



Volunteer/Peer to Peer Application

Camp Jinka will be held mainly at the Middletown Art Center, which is located at 36 Church Street, Middletown, NJ 07748 (732) 706-4100. You must be 14 or older to serve as a Volunteer or Peer to Peer leader. All campers and staff are responsible for bringing their own lunch and snacks daily. You are **REQUIRED** to attend a day of training as well. Forms **MUST** be returned **NO LATER THAN July 1st** or you will **NOT** be permitted to participate. You are **REQUIRED** to either set up OR break down the Art Exhibition.

Applicant Information:

NAME: _____ AGE: _____

ADDRESS:

PHONE NUMBER:

EMAIL:

EMERGENCY CONTACT (Name & Number):

Education:

HIGH SCHOOL:

COLLEGE:

GRAD SCHOOL:

RETURN TO:
78 Stratford rd Tinton Falls, NJ, 07724 kaylabevac@gmail.com

732-778-8536



Please fill out the following questions:

1. What prior experiences have you had working with children?

2. Why do you want to work with children who have been affected by a brain tumor?

3. What can you bring to Camp Jinka that will not only enhance the lives of your campers, but also of your fellow counselors?

4. If you were previously a counselor, what did you like most about Camp and what responsibilities are you willing have?

Are you CPR Certified? _____ YES _____ NO



Please indicate the days you are available to volunteer:

*If you are unable to volunteer for a full day from 9am – 3pm, please indicate what hours you will be available to volunteer.

July 11 (MANDATORY TRAINING FOR ALL): _____

July 17– July 21: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

July 24– July 28: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Family Dinner & Art Exhibition August 3rd: _____

Recommendations:

Recommender #1:

Name: _____

Position: _____

Email: _____

Phone Number: _____

Recommender #2:

Name: _____

Position: _____

Email: _____

Phone Number: _____



ACCIDENT WAIVER & RELEASE OF LIABILITY FORM CAMP JINKA 2017:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health- related reasons or problems, which preclude my participation in this activity or event.

I acknowledge that the event holders, sponsors, and organizers of the activity or event in which I may participate will rely on this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Zocchi Charitable Foundation, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; Monmouth Medical Center, David S. Zocchi Brain Tumor Center at Monmouth Medical Center, and Barnabas Health and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

* I acknowledge and agree that The Jinka Foundation and Monmouth Medical Center and its affiliates and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Camp Jinka.

* I acknowledge and agree that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, transportation, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

* I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

* I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Name:

Address:

FOR USE BY PARENT OR GUARDIAN OF GUEST UNDER 18 YEARS OF AGE:

I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds us and said minor to all the terms thereof.

Signature or Guardian Signature if under 18

Date

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SUBJECT CONSENT & RELEASE:

I, the undersigned, do hereby irrevocably grant **The Jinka Foundation/Zimca**, my consent and the absolute, unrestricted right and permission to (1) record, tape, and photograph me, recorded my voice and conversation including quotes, paraphrases, sounds, and performance of musical composition(s), appearance or interview, regardless of the form of said images, individually, or collectively referred to as "Appearance", for use in and in connection with promotional material and publications; and (2) copyright, record, reproduce, distribute, edit, publish, exhibit, disseminate, couple and use in any way throughout the universe in perpetuity, the audio and or visual portions of any videotape, film, pictures, negatives, prints, photographs, stills or other recordings of the Appearance, and any reproduction thereof.

I agree that you shall be the exclusive owner of all copyright and other rights of the recordings and images will be able to use my Appearance forever and throughout the world, and to license others to use them in any manner you wish and in any and all media now known or hereafter discovered or developed. I also understand and agree that this show is a non-guild production and there will be no residual or any other type of payment due in connection with my Appearance.

I further irrevocably agree that you may use and license others to use Appearance excerpts there from, and my name, voice, likeness and biographical facts which may have been provided to you, in the show, and in any related or derivative versions and/or uses of the show (including, without limitation, any serialization(s), translations(s) and/or adaptation(s) thereof), and in the advertising, marketing and promotion of the show in all mediums and/or media, including but not limited to merchandising of the show, and its related products. I hereby agree to waive the right that I may have to inspect or approve any finished product, derivatives thereof, or any other subsequent uses made of the recording of the promotional material or publications by **The Jinka Foundation/Zimca**, pursuant to this Consent and Release Agreement.

I hereby release, discharge and agree to hold harmless **The Jinka Foundation/Zimca**, and its past, present and future parents, subsidiaries (whether or not wholly owned), affiliates, divisions, agents, representatives, employees, successors and assigns, jointly and including, without limitation, any claim alleging libel, defamation, invasion of any rights of privacy or publicity personal injury, wrongful death, property damage or expense (including without limitation, attorney's fees and costs) arising from or related to the contents, production, broadcast or use of the Appearance, or use of any portrait, picture, recording (audio or visual) of me, or of any scene or sequence in which my likeness appears. I confirm that, to the best of my knowledge any statements made by me during the Appearance will be true and not violate or infringe upon any third party's rights. I specifically agree to indemnify and hold **The Jinka Foundation/Zimca** harmless from any liability arising or resulting from my actual or alleged statements and/or action made in connection with the Appearance.

By signing below, I acknowledge that I have read and understand the Consent and Release Agreement prior to signing it and agree to the terms herein.

Name:

Address:

City: _____ State: _____ Zip: _____

FOR USE BY PARENT OR GUARDIAN OF GUEST UNDER 18 YEARS OF AGE:

I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds us and said minor to all the terms thereof.

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CAMP JINKA OFF-SITE FIELD TRIP PERMISSION SLIP

Child's Name (Print clearly):

has permission to go on the off-site field trip(s) during Camp Jinka.

In the event of an accident, I understand that The Jinka Foundation, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; Monmouth Medical Center, David S. Zocchi Brain Tumor Center at Monmouth Medical Center, and Barnabas Health and/ or their directors, officers, employees, volunteers, representatives, and agents, are not responsible for payment of any expenses. Should an accident occur, I hereby authorize the Camp Director to sign for normal emergency procedures to be performed if I cannot attend. Also, I hereby agree to assume full responsibility for any additional transportation cost incurred by reason of any injury to my child.

- My child has permission to go on scheduled field trips while participating in Camp Jinka.
- My child does NOT have permission to go off site

Signature or Guardian Signature if under 18

Date

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