discussion group at Family Camp 3 (May 19 – 22) in addition to volunteering at this weekend. -Family Camps 1, 2, 3, 5, 6, 8, and 9: In order to give families a I 	hat best fits their scheduling needs, Family Camps 1 (April $21 - 24$) and 8 (September 15 p 2 (April $28 - May 1$) will include additional resources for families with a child with a de additional resources for families with a child with a solid tumor. If you are a doctor, lease consider volunteering at one of these weekends. e session that best fits their scheduling needs, we will be offering a Spanish language o our regular English language discussion group. If you speak Spanish, please consider onger time at camp, we have added an extra day and night to these Family Camps and y after breakfast. The staff time commitment is Friday evening through Sunday after

Once we have your registration, we will contact you to set up a phone interview.

Please print and mail, fax, or email completed forms to Okizu: 83 Hamilton Drive, Suite 200, Novato, CA 94949 FAX 415.382.8384 katie@okizu.org

	oluntary Disclosure Statement		Mail this form to the addr	ess belov	v by		(date)
	II Camp Staff FM 16						
	eveloped and approved by the merican AMP association®						
a	merican Anno association						
Na	ame		Bi	rth date			
	Last First		Middle				
Ho	ome address Street Address		City			State	Zip
So	ocial Security #Oth	ner n	ames by which known (e	.g., maio	den name) _		
Ho	ome phone		Business phone (if a	pplicable	e)		
Ce	ell phone (optional) E	E-ma	il address (optional)				
Sc	chool or College						
Ac	ddressStreet Address		City			State	Zip
				iration F) at a		
	river's License #						
1.	Previous residence(s) for last five years (includ	de co	ollege and home residence	es):			
	City		S	state	Years		
	City			State	Years		
	City		S	state	Years		
	City		S	state	Years		
	(Continue on separate sheet, if necessary	<i>.</i>)					
2.	Have you ever been arrested and/or charged v	with a	a crime? (This includes a	ll arrest	and charges	whethe	r
	or not they were dismissed, deemed nolle pros	sequ	i, deferred adjudication, o	or found	not guilty.)		□ Yes □ No
3.	Have you ever been convicted of any crime re	lating	g in any manner to childre	en and/c	or your		
	conduct with them?						🗆 Yes 🗆 No
	If yes, please explain: (Use a separate sheet, i	it neo	cessary.)				
4.	Have you ever been convicted of any crime ind and/or any crime similar in any manner to thos			se listed	below		□ Yes □ No
	 Indecent assault and battery on a child under 						
	· Indecent assault and battery on a mentally re						
	 Indecent assault and battery on a person who has obtained the age of fourteen Rape 						
	Rape of a child under sixteen with force						
	 Assault with intent to commit rape Kidnapping of a child under sixteen with intent to commit rape 						
	· Distribution and trafficking of narcotics or oth						
	 Intent to commit any of the above crimes. 						

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If yes	, please	explain:	(Use a	separate sheet,	if necessar	y.))
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. Have you ever been adjudged liable for civil penalties or damages involving sexu physical abuse of children?	ual or □ Yes □ No
If yes, please explain: (Use a separate sheet, if necessary.)	
Are you now or have you ever been subject to any court order involving sexual c abuse of a minor, including, but not limited to a domestic order or protection?	or physical □ Yes □ No
If yes, please explain: (Use a separate sheet, if necessary.)	
 Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain: 	□ Yes □ No
understand that:	
) The camp may deny employment to any person who answers "yes" to any one of que employer later discovers circumstances that would indicate a "yes" answer to any of t may be terminated immediately.	
) The information provided on this form is subject to verification, which may include a c and request from any Central Registry of child abusers. (A separate release form may	
) The camp may terminate employment or volunteer service of any person if that perso of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated, or been asked to resign from a position wheth to complaint(s) of sexual abuse of a minor; and/or have falsified or omitted information in this disclosure statement. 	
I) This disclosure statement must be updated yearly and immediate notification provided	d to the camp if any information provided chan
Signature	Date
Signature of Minor's Parent or Guardian	Date