



Dear Prospective Health Center Volunteer:

Thank you for your interest in an extraordinary volunteer opportunity! Camp Ondessonk is a Catholic youth camp spread over 983 acres of bluffs, waterfalls, hardwood forests and lakes in Southern Illinois. I am constantly amazed by the generosity of so many people who choose to spend their vacation and free time working for Camp! During the summer of 2019 we had twenty-five health care professionals volunteer in our Health Center, and it was a joy getting to know all of them.

In order to make volunteering at Ondessonk a rewarding experience for you as well as the campers and staff, your understanding and cooperation are needed and greatly appreciated. I know this application is extensive, however, we feel it is necessary in order to best serve our campers. Our American Camp Association accreditation & the Diocese of Belleville have set forth standards we must follow to ensure a safe and healthy environment.

*Please read the volunteer packet carefully and return the following required forms:*

**NOTE: Due to the complex interactions in accreditation standards between the ACA and the Diocese of Belleville you must fully complete and return all forms each year you choose to volunteer.**

- Camp Ondessonk Health Center Specific Volunteer Application
- Diocese of Belleville Application for Volunteer Service
- IL DCFS Authorization For Background Check/CANTS
- Background Screening Disclosure and Authorization
- Health Form (I will mail this form upon receipt of your application)

You must submit all paperwork at least six weeks prior to your arrival to allow time for a criminal background check as well as meeting diocesan policies and procedures.

It is possible to volunteer while your child is a camper, but *we discourage parents of first-year or Mini campers from volunteering due to the risk of homesickness for your child and the others in his/her unit.* Because volunteers will have specific duties that require a great deal of attention, volunteers may not bring children who are not enrolled in a camp session. Please remember that our primary goal is to provide a positive experience for each camper.

If you have any questions about the volunteer program / application process, please contact Lucia at 618-695-2489 x145 or [volunteer@ondessonk.com](mailto:volunteer@ondessonk.com). I look forward to working with you this summer!

Looking forward,

Lucia Hodges  
Volunteer Coordinator



## **What Can I Expect as a Health Center Volunteer?**

**When will I know if I have been accepted as a volunteer?** -- After your paperwork has been received, you will be notified of your acceptance and the area in which you will be helping via letter. Please remember to submit your volunteer application package **at least *six weeks* in advance** to allow time for your criminal background check and meet diocesan policies and procedures.

**When do I need to arrive?** -- Check-in between 1 and 3 p.m. on the Sunday of the week you are volunteering. If you need to arrive at a different time this must be arranged with the Volunteer Coordinator in advance. A meeting for all volunteers will be held at 3:30 p.m. in the St. Noel Center dining room.

**What should I wear?** -- Generally shorts and T-shirts are acceptable. Bring clothing appropriate to be comfortable in the out of doors in the Southern Illinois summertime.

**Where will I sleep?** -- Most volunteers will have a room in the St. Noel Center; depending on how many volunteers we have during a particular week, you may be sharing a room with other volunteers. Mixed-gender housing is only available to married couples. Special arrangements may be made for volunteers wishing to serve and live in camper units at the discretion of the Volunteer Coordinator and the Executive Director.

**When do we eat?** -- Most meals are served in the dining hall with the campers and staff. Meal times are 7:45 a.m., 12:30 p.m., and 6:30 p.m. Dinner will not be served Wednesday because campers will be cooking (and camping) out, so please plan to dine out that evening. Stable and maintenance volunteers may follow a slightly different schedule for meals, which will be worked out with your supervisor.

**When do I work?** -- Work times and responsibilities are at the direction and discretion of Camp Ondessonk's Lead Health Care Provider.

**What will my specific duties be?** -- The Lead Health Care Provider has a list of expectations and responsibilities. In addition, at the informational meeting at 4:00 p.m. Sunday afternoon you will learn when you can meet with the supervisor of your volunteer area.

**Do I get time off?** -- Time off is to be worked out between you and the Lead Health Care Provider. We encourage all volunteers to enjoy daytime and nighttime activities when possible; however due to staffing and other requirements we cannot guarantee that you will have time off when you request it.

**What do I do during the evenings?** -- On Sunday, Thursday and Friday volunteers are encouraged to take part in the evening activity. Sunday and Friday feature campfires for the entire camp and Thursday is a special ceremony. On Monday and Tuesday evenings volunteers are invited to help with evening programs. On Wednesday evening, volunteers are free to leave camp and go to a nearby town. Volunteers are encouraged to bring their own reading material (there are no TVs provided in guest rooms) to enjoy peaceful evenings at the St. Noel Center if desired.

**Who do I see if I have a problem?** -- The Volunteer Coordinator (who will meet with you on Sunday). Questions about your volunteer assignment should be directed to the Lead Health Care Provider. If you do not receive satisfaction from the Volunteer Coordinator or job supervisor, you are welcome to direct your comments to the Executive or Camping Services Director.

## Camp Ondessonk Volunteer Program Rules and Expectations



*Please read these guidelines carefully. With your help, we hope to keep our volunteer program a positive experience for our volunteers and our campers!*

1. In order to minimize homesickness and provide a full Camp experience to all our campers, we ask parents/relatives of campers to limit the time spent with their own children. By limiting visits, we hope to minimize disruption to units as they attend activities and eat their meals.
2. Parents who are volunteering during the week their children are at camp should not give special privileges to their own children or do anything to make the other campers in the unit feel excluded (i.e.: following the unit around to all activities, visiting the unit without permission, etc.). Such actions can cause other campers to feel homesick, which may ruin their week at camp. While we understand the desire to check on the well being of your child, please keep in mind that summer camp is a time for him/her to grow in independence.
3. Volunteers may participate in activity areas, however they must join a group other than their child's unit, and they must clear the time off with their work area supervisor.
4. Smoking is ONLY allowed in specified areas covered in the Sunday Volunteer Orientation.
5. No campers or staff are allowed in volunteers' residences at any time. Volunteers are not allowed in a camper's unit without the advance permission of the unit leader.
6. Volunteers and guests may not bring PETS of any type to camp.
7. Volunteers are not permitted to have outside visitors while staying at camp.
8. Unless prior arrangements are made, volunteers are expected to be available for the entire session they are volunteering. Checkout time is after breakfast on Saturday.
9. Mixed-gender housing is only available to married couples. All housing is separate from campers. Same-sex volunteers may share the same housing assignments.
10. Personal firearms are not allowed anywhere on camp property.
11. Use of canoes, boats, rifles and other activity equipment is to be cleared through the Activity Director. Volunteers must follow all safety rules in every activity area.
12. Swimming is allowed only during assigned times when a lifeguard is on duty. **All those wishing to swim or go in the water must take a swimming assessment.**
13. Volunteers may ride horses with a unit if there is a space available and if the Equestrian Director has granted them permission.
14. Volunteers are expected to conduct themselves in a professional manner and to act as positive Christian role models.
15. Volunteers should NEVER be alone with campers for any reason. Always try to keep a member of the full-time or summer staff in sight when interacting with campers.

# Camp Ondessonk Health Center Volunteer Application

*This application is for 2020 Health Center Volunteers ONLY*



Camp Ondessonk summer volunteers are a valuable part of the Ondessonk staff. As a volunteer you will have specific duties and will be expected to follow certain rules and guidelines while you are at camp to provide an environment for all campers to grow and learn on their own and under supervision of staff. *As soon as your paperwork has been received, a confirmation letter will be mailed to you stating your volunteer dates and work area.* This confirmation is contingent upon a satisfactory background and criminal record check and meeting all diocesan policies- this can take up to six weeks. If there are any problems with your background checks, you will be notified as soon as possible, and your confirmation will be void. Thank you for applying!

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

T-Shirt Size- S M L XL XXL Drivers License # \_\_\_\_\_

Dates Requested- check appropriate week(s):

- |                                  |                                    |
|----------------------------------|------------------------------------|
| _____ May 25-30 (Orientation)    | _____ June 28-July 4 (Session 5)   |
| _____ May 31- June 6 (Session 1) | _____ July 5-11 (Session 6)        |
| _____ June 7-13 (Session 2)      | _____ July 12-18 (Session 7)       |
| _____ June 14-20 (Session 3)     | _____ July 19-25 (Session 8)       |
| _____ June 21-27 (Session 4)     | _____ July 26-August 1 (Session 9) |

MD, DO, RN, NP, PsyD, or PA-Cs licensed in the state of Illinois are invited to volunteer a week of their summer assisting the Camp Ondessonk Health Center. Camp Ondessonk will provide 100% summer camp tuition (not to exceed Traditional Camp Rate A tuition) coverage to your child or the child of your choice in exchange for a week of summer camp service in the Health Center. The time required for serving in the Health Center will be at the discretion of the Lead Health Care Provider.

As we are able to accept only 3 Health Center Volunteers per week, early application is essential. Placement will be given on a first come-first served basis. If the week you have selected as your first choice is already filled, we will ask you to serve another week. Because it may not be possible to accommodate you with your first choice, it would be possible for you to volunteer for a week when the camper you are sponsoring is not in attendance. If for any reason you are asked to terminate your volunteer status, you will be responsible for the tuition of the camper you have sponsored.

A copy of Illinois Certification/License MUST accompany your application for it to be considered.

We rely heavily on the assistance of our volunteer Health Care professionals, and thank you, in advance, for your time, consideration and service to Camp Ondessonk!

*Please be aware that exposure to extreme heat, walking long distances, and strenuous tasks may accompany your volunteer experience.*

Please list any physical limitations you have: \_\_\_\_\_

I have been a summer volunteer at Camp Ondessonk for during the following years: \_\_\_\_\_

I was a camper at Camp Ondessonk during the following years: \_\_\_\_\_

I was a staff member at Camp Ondessonk during the following years: \_\_\_\_\_



## Camp Ondessonk #712

Agency: 3760 Ondessonk Road, Ozark, IL 62972  
 Phone: 618-695-2489 FAX: 618-695-3593

### Application for Volunteer Service

**Note:** Do not complete this form if applying for an educator's position in a Diocesan Catholic School (request a *Catholic Schools' Application*). This form is for all others applying for volunteer positions.

Last Name	First	Middle	Social Security No.	Date
Present Street Address	City	State	Zip	Daytime Phone
				Evening Phone
Permanent Address (if different from present address)				Cell Phone No.
				E-Mail Address
Have you ever been employed by a Diocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 years of age or older?
If yes, give details: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

I am interested in Volunteering:  weekdays only,  weekends only,  both

Area(s) of Interest  coaching,  religious education,  youth ministry, other(s) \_\_\_\_\_

I am available  mornings,  afternoons,  evenings Date available: \_\_\_\_\_

I am interested in volunteering opportunities:  Full-Time  Part-Time

Position(s) of Interest: 1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_

Date available for work \_\_\_\_\_

Name and Location of School		# Of Years/Credit hrs. completed	Graduated	Minor/Major and Degree Received
High School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postgraduate School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postgraduate School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other training				

The Diocese of Belleville and Diocesan locations comply with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, religion, color, sex, national origin, marital status, age, unfavorable discharge from military service, arrest record or mental or physical disability unrelated to ability to perform the duties of a position. It is our policy to offer reasonable accommodations for the special needs of otherwise qualified individuals. Acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.

### EMPLOYMENT/VOLUNTEER ACTIVITIES –

Please list all present and former employment and volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this application.

Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title		Reason for leaving
Duties		
Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title		Reason for leaving
Duties		
Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title		Reason for leaving
Duties		

Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title		Reason for leaving
Duties		

**REFERENCES: Three references must be included.** If you have resided in this area for less than 2 years please provide at least one reference from your previous area of residence.

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete the following, if applicable:      Typing Speed: \_\_\_\_\_ wpm      Shorthand: \_\_\_\_\_ wpm

My knowledge of the following computer software rates as: 1= Advanced, 2= Average, 3= Beginner, 4= None

Microsoft Word     Excel     Access     Outlook     WordPerfect

Lotus 1-2-3     dBase Other(s) \_\_\_\_\_

# IMPORTANT

**PLEASE READ THE POLICY STATEMENT OF THE DIOCESE OF BELLEVILLE ATTACHED TO THE BACK OF THIS PACKET (YELLOW SHEET). THIS POLICY STATEMENT SHOULD BE DETACHED FROM THIS PACKET AND KEPT WITH YOUR PERSONAL RECORDS.**

You must complete questions I, II, III & IV *only if* the position(s) for which you are applying will involve substantial contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally disabled, etc.

I. Has a civil or a criminal complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?  Yes  No

If yes, explain in full (attach a separate sheet of paper if necessary). Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.

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II. Do you presently serve, or have you ever served, as an employee or volunteer for any organization, entity or group in which you had substantial contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally disabled, etc.)?  Yes  No

If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

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III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you?  Yes  No

If yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

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IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?  Yes  No

If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

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**IMPORTANT: THE FOLLOWING STATEMENT MUST BE READ AND SIGNED**

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I grant permission to check my background and references and release the Diocesan schools, parishes, or agencies from any and all resultant liability.

Further, I grant permission to the Diocese of Belleville to release this application and attendant documents to the appropriate search committees and prospective employers within the Diocese of Belleville. I understand my signature absolves and releases the Diocese of Belleville, all parishes, schools and agencies from any and all liability for any and all legal action involving relinquishment of the information to others.

If employed, I will abide by the policies and procedures of the Diocese of Belleville Child Protection Policy. I also hereby acknowledge that I received, read, and understand the Diocese of Belleville Sexual Misconduct Policy and Code of Conduct Policy located on the back of the yellow sheet. I agree to conduct myself in accordance with these policies. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Upon termination, I authorize the release of reference information by the employing schools.

I understand that if employed in a school I will have significant contact with children while performing my duties and am required to undergo criminal background checks before working with children.

I will be required to furnish proof of identity and eligibility to work in the U.S. once a conditional job offer has been made. I understand that, if hired, I will be subject to employment at-will.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....

***This section to be completed by Principal, Pastor, PLC, or Agency Director only.***

The necessity of passing a background check for positions involving significant contact with children or other vulnerable persons while working or providing volunteer services has been explained to this applicant. Offers of employment or acceptance of volunteer services are contingent upon the applicant successfully completing the criminal background check. References may be checked before extending an offer of employment or accepting an applicant's volunteer service. Completed applications are to be received without delay by the Director of Human Resources, Diocese of Belleville, 222 South Third Street, Belleville, IL 62220.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of location**

\_\_\_\_\_  
**(Area code) Telephone number**

**Location Number**

Camp Ondessonk
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712



## **POLICY STATEMENT OF THE DIOCESE OF BELLEVILLE**

Diocesan clergy, religious personnel, lay employees and volunteers of the Diocese of Belleville, while performing services for the Church, shall not engage in sexual conduct that is unlawful or harmful and contrary to the moral instructions, doctrines and canon law of the Catholic Church. Such conduct is contrary to Christian principles and is outside the scope of the duties and/or employment of all personnel or volunteers of the Diocese.

Employees and/or volunteers must comply with all relevant state and federal laws, including:

- the Illinois Abused and Neglected Child Reporting Act.
- the laws prohibiting sexual harassment in the work place. Sexual harassment includes but is not limited to slurs, jokes, sexual advances, requests for sexual favors and all verbal, graphic or physical conduct of a sexual nature.

Any employee or volunteer of the Diocese of Belleville who suspects an incident of any sexual misconduct by any diocesan clergy, religious personnel, lay employee or volunteer must immediately report such incident to Msgr. James E. Margason, the Vicar General of the Diocese. The matter will be investigated and where appropriate, disciplinary action will be taken.

Do not assume that the diocese is aware of any sexual misconduct. It is your responsibility to report incidents of which you know.

(08/03 TK)

## **CODE OF CONDUCT POLICY**

As personnel (as defined in the Child Protection Policy), I certify and voluntarily agree to abide by the following **CODE OF CONDUCT**

- I will exhibit the highest Christian ethical standards and personal integrity.
- I will conduct myself in a manner that is consistent with the discipline and teachings of the Catholic Church.
- I will provide a professional work environment that is free from physical, psychological, written or verbal intimidation or harassment.
- I will avoid taking unfair advantage of the counseling relationship.
- I will not physically, sexually or emotionally abuse or neglect a child or adult.
- I will report any suspected abuse or neglect of a child to the Child Abuse Hotline 1-800-252-2873 and to the victim assistance coordinator.
- I will accept personal responsibility to protect children from all forms of abuse.

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
For Programs NOT Licensed by DCFS

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**  
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates (From/To)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

618-212-0055  
lmuscarello@diobelle.org

(Submitting Agency Fax Number)  
(Submitting Email Address)

Diocese of Belleville  
Lynn Muscarello  
2620 Lebanon Ave.  
Belleville, IL 62221

(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

**Individual: Return to your Location Coordinator**  
**Location Coordinator: Submit to the Diocesan CP Office**  
**OFFICE USE ONLY: Submit by mail OR fax OR email**  
Mail to: Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701



## BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Please read this form carefully.

### DISCLOSURE

I have been notified that the Diocese of Belleville may request background screening be conducted to verify any information that I have provided in connection with my employment or volunteer service or to obtain information in order to determine my suitability for employment, retention, reassignment, or volunteer services.

The Diocese of Belleville may request a consumer report and/or an investigative consumer report in connection with my application for employment or volunteer services or at any time during my employment or volunteer service in accordance with all applicable laws. These reports may include information about my background, including but not limited to criminal history reports, court records, driving records, employment information, credit reports, general reputation, personal characteristics, and mode of living.

### AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon Diocese of Belleville's request in conjunction with my application for employment, volunteer services, or during the course of my employment or volunteer service.

I have read this Background Screening Disclosure and Authorization; I understand it, and I agree to its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please provide the following information to be used to perform the background check. All fields are required.  
**PLEASE PRINT:**

\_\_\_\_\_  
LEGAL First                                      LEGAL Middle                                      LEGAL Last

\_\_\_\_\_  
Street Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Social Security Number                                      Date of Birth                                      Gender

Former Name and/or Other Names Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous addresses for the past 5 years (please use backside of necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location Number: 712

Form 10

06/13/2019