

# ST. EUGENE'S ORTHODOX SUMMER CAMP 2012

## **STAFF REGISTRATION FORM**

SUMMER CAMP 2012 WILL BEGIN WITH REGISTRATION AT 4PM ON SUNDAY, JULY 1<sup>ST</sup>  
AND WILL END AT NOON ON SATURDAY, JULY 7<sup>TH</sup>

**STAFF ARE ASKED TO TRY & ARRIVE ON SATURDAY June 30th**

*Completed forms must be postmarked by June 1, 2012 and sent to the Camp Director*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ GENDER:      MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

DATE OF BIRTH:    \_\_\_/\_\_\_/\_\_\_                      SOCIAL SECURITY NO. \_\_\_\_\_

ALL INFORMATION IS THE SAME AS LAST YEAR. *(if you check this box you must still obtain priest's signature and sign the "Applicant's Statement" on the 2<sup>nd</sup> page.)*

### CHURCH MEMBERSHIP

PARISH: \_\_\_\_\_ PRIEST: \_\_\_\_\_

PRIEST'S PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DIOCESE: \_\_\_\_\_ HOW MANY YEARS ATTENDING? \_\_\_\_\_

### EMPLOYMENT

NAME OF EMPLOYER: \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### EMERGENCY CONTACT

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME NO: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

### REFERENCES

*Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone number for each. References are confidential.*

NAME	ADDRESS	PHONE	RELATIONSHIP

SIGNATURE OF PARISH PRIEST INDICATING HIS RECOMMENDATION FOR YOU. \_\_\_\_\_

**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

HAVE YOU EVER WORKED AT ST. EUGENE'S CAMP BEFORE: YES\_\_\_ NO\_\_\_ WHEN? \_\_\_\_\_

PLEASE LIST ALL PREVIOUS YOUTH WORK: \_\_\_\_\_

SKILLS, HOBBIES, TALENTS, INTERESTS: \_\_\_\_\_

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 **CRIMINAL RECORDS CHECK AUTHORIZATION, HEALTH HISTORY AND STAFF MEDICAL EMERGENCY FORMS.**

**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 Statue 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 KOW 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:** \_\_\_\_\_

ALL COMPLETED FORMS must be postmarked no later than JUNE 1, 2012 and sent TO:

Fr. Michael Anderson 1012 Wagoner Dr, Livermore, CA 94550 CELL: 510-333-8814 - EMAIL: [FrMichaelA@comcast.net](mailto:FrMichaelA@comcast.net)

**Criminal Records Check Authorization - CONFIDENTIAL**

I, \_\_\_\_\_, do hereby authorize St. Eugene's Camp to request any agency or entity chosen by it to obtain any and all information in regard to me which pertains to any record of charges and/or convictions contained in its files or in any criminal file maintained on me whether local, state, or national. This information may include, but is not be limited to, any and all allegations and convictions for crimes committed upon minors.

I do also hereby release any reporting agency or institution from any and all liability resulting from such disclosure.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name in block letters: \_\_\_\_\_

Maiden name in block letters (if applicable): \_\_\_\_\_

Write all aliases in block letters: \_\_\_\_\_

Date-of-birth: \_\_\_\_\_ Place-of-birth (City, State, Country): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Driver's License # (if applicatble): \_\_\_\_\_ State Issuing License: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

<b>Name of issuing agency:</b>
<b>State of issuance:</b>
<b>Authorized agency supervisor (if applicable):</b>
<b>Supervisor's signature (if applicable):</b>
<b>Send to St. Eugene's Camp attn: Fr. Michael Anderson, Camp Director</b>
<b>Mailing address: 1012 Wagoner Dr, Livermore, CA 94550</b>

# STAFF MEDICAL EMERGENCY FORM

NAME OF PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_.

MEDICAL INSURANCE: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

PRIMIARY 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 APPROXIMATE DATE OF ILLNESS:

Eye Infection: \_\_\_\_\_ German Measles: \_\_\_\_\_

Heart Disease: \_\_\_\_\_ Measles: \_\_\_\_\_

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 or 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTIVITIES

Are you limited to any activity? (if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ST. EUGENE'S ORTHODOX SUMMER CAMP 2012

## ***RETURNING STAFF REGISTRATION FORM (Page 1 of 2)***

SUMMER CAMP 2012 WILL BEGIN WITH REGISTRATION AT 4PM ON SUNDAY, JULY 1<sup>ST</sup>  
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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

I CERTIFY THAT ALL PERSONAL INFORMATION IS THE SAME AS LAST YEAR.

SIGNATURE OF PARISH PRIEST OR SPIRITUAL FATHER INDICATING HIS RECOMMENDATION FOR YOU:

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### 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 Statue 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 KOW 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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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# ST. EUGENE'S ORTHODOX SUMMER CAMP 2012

## RETURNING STAFF REGISTRATION FORM (Page 2 of 2)

### Criminal Records Check Authorization - **CONFIDENTIAL**

I, above named staff applicant, do hereby authorize St. Eugene's Camp to request any agency or entity chosen by it to obtain any and all information in regard to me which pertains to any record of charges and/or convictions contained in its files or in any criminal file maintained on me whether local, state, or national. This information may include, but is not be limited to, any and all allegations and convictions for crimes committed upon minors.

I do also hereby release any reporting agency or institution from any and all liability resulting from such disclosure.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

### AREAS OF INTEREST

Please indicate any comments regarding your preference of involvement and/or skills or interests that may have changed since last year.

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