



83 Hamilton Drive Suite 200 Novato CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org) [info@okizu.org](mailto:info@okizu.org)

January 2018

Dear Friend,

I hope this letter finds you well and happy. I am writing to see if you might be interested in volunteering at Okizu this year. In the summers, Okizu offers seven one-week sessions of camp for children with cancer and their siblings. In the spring and fall, we offer nine weekend-long Family Camps, four Teens-N-Twenties weekends, and two weekends specifically for bereaved teenagers. We need medical staff volunteers to make every session of camp possible and believe very strongly that one of the most important elements of the success of our programs is our hardworking and talented volunteer staff.

Included in this packet is a registration form for Family Camp and for Summer Camp, which includes SIBS (Special and Important Brothers and Sisters) Camp and Oncology Camp. **The registration for New Medical Staff is also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to register today.**

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.

Family Camp 2 (May 4 – 7) will have additional resources for families with a child with a brain tumor and Family Camp 9 (September 21 – 24) 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 18 – 21) and Family Camp 5 (August 10-13), 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.

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.

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 2018; 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 April 6 – 8 and October 12 – 14. 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.

Please see the New Medical Staff Registration for Family Camp and Summer Camp dates. If you are interested in volunteering, please complete the New Medical Staff Registration process, which includes the following steps. **Applications are also available on online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.**

1. Fill out the New Medical Staff Registration and return the registration to the Okizu office at the address listed above. The registration includes the Voluntary Disclosure Form. **Applications are also available on online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.**
2. Have two individuals submit Okizu Reference Forms for you. Use the attached form or ask individuals to go to [www.okizu.org/NewMedicalStaffReference](http://www.okizu.org/NewMedicalStaffReference) to complete the reference forms.
3. Once we have your registration and two references, we will contact you to set up a phone interview.

Once you have completed the New Medical Staff Registration process, we will review your registration, references, interview, and send you the confirmation materials via email.

Thank you for your interest in our programs. Please call us at the Okizu office if you have any questions.



Becca Horton  
Director of Volunteer Sustainability  
[Becca@okizu.org](mailto:Becca@okizu.org)



# Okizu New Medical Staff Registration 2018

Registration is also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to register.  
If you have any questions, please contact Becca at [Becca@okizu.org](mailto:Becca@okizu.org).

Name \_\_\_\_\_

You are a Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_ 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(s) for which you would like to volunteer.**

**2018 Summer Camp Dates**

\_\_\_\_ Oncology Camp 1: June 11 – 17

\_\_\_\_ SIBS Camp 3: July 9 – 15

\_\_\_\_ SIBS Camp 1: June 18 – 24

\_\_\_\_ SIBS Camp 4: July 16 – 22

\_\_\_\_ SIBS Camp 2: June 25 – July 1

\_\_\_\_ Oncology Camp 2: July 23 – 29

\_\_\_\_ Oncology Camp 3: July 30 – August 5

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 is also necessary.

**2018 Family Camp Dates**

\_\_\_\_ Family Camp 1: April 20 – 23\*

\_\_\_\_ Family Camp 6: August 17 – 20

\_\_\_\_ Family Camp 2: May 4 – 7\*\*

\_\_\_\_ Family Camp 7: August 31 – September 3 (Labor Day)

\_\_\_\_ Family Camp 3: May 18 – 21\*\*\*

\_\_\_\_ Family Camp 8: September 14 – 17\*

\_\_\_\_ Family Camp 4: May 25 – 28

\_\_\_\_ Family Camp 9: September 21 – 24\*\*

\_\_\_\_ Family Camp 5: August 10 – 13\*\*\*

**2018 Family Camp Weekend-Specific Notes and Time Commitment Information for Staff**

\*While we encourage bereaved families to attend the session that best fits their scheduling needs, Family Camps 1 (April 20 – 23) and 8 (September 14 – 17) will be specifically for bereaved families.

\*\*In addition to our regular Family Camp program, Family Camp 2 (May 4 – 7) will include additional resources for families with a child with a brain tumor and Family Camp 9 (September 21 – 24) will include additional resources for families with a child with a solid tumor. If you are a doctor, nurse, or social worker who specializes in one of these areas, please consider volunteering at one of these weekends.

\*\*\*While we encourage Spanish speaking families to attend the session that best fits their scheduling needs, we will be offering a Spanish language discussion group at Family Camp 3 (May 18 – 21) and at Family Camp 5 (August 10 – 13) in addition to our regular English language discussion group. If you speak Spanish, please consider volunteering at this weekend.

-Family Camps 1, 2, 3, 5, 6, 8, and 9: In order to give families a longer time at camp, we have added an extra day and night to these Family Camps and families will have the option of staying at camp through Monday after breakfast. The staff time commitment is Friday evening through Sunday after dinner. Medical Staff are encouraged to stay through Monday morning if they are available.

-Family Camps 4 and 7: On Memorial Day and Labor Day, most families will stay through Monday morning. The staff time commitment is Friday evening through Monday morning.

Please complete the New Medical Staff Registration processes by having two individuals submit Reference Forms for you. Once we have your registration and two references, 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 [becca@okizu.org](mailto:becca@okizu.org)

Updated 1/8/2018



**Voluntary Disclosure Statement**  
**All Camp Staff FM 16**  
 Developed and approved by the  
 american **CAMP** association®

Mail this form to the address below by \_\_\_\_\_ (date)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)  Yes  No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?  Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- 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 other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

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5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

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I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Okizu Reference Packet

Thank you for considering volunteering at Camp Okizu. Enclosed in this packet, please find three Camp Okizu Reference Forms. Please have the reference forms completed by a supervisor, co-worker, coach, instructor, etc. Please DO NOT have the reference forms completed by a member of your family.

Please have the reference forms completed as soon as possible. Please mail or fax the completed forms to:

Okizu  
83 Hamilton Drive, Suite 200  
Novato, CA 94949  
TEL 415.382.9083  
FAX 415.382.8384

Reference forms are also available online at [www.okizu.org/NewStaffReference](http://www.okizu.org/NewStaffReference).

Once you have submitted your Medical Staff Registration and three completed reference forms, we will contact you regarding an interview. If you do not hear from us in a reasonable amount of time, please call the Okizu office at 415.382.9083.



# Okizu Medical Staff Reference Form 2018

Applicant's Name: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

The above named applicant has given your name as a reference in applying for a position on the medical staff at our residential summer camp for families affected by childhood cancer. Resident camping is a 24-hour-day, live-in responsibility; therefore it is important that camp staff enjoy and understand children, work well with other adults and have a real love of outdoor living.

As summer camp leadership, our task of selecting the right staff for such important positions is difficult and we appreciate your analyzing, as carefully as possible, the above applicant. Your statements will be considered confidential. As further action depends on your response, please respond within five business days. Thank you for your consideration. If you have any questions, please contact Becca at [Becca@okizu.org](mailto:Becca@okizu.org).

1. How long and in what capacity have you known the applicant? Please be specific. \_\_\_\_\_

\_\_\_\_\_

2. In your opinion, is the applicant able to:

a. Work with the Medical Director and other health care staff to support Okizu programs? \_\_\_\_\_

b. Be responsible for daily health care and medication delivery for well and ill campers? \_\_\_\_\_

c. Get along with co-workers under close living conditions? \_\_\_\_\_

d. Assume responsibility for carrying out delegated duties? \_\_\_\_\_

e. Cooperate with other camp staff and the camp program to maximize fun for the kids? \_\_\_\_\_

f. Act calmly and responsibly in emergency situations? \_\_\_\_\_

g. Live and work in an outdoor setting? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

3. Okizu accepts children and staff from all ethnicities, genders, families, religions, and cultures. Do you know of, or see any reason, this would be a problem for the applicant while working with children and staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. To your knowledge, has the applicant been convicted of any crimes? \_\_\_\_\_ Yes \_\_\_\_\_ No



Applicant's Name \_\_\_\_\_

5. If you have or had children, would you trust the applicant to be their camp counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Please mark the statements that best describe this applicant:

- |  |  |
|--|--|
| a. _____ Almost always seems happy           | j. _____ Gets along with people of all types                 |
| b. _____ Accepts suggestions and corrections | k. _____ Seems to have self-confidence                       |
| c. _____ Is adaptable to new situations      | l. _____ Is tolerant of others' ideas                        |
| d. _____ Takes initiative                    | m. _____ Has genuine interest in people                      |
| e. _____ Is often moody and depressed        | n. _____ Tends to be difficult                               |
| f. _____ Seems to be self-centered           | o. _____ Does not make good first impressions but wears well |
| g. _____ Gets angry easily, loses temper     | p. _____ Feels that supervisors are unduly critical          |
| h. _____ Seems to lack self-confidence       | q. _____ Finds change difficult                              |
| i. _____ Seems to enjoy dissension           |  |

7. How would you rate the applicant as a potential camp medical staff member?

\_\_\_\_\_ Exceptionally Strong \_\_\_\_\_ Strong \_\_\_\_\_ Average \_\_\_\_\_ Below Average

8. Would you feel comfortable knowing that the applicant was your child's camp nurse, social worker, or doctor?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable

Comments \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please mail or fax your completed reference form to:**

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\_\_\_\_\_

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b. Be responsible for daily health care and medication delivery for well and ill campers? \_\_\_\_\_

c. Get along with co-workers under close living conditions? \_\_\_\_\_

d. Assume responsibility for carrying out delegated duties? \_\_\_\_\_

e. Cooperate with other camp staff and the camp program to maximize fun for the kids? \_\_\_\_\_

f. Act calmly and responsibly in emergency situations? \_\_\_\_\_

g. Live and work in an outdoor setting? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

3. Okizu accepts children and staff from all ethnicities, genders, families, religions, and cultures. Do you know of, or see any reason, this would be a problem for the applicant while working with children and staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. To your knowledge, has the applicant been convicted of any crimes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Name \_\_\_\_\_

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7. How would you rate the applicant as a potential camp medical staff member?

\_\_\_\_\_ Exceptionally Strong \_\_\_\_\_ Strong \_\_\_\_\_ Average \_\_\_\_\_ Below Average

8. Would you feel comfortable knowing that the applicant was your child's camp nurse, social worker, or doctor?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable

Comments \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please mail or fax your completed reference form to:**

**Okizu, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org)**



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e. Cooperate with other camp staff and the camp program to maximize fun for the kids? \_\_\_\_\_

f. Act calmly and responsibly in emergency situations? \_\_\_\_\_

g. Live and work in an outdoor setting? \_\_\_\_\_

Comments \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

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\_\_\_\_\_ Exceptionally Strong \_\_\_\_\_ Strong \_\_\_\_\_ Average \_\_\_\_\_ Below Average

8. Would you feel comfortable knowing that the applicant was your child's camp nurse, social worker, or doctor?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please mail or fax your completed reference form to:**

**Okizu, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org)**