



Camp Imua

A program of Imua Family Services

95 Mahalani St., Wailuku, Maui, HI 96793
(808) 244-7467 Fax (808) 242-4762

Camp Imua Volunteer Participation

Camp Imua was founded in 1976 by the late Penny Elkins and has the distinction of being one of the finest camps in the state of Hawaii for children with special needs. Camp Imua is a program of Imua Family Services, a non-profit agency that provides a rainbow of services that changes the lives of children and families on Maui.

Camp Imua is a free-of-charge over night recreational camp program for school age children, ages 6 – 20, who are differently- able or have special needs. Camp Imua provides a great opportunity for these children to make friends, develop independence, and have lots of fun. Families receive a well-deserved respite from child care knowing that their child is being well cared for at Camp Imua. Most of all, volunteers have the opportunity to give back to their community by helping a child with special needs and have a great time doing it. Camp Imua will take place at Camp Maluhia on Maui's North shore near the town of Kahakuloa.

Volunteers will supervise and support each child who participates in the camp program. Trained medical personnel, in attendance at all times, will dispense any necessary medication and care for minor medical needs. Certified lifeguards will be in attendance during all water activities. Tasty, nutritious, well-balanced meals will be provided with provisions made for special diets. A variety of activities will enable everyone to enjoy arts, crafts, music, drama, dance, games, water activities, swimming, field games, a helicopter ride, campfire activities and much more.

All volunteers (caregivers), regardless of age, must be willing to assume responsibility for the well being of the children (campers) in our care and behave appropriately.

All volunteers will be trained for their positions before the campers arrive.

All volunteers are required and expected to assist in the care and cleaning of the facility, assist with meal preparation, assume night time responsibility for their cabin mates, and remain drug and alcohol free during the entire Camp Imua event.

To be considered for volunteer participation in the Camp Imua Program we must receive the following:

1. A completed Application.
2. A current copy of your Tuberculosis status documentation.
3. Two small current photographs of yourself (can be same image).

Imua Family Services will complete a Reference and Background check on all volunteers.

An orientation meeting for all first time applicants will be held at Imua Family Services, in Wailuku in the month of May. If you are a first time volunteer, you will be contacted with the date and time of orientation.

You can obtain an application online at www.imuafamilyservices.org

In early May, each volunteer will receive a notice of acceptance of participation in Camp Imua along with a supply list and important information about the upcoming event. If you have any questions, please contact Imua Family Services at 244-7467 or campimua@imuafamilyservices.org

Applications are accepted year-round

Volunteer Position Interested In (Please indicate first & second choice):

___ Caregiver (Counselor) ___ Camp Leader ___ Kitchen Crew ___ Other: _____

Dates Available during the week of Camp Imua (first choice volunteers are those who are available for the complete event.)

From: _____ To: _____ If known, list child (camper) you prefer to work with: _____

Do you prefer a child (Camper) who is (circle all that you prefer):

Easy Going More Energetic Challenging Needs Intensive Care Uses a Wheelchair

General Health Information:

(check one) Excellent Good Fair Poor

Describe any limiting Physical/Emotional conditions: _____

Describe any allergies you have: _____

Are you taking any medications? Yes No

List all medications being taken: _____

Physician's Name: _____ Physician's Phone: _____

Medical Insurance Provider: _____ Plan / Policy Number: _____

Previous Camp Experience:

Name of Camp	Location	Years Attended	Camper/Staff
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any skills or talent you might be able to contribute to the program: _____

Education:

Name of last school attended: _____

Last grade completed: _____ Year graduated: _____ Degree/Major: _____

Other education or certificates earned: _____

Please check all certifications you currently have: valid First Aid valid CPR valid life guard certification

Will you be receiving High School/College credit for participation in Camp Imua: Yes No

If Yes, course title: _____ Instructor: _____

Comments: _____



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Camp Imua Pledge

I _____ am willing to make a commitment to serve the children and differently-able among us with integrity, love and patience. Through appropriate interaction and a good example, I will communicate understanding and respect while encouraging each individual to experience their challenges with joy and success. I will strive to be an excellent role model for the campers and other participants involved in the Camp Imua Program. To this I affirm that:

- I will seek assistance and support from Camp Imua staff if at any time I am not able to be with my assigned camper.
- I will not use alcohol, drugs, or other substances for the duration of the Camp Imua program event because I recognize that such use would affect my ability to serve the campers.
- I will not smoke cigarettes or use tobacco on the camp facility property in consideration of the campers and other participants. If I am 18 years of age or older I understand that I may only smoke tobacco in the designated smoking area. I also understand that if I use this area I will dispose of all rubbish appropriately.
- I will notify the Camp Manager if I observe any action which may affect the safety and well-being of any individual; especially a camper.
- I will be suitably and modestly clothed, prepared, and equipped for all activities and will assist my assigned camper to prepare for each scheduled activity to insure their full participation.
- I will respect the use of Camp Imua supplies and the camp facility and will treat the environment with great care.
- I will respect the needs of my fellow camp participants for adequate sleep, exercise, nutrition, and break time from direct responsibility of campers.
- I will commit to being 100% focused on the camper's physical, social and emotional well-being.
- I will commit to allowing myself and the differently-able around me to experience the joys of camp fully, so that I may leave knowing that my contribution made a positive difference in the lives of others.
- I will agree to leave the Camp Imua and the facility immediately if requested to do so by the Camp Manager for dishonoring the intent and spirit of the pledge.
- I understand that if I am asked to leave Camp Imua / camp facility for any reason that I may not be invited to participate in the Camp Imua Program in the future (refer to Dishonoring the Pledge policy).

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If applicant is under the age of 18)



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Volunteer Acknowledgement, Consent, Release and Certification

Name of Applicant: _____ Date of Birth: _____

Current Address: _____

Home Phone: _____ Alternate Phone: _____

I understand that Imua Family Services, a non-profit organization, requests the assistance of volunteers to assist with certain programs. It is my desire to further my goals by performing services as a volunteer with Camp Imua, a program of Imua Family Services. I am willing to perform such services as a volunteer without compensation of any kind, financial or otherwise, and that in performing such services I acknowledge that I am NOT acting as an employee of Imua Family Services.

As a volunteer described above, I do hereby represent to Imua Family Services, with the understanding that Imua Family Services will rely upon the information provided in considering my application to volunteer in the Camp Imua Program, that all foregoing information and the following statements are true:

1. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child or adult. I give Imua Family Services consent to complete a background check.
2. In my prior employment/volunteer services, I have never used a name other than set forth above. If otherwise, please explain: _____
3. I understand the essential duties of my participation in connection with volunteering with minors in the Camp Imua Program. I am able to perform those essential duties with no accommodation except as follows: _____
4. I understand and agree that Imua Family Services may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Imua Family Services with any information (including fact or opinion) they may have regarding me. In consideration of Imua Family Services' review of this application, I release Imua Family Services and all providers of any information from any liability, which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered volunteer position with Camp Imua or Imua Family Services, any such offer shall be dependent upon the receipt of satisfactory references and background checks as determined by Imua Family Services. I further authorize Imua Family Services to provide truthful information (including fact or opinion) regarding my volunteer service for any potential or future requests by me and release and waive any claims against Imua Family Services and/or Camp Imua for truthfully communicating any such information.

Volunteer Acknowledgement, Consent, Release and Certification Continued:

5. Imua Family Services may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer to allow you to volunteer with Imua Family Services/Camp Imua. Imua Family Services may withdraw a conditional offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are volunteering. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
6. I authorize any of the listed organizations and their representatives, presented in my application, as well as my personal references to give Imua Family Services any information they may have regarding my character and fitness to work with children. I release all such organizations and individuals from any liability that may result from furnishing such information to Imua Family Services.
7. I hereby acknowledge and consent to Imua Family Services permission to disclose any information and to use photographs and videos, which may contain one or more pictures of said person, for any purpose.
8. I hereby release and waive any claim or cause of action which may accrue against Imua Family Services any client, employee, or volunteer of Imua Family Services arising out of any injury to my person or property during volunteer time, in transit to and from the camp facility / program center, or during any activity approved by any said person.
9. In the event of any accident or injury, appropriate treatment may be applied to me by any Camp Imua staff member, volunteer, or Imua Family Services.
10. I have read the attached Camp Imua Pledge and understand that any violation of these rules may result in immediate termination of my volunteer service.
11. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification and are further consideration for dismissal.

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If applicant is under the age of 18)



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ACKNOWLEDGEMENT OF RISK AND LIABILITY RELEASE AGREEMENT FOR ANIMAL EDUCATION

Haku Baldwin Center / Maui Animal Aloha Center / Piiholo Stables

Applicant's Name: _____ **Date of Birth:** _____

I hereby acknowledge the following circumstances and risks in connection with the above listed organizations. In regards to animal related education:

1. I realize that working with, handling, or being around animals can be a dangerous activity and that I may be injured.
2. I pursue these activities with full knowledge of the possible danger to me.
3. I acknowledge that I have read and knowingly execute this agreement and knowingly execute this waiver of a right to sue as provided below, recognizing that I have the right to have legal counsel review this agreement prior to my execution of this agreement, and that I agree to assume all risks associated with participation in animal related education.

Further, the undersigned, on behalf of myself or the applicant, do/does hereby forever release, acquit, discharge, and hold harmless the above listed organizations, its officers, trustees, agents, employees, representatives, successors, or assigns, on account of any personal injuries, physical or mental condition(s), known or unknown, to the person of said minor, or legal adult, and the treatment thereof, as a result of or in any way growing out of the acts or omissions of the above listed organizations, its officers, trustees, agents employees, representatives, successors, or assigns including, but not limited to, their negligence or gross negligence, in rendering the services above described, or in any way incidental thereto.

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If applicant is under the age of 18)

Is applicant allergic to any animal(s)? No Yes

If YES, please indicate which animal(s) and describe: _____

