

ST. EUGENE'S ORTHODOX SUMMER CAMP 2017

REPEAT STAFF REGISTRATION FORM

You may only use this abbreviated form if you completed the selection process and served as a volunteer for St. Eugene Camp 2016

SUMMER CAMP 2017 WILL BEGIN WITH REGISTRATION AT 4:00PM ON SUNDAY, JULY 2nd AND WILL END AT NOON ON SATURDAY, JULY 8th

STAFF ARE ASKED TO TRY & ARRIVE ON SATURDAY JULY 1st^d by 12:00PM

Completed forms must be **postmarked by June 1, 2017** and sent to the Camp Director, Fr. Michael Anderson
1012 Wagoner Dr, Livermore, CA 94550 or FrMichaelA@comcast.net

PERSONAL INFORMATION AND RESIDENTIAL HISTORY

Name: _____

(First, Middle, Last)

Maiden Name/Alias/Other: _____

Email: _____

Driver's License #: _____ State _____ Exp. Date: _____

Date of Birth: _____ Social Security # _____

Current Address: _____

City/State/Zip: _____ County: _____ Dates: _____

Emergency Contact: _____ Phone _____

Is there any reason you should NOT work with or around children or youth? Yes or No _____

CRIMINAL HISTORY

Have you ever been the subject of a child abuse investigation? _____ If yes, please provide details:

Have you ever been convicted of or pleaded guilty to a criminal offense? _____

If yes, please provide details:

CHURCH MEMBERSHIP

PARISH: _____ PRIEST: _____

ADDRESS: _____

DIOCESE: _____ HOW MANY YEARS ATTENDING? _____

PRIEST'S PHONE: _____ PRIEST'S E-MAIL: _____

SIGNATURE OF PARISH PRIEST AND/OR SPIRITUAL FATHER INDICATING HIS RECOMMENDATION FOR YOU TO VOLUNTEER WITH YOUTH:

CIRCLE ALL AREAS OF INTEREST WHICH BEST MEET YOUR INTERESTS AND ABILITIES:

Counselor Choir Nurse Lifeguard Water Safety Teaching Arts & Crafts Pysanki Cabin Parent
Sports (be specific): _____ Other: _____

List all Licenses and Certifications below [MD, RN, Life Guard (pool or black water), CPR, First Aid, Paramedic, etc]. Please submit photocopies of licenses/certifications with this application. Use additional sheets as necessary.

LICENSE/CERTIFICATION TYPE	EXPIRATION DATE	# IF APPLICABLE

SKILLS, HOBBIES, TALENTS, INTERESTS: _____

ARE YOU LIMITED TO ANY ACTIVITY? YES ___ NO ___ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY FELONY, CHILD ABUSE, OR UNLAWFUL SEXUAL CONDUCT OR OFFENSE? YES ___ NO ___ (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET)

IN ADDITION TO THIS APPLICATION I UNDERSTAND THAT I MUST ALSO COMPLETE THE

- ACKNOWLEDGEMENT OF PSP'S
- VOLUNTEER AGREEMENT
- AND STAFF MEDICAL EMERGENCY FORM & CONFIDENTIAL MEDICAL HISTORY

APPLICANT'S STATEMENT

The information contained in this document is accurate to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of this receipt and evaluation of this application by this St. Eugene's Camp of the Orthodox Church in America, I do hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any liability from damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should I become involved in youth activities related to the Orthodox Church in America, its parishes, deaneries, dioceses, and organizations, I agree to be bound by the Statute of the Orthodox Church in America and by policies of St. Eugene's Camp, and to refrain from un-churchly conduct in the performances of my services on behalf of the Church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

APPLICANTS SIGNATURE: _____ DATE: _____

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1012 Wagoner Dr, Livermore, CA 94550 – FrMichaelA@comcast.net

Volunteer Agreement

Volunteer:

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform volunteer duties to the best of my ability
2. To adhere to the church rules, policies and procedures.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
4. To attend Volunteer training as it pertains to my area of ministry.

Acknowledgement of PSPs

I, _____ (Name of Volunteer), acknowledge that I have read the Abbreviated OCA Policies, Standards, and Procedures (PSP) on Sexual Misconduct (2013). I have also been given a copy of the reporting procedure if sexual abuse / misconduct is suspected. I agree to engage in best practices including the two adult rule as outlined in the PSP Section 13.

Volunteer Signature

Date

STAFF MEDICAL EMERGENCY FORM

NAME OF PERSON: _____

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: ____/____/____.

MEDICAL INSURANCE: _____ POLICY NO. _____

PRIMARY CARE PHYSICIAN _____ PHONE; _____

EMERGENCY CONTACT: _____ HOME PHONE: _____

RELATIONSHIP: _____ CELL PHONE: _____

CONSENT FOR MEDICAL TREATMENT

I, above-named staff member, authorize the St. Eugene's Camp staff to seek medical treatment for myself as they see necessary to a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp Staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as she/he judges necessary for the above named. I accept responsibility for payment of all services rendered: I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

CONFIDENTIAL HEALTH HISTORY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____ SOC. SEC. #: _____

PLEASE CHECK ALL THAT ARE APPLICABLE AND GIVE AN APPROX. DATE OF ILLNESS:

EYE INFECTION: _____ GERMAN MEASELS: _____

HEART DISEASE: _____ MEASELS: _____

SEIZURES: _____ MUMPS: _____

DIABETES: _____ ALLERGIES: _____

BLEEDING DISORDER: _____ HAY FEVER: _____

INSECT BITE: _____ HYPERTENSION: _____

BEE STING ALLERGIES: _____ CHICKEN POX: _____

POISON IVY/OAK/SUMAC ALLERGIES: _____

FAINTING: Yes ____ No ____

OPERATIONS OR SERIOUS INJURIES (please include dates):

CHRONIC/RECURRING ILLNESS AND/OR ALLERGIES (dietary, environmental, medications, etc.)

CURRENT MEDICATIONS:

RECENT EXPOSURE TO CONTAGIOUS DISEASE:

DATE OF LAST TETANUS: _____ WEARS CONTACTS: Yes ____ No ____

PRESENTLY UNDER THE CARE OF A PHYSICIAN? Yes ____ No ____

IF YES, EXPLAIN:

ORGANIZATION ACCEPTENCE:

We, St. Eugene Orthodox Youth Camp, agree to accept the services of _____
[volunteer] from July 3-9th, 2016, and we commit to the following:

1. To provide accurate information, training, and assistance.
2. To empower the volunteer for success and fulfillment within his/her ministry area.
3. Respect the skills and individual needs of the volunteer.

Volunteer Staff Representative

Date
