



## **Volunteer Application Security Statement**

Dear Camp Counselor/Volunteer:

In an effort to provide the parents of our campers the assurance that Camp Wonder Hands is a safe environment for their children, Palmetto Health Children's Hospital and the Camp Wonder Hands Executive Committee requires each Staff Member, Counselor, Counselor-in-Leadership-Training and Volunteer to complete a **Volunteer Application Security Statement. {Required for Non-Palmetto Health Employees Only.}**

In order to obtain the required information, we must have the enclosed addendum completed and returned with your application. If you have any questions regarding this policy please contact E.T. Taylor, Camp Director or Julie Riffle, Camp Coordinator at [CampWonderHands@PalmettoHealth.org](mailto:CampWonderHands@PalmettoHealth.org) or call Children's Hospital at **803-296-KIDS {5437}**.

Thank you for your help in making Camp Wonder Hands a secure environment for the campers.

Sincerely Yours,

**Camp Wonder Hands  
Executive Committee  
Palmetto Health Children's Hospital**



## Volunteer Application Security Statement

1. Have you ever been “Convicted for or Pled Guilty to” violating any Law (Excluding Minor Traffic Violations)? Yes: \_\_\_\_\_ No: \_\_\_\_\_ .
2. If your answer is “Yes”, please provide an attached typewritten sheet with complete details of the event.
3. Have you ever been “Convicted for or Pled Guilty to” violating Minor Traffic Violations? Yes: \_\_\_\_\_ No: \_\_\_\_\_ .
4. If your answer is “Yes”, please provide an attached typewritten sheet with complete details of the event.

### CERTIFICATION & AUTHORIZATION

I certify that all information provided is true and accurate. I understand that any falsification is grounds for disqualification from consideration for any position. I also understand that I may be removed from any position with or without cause.

I authorize Camp Wonder Hands to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, or government agency to give Camp Wonder Hands any information they may have regarding me. In consideration of Camp Wonder Hands’ review of this application, I release Camp Wonder Hands and all providers of information from any liability as a result of furnishing and receiving this information.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver’s License Number

\_\_\_\_\_  
Date