

Pacific Northwest Orthodox Youth Camp

STAFF APPLICATION

(To volunteer for staff you must be 18 years of age or older)

Name: _____ Primary Phone#: _____

Address: _____ Secondary Phone#: _____
Last First

Street Address

City State Zip

Email: _____

Parish: _____

Gender: Male Female Age while at camp _____ Date of Birth ___/___/___

T-shirt Size: Adult S M L XL XXL

Carefully read and sign below:

◇ This information is correct and complete as far as I know. I give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I give permission to the provider selected by the camp to secure and administer treatment, including hospitalization, x-rays, anesthesia and surgery for the person named above. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

◇ I understand all reasonable safety precautions will be taken by the Pacific Northwest Orthodox Youth Camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Pacific Northwest Orthodox Youth Camp, the Diocese of the West, or the Orthodox Church in America, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

◇ I agree to abide by all rules and guidelines set forth by the Pacific Northwest Orthodox Youth Camp for the safety and good health of the campers. I agree that if I have to return home due to discipline violations, it will be at my own expense.

◇ I agree to indemnify and hold harmless the Orthodox Church in America, the Diocese of the West, the Pacific Northwest Orthodox Youth Camp, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied.

◇ I agree to indemnify and hold harmless the Pacific Northwest Orthodox Youth Camp, the Orthodox Church in America, their clergy, officers, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, or by anyone else on my behalf as a result of any accident or injury occurring to me.

Staff Applicant Signature: _____ **Date** ___/___/___

Health History and Emergency Information

Name: _____
Last First Middle

Emergency Contact:

Name: _____ Primary Phone#: _____

Address: _____ Secondary Phone#: _____

Street Address

City

State

Zip

A photocopy of the front and back of your health insurance card must be attached to this form.

Health Insurance Carrier: _____ Group #: _____ ID#: _____

Insurance Holder's Name: _____ Date of Birth ___/___/___

Check the box if you do not have medical insurance.

PLEASE BE ADVISED that any costs incurred by medical treatment will be at the expense of staff member.

Primary Care Provider: _____ Phone: _____

Family Dentist: _____ Phone: _____

MEDICATIONS: Please list all medications currently being taken. Meds must be brought to camp in original, labeled container. **All campers must turn in medications to camp medic to be held and administered as directed.**

Drug name, dose (amount), time of administration and reason for taking:

1. _____

2. _____

3. _____

Attach additional pages for more medications.

ALLERGIES: Please describe reaction and management of reaction.

Medication Allergies

Specific Reaction and Management/Treatment

Food Allergies

Specific Reaction and Management/Treatment

Other Allergies (insect stings, hay fever, asthma, animal dander, etc.) Specific Reaction and Management/Treatment

Immunizations: Please provide date of last immunization or an up to date copy of the immunization record

Tetanus _____ Pertussis/DTaP _____ Polio _____ Varicella _____

MMR _____ HIB _____ Hepatitis B _____ Hepatitis A _____

Background Check Form

Personal Information:

Legal Name: _____
Last *First* *Middle*

Social Security #: _____

Parish Information:

Parish: _____

Parish Priest: _____

How long have you been attending?: _____

Legal Information:

Have you ever been charged with, or convicted of, any felony, child abuse, or unlawful sexual offense?

Yes: _____ No: _____

Areas of Interest: Mark top three with 1 indicating greatest interest.

Photographer _____ Arts/Crafts _____ Kitchen Staff _____ Campfire/Evening Program _____

Janitorial _____ Sports _____ Music _____ Canoeing _____ Prospora Baking _____

To be filled out by your parish priest

All staff are required to have a criminal background check within the past 3 years on file at their home parish.

I _____ verify that a Youth Volunteer Application has been completed by applicant, and that a criminal background check has been performed on

Parish Priest

_____ and is on file at _____ and that he/she is suitable to

Legal Name of Parishioner

Name of Church

work with youth as a staff member for this camp.

Priest Signature: _____

Date: ____/____/____

Expectations for Counsellors

- Work in harmony with the entire staff.
- Accompany your campers to all activities.
- Be a spiritual leader to your campers and say evening prayers with them.
- Uphold and enforce all camp rules. You are an example to our youth.

Staff Signature: _____

Date: ____/____/____