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January 2018

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 2018 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.

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 (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.

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 Camps, SIBS Camp, and Oncology Camp, we also offer programs for teens and young adults. Teens-N-Twenties (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.

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 becca@okizu.org. 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.

Becca Horton

Director of Volunteer Sustainability

becca@okizu.org



Okizu Returning Medical Staff Registration 2018

Supporting Families with Childhood Cancer

Registration is also available online. Visit www.okizu.org/apply to register. If you have any questions, please contact Becca at 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 Expiration Date:
	County:
	,
	Email
Work phone	Cell phone
Have you volunteered at Okizu before?	
	sion(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 I	Oncology Camp 2: July 23 – 29
	Oncology Camp 3: July 30 – August 5
for SIBS Camp. Adequate expertise in pediatric oncology is	to apply for Oncology Camp, and for volunteers with other medical experience to volunteer sessential during Oncology Camp weeks, but additional professionals with expertise in general
	••••••
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***	
 17) will be specifically for bereaved families. **In addition to our regular Family Camp program, Family Cumor and Family Camp 9 (September 21 – 24) will include social worker who specializes in one of these areas, please ***While we encourage Spanish speaking families to attend discussion group at Family Camp 3 (May 18 – 21) and at Fayou speak Spanish, please consider volunteering at this wee -Family Camps 1, 2, 3, 5, 6, 8, and 9: In order to give familie 	Camp 2 (May $4-7$) will include additional resources for families with a child with a brain e additional resources for families with a child with a solid tumor. If you are a doctor, nurse, or consider volunteering at one of these weekends. If the session that best fits their scheduling needs, we will be offering a Spanish language amily Camp 5 (August $10-13$) in addition to our regular English language discussion group. If exend.
families will have the option of staying at camp through Modinner. Medical Staff are encouraged to stay through Mond	onday after breakfast. The staff time commitment is Friday evening through Sunday after

Additional Volunteer Opportunities: Teens-N-Twenties and Bereaved Teen Weekends If you are interested in learning more about, or joining us at, any of these programs, please indicate which programs you would like to				
Teens-N-Twenties	Bereaved Teen Weekend			



Staff Emergency Contact and Basic Care Information 2018

	ne:			
Camp Name:				
		Engage		
	In case of emergenc	Emergency Contact Information cy, please list 2 people we could contact (w		
		Contact 1:		
-ull name:		Relationship:		
Cell #: ()	Home/Work #: ()	
		Contact 2:		
-ull name:		Relationship:		
Cell #: ()	Home/Work #: ()	
		Basic Care Information		
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Voluntary Disclosure Statement All Camp Staff FM 16

Developed and approved by the american American association®

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

ame			Birth date			
Last	First	Middle				
ome address	Street Address					
S	Street Address	City			State	Zip
ocial Security #	Other	names by which kr	own (e.g., maid	den name)		
me phone		Business pho	ne (if applicable	e)		
ell phone (optional)	E-m	ail address (optiona	al)			
chool or College						
ddresss	Street Address	City			State	Zip
		,	F .: 5			
iver's License #		State	Expiration D	ate		
Previous residence(s) for las	st five years (include o	college and home re	esidences):			
City			State	Years		
City			State	Years		
City			State	Years		
City			State	Years		
(Continue on separate sh	eet, if necessary.)					
Have you ever been arrested	d and/or charged with	a crime? (This inc	ludes all arrest	and charges	whether	
or not they were dismissed,						/aa □ Na
Have you ever been convict	ad of any arima ralativ	a in any mannar to	abildran and/a			∕es □ No
Have you ever been convicte conduct with them?	ed of any crime relatif	ig in any manner to	children and/d	ir your	□,	Yes □ No
If yes, please explain: (Use a	a separate sheet, if ne	ecessary.)				

- 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.)	
5. Have you ever been adjudged liable for civil penalties or damages involve physical abuse of children? If you place our lain (the appropriate sheet if processors)	ving sexual or □ Yes □ No
If yes, please explain: (Use a separate sheet, if necessary.)	
6. Are you now or have you ever been subject to any court order involving abuse of a minor, including, but not limited to a domestic order or protect If yes, please explain: (Use a separate sheet, if necessary.)	
7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?	□ Yes □ No
If yes, please explain:	
I understand that: a) The camp may deny employment to any person who answers "yes" to any or	ne of questions 2-7. If hired and the
employer later discovers circumstances that would indicate a "yes" answer to may be terminated immediately.b) The information provided on this form is subject to verification, which may income the control of the co	clude a criminal history check
 and request from any Central Registry of child abusers. (A separate release to) The camp may terminate employment or volunteer service of any person if the 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 to complaint(s) of sexual abuse of a minor; and/or have falsified or omitted information in this disclosure statement. 	nat person is found, regardless
d) This disclosure statement must be updated yearly and immediate notification	provided to the camp if any information provided changes
Signature	
Signature of Minor's Parent or Guardian	Date