



## 2024 VOLUNTEER APPLICATION

**\*\* Volunteers must be 18 or older \*\***

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Name as you would like it to appear on your name badge: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

(volunteers listing an e-mail address will receive all further communications via e-mail)

Friday volunteers will need to be at camp at 10:00am. Camper arrival and registration will begin at 2:00pm on Friday. Camp will end on Sunday at approximately 12 noon.

**Preferences:** If you have volunteered with us previously, are there assignments in which you would prefer or prefer not to participate this year? \_\_\_\_\_

**Please fill in the following:**

Date and Time of Arrival:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Date and Time of Departure:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Please confirm the following: (Entire weekend Friday, June 7<sup>th</sup> - Sunday, June 9<sup>th</sup> 2024):

- ALL MEALS (Y/N) \_\_\_\_\_
- 2 overnights (Y/N): \_\_\_\_\_ Roommate preference (if applicable): \_\_\_\_\_
- NO MEALS (check only if you will NOT be eating meals): \_\_\_\_\_

***\*\*Just a reminder that we are charged for all meals and room reservations that are ordered.\*\****

***Please check below next to each meal ONLY IF you're not attending all meals. Place a check next to which meals you will be attending:***

**Friday, June 7, 2024**

**Saturday, June 8, 2024**

**Sunday, June 9, 2024**

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Breakfast \_\_\_\_\_ 7:30am

Breakfast \_\_\_\_\_ 8:00 am

Lunch \_\_\_\_\_ 12 noon

Lunch \_\_\_\_\_ 12 noon

Dinner \_\_\_\_\_ 5:30 pm

Dinner \_\_\_\_\_ 5:30 pm

Overnight \_\_\_\_\_ Yes

Overnight \_\_\_\_\_ Yes

**Special Dietary needs/food allergies (if so, you will receive an additional form to submit):** \_\_\_\_\_

Are you interested in being a committee member for next year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a member of GPC-ONS? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like a GPC-ONS application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Non-ONS member volunteers- referred by: \_\_\_\_\_

**Please send Volunteer applications no later than May 17, 2024**

MAIL TO:

Jessie Dindak

4709 Mapledale Dr

Munhall, PA 15120

EMAIL TO (preferred):

**volunteers4crs@gmail.com**

## 2024 CAMP RAISING SPIRITS

## Liability Release

I, the undersigned, \_\_\_\_\_, in consideration of participation in Camp Raising Spirits and intending to be legally bound hereby, understand and agree that I am voluntarily participating in Camp Raising Spirits to be held by the Greater Pittsburgh Chapter of the Oncology Nursing Society, at my own request and at my own risk. I understand that I may be engaging in activities that involve risk of serious injury and economic damage, which might result not only from my own actions or inactions, but from the actions or inactions of others. I further understand that there may be other risks not known to me or not foreseeable at this time.

I acknowledge and agree that I am aware of the risks inherent in this event and that I assume the risk and accept personal responsibility for damages for any personal injury or damage. I certify that I know of no restrictions imposed on me by my own physician that would in any way prevent me from actually participating in this Camp.

I, on behalf of myself, my next of kin and heirs, hereby fully release, waive, discharge and agree not to sue the Greater Pittsburgh Chapter of the Oncology Nursing Society and the Oncology Nursing Society and its members and affiliates, their officers, directors, employees, agents and representatives, successors and assigns, together with every volunteer, sponsor, organizer, associated entities and/ or owners and lessors of the premises utilized to conduct the Camp, be they individuals or organizations, singly and collectively, of and from any and all liability, claims, damages or causes of action for any reason, including, without limitation, bodily injury, property damage or any other loss or inconvenience whatsoever suffered by me at any time hereafter, occurring as a result of my voluntary participation in the **June 7, 8, and 9, 2024** Camp Raising Spirits at Laurelville Retreat Center, Mt. Pleasant, PA.

I hereby authorize and permit the Greater Pittsburgh Chapter of the Oncology Nursing Society and its members and affiliated organizations and publications, including its "Camp Raising Spirits" Committee, to take, obtain and make use of photo images and publicity of the undersigned, it being understood and agreed that such photo images and copies may be made available for publication at the discretion of the Greater Pittsburgh Chapter and that the use of the same will be without any compensation to the undersigned.

In WITNESS THEREOF, the undersigned has executed this release on the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

<b>VOLUNTEER SIGNATURE</b>	<b>WITNESS SIGNATURE</b>
<b>VOLUNTEER NAME</b> (please print)	<b>WITNESS NAME</b> (please print)

***Please return this release with volunteer application***