



Dear Student:

You are invited to apply to be a volunteer camp counselor at Camp Wheez, day camp for elementary school children with asthma. Camp was established in Santa Barbara in 1978. Under the leadership of Myron Liebhaber, MD, it is staffed by medical professionals and community volunteers who provide a unique camp experience designed for the special needs of the children. Camp Wheez is open to the community and free of charge.

Camp counselors are high school students who help to staff the camp and guide the children through a variety of activities. If you are selected to be a counselor you will learn about asthma and health, gain experience working with children, earn up to 25 community service hours and have a lot of fun!

This year, camp counselors will also help to keep camp safe with the Camp Wheez Safety Plan. The plan is based on guidance from the Centers for Disease Control and the goal is to have a camp that has the lowest risk possible for COVID-19. Counselors and everyone at camp will follow the safety plan. Details of the plan will be reviewed at orientation.

Volunteer counselors must be available as follows:

- **Orientation: Monday, July 26, 2021 from 3:00 to 5:00 pm**
- **Camp: Monday through Thursday, August 2 through 5, 2021 from 7:30 am to 12:00 pm**

Volunteer positions fill up fast! Turn in your application as soon as possible and no later than **June 15, 2021**. Be sure to fill it out completely and have your parent or guardian complete page 4. Please contact me if you have questions. I hope to work with you this summer!

Sincerely,

Margaret Weiss, Camp Director

Sansum Clinic, PO Box 1200, Santa Barbara, CA 93102-1200

Email: mweiss@sansumclinic.org

Phone: 805-681-1705

Application is due by June 15, 2021. Email to CampWheez@SansumClinic.org.



Volunteer Application 2021

Please print clearly!

Name _____ Date of Birth ___/___/___

Street Address _____

City & Zip Code _____

Best phone number: _____

E-Mail Address _____

What school do you attend? _____ Grade in September 2021: _____

Have you ever attended Camp Wheez as a camper? Yes No

Have you worked at Camp Wheez as a volunteer? Yes No

Do you have experience working with children? Yes No

If yes, explain _____

Do you have any experience with asthma, your own or those around you? Yes No

Why do you want to work at camp? _____

List your talents and skills: _____

Previous Work or Volunteer Experience:	Start Date	End Date



References – list 2 references who are **not** relatives and who know your work habits:

1. Name _____ Relationship to you _____
Phone _____ E-mail _____
2. Name _____ Relationship to you _____
Phone _____ E-mail _____

Emergency Contacts – list 2:

1. Name _____ Relationship to you _____
Phone _____ Cell Phone _____
2. Name _____ Relationship to you _____
Phone _____ Cell Phone _____

All of the information provided in this application is true and accurate.

Signature

Date



Dear Parent or Guardian,

Thank you for allowing your child to be a Camp Wheez Volunteer. They are vital to the success of camp and we appreciate their help! Please initial and sign the authorizations below. Contact me if you have any questions or concerns. Again, thank you for your child's participation!

Sincerely,

Margaret Weiss, MPH, Camp Wheez Director
Sansum Clinic, PO Box 1200, Santa Barbara, CA 93102-1200
Email: mweiss@sansumclinic.org Phone: 805-681-1705

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

Initial here: _____

In consideration of being allowed to participate in **Camp Wheez**, sponsored by **Sansum Clinic** and held **August 2 through August 5, 2021**, as parent/guardian I hereby release the organization, it's incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability for injuries which are sustained during the camp, including any necessary transportation. The child herein described has permission to engage in all activities. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

Initial here: _____

I do hereby acknowledge and authorize **Camp Wheez** and **Sansum Clinic** to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge **Camp Wheez** and **Sansum Clinic** and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

SIGNATURE OF PARENT OR GUARDIAN

Print name of child: _____

Print name of parent/guardian: _____

Signature by parent guardian: _____

Date: _____

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