



Presbytery of Superior Summer Camp

Volunteer/Staff Package

Summer Season, 2018

Dear potential Summer Volunteer/Staff

We are looking forward to another great summer at Pres-B-Camp and would like to invite you to be part of it!

The application package includes:

APPLICATION– please indicate the position(s) that you prefer

HEALTH FORMS/MEDICAL RELEASE – The law requires a completed/signed Health Form for every person who stays at camp. A few forms must be completed/signed each year. No physical exam is required. Please provide as much information as possible on the Health Form/Medical Release. If you are under 16 years old, it must be signed by your parent/guardian.

SUMMER VOLUNTEER/STAFF COVENANT– the covenant emphasizes and underlines the policies and guidelines under which this camp agrees to operate. Please read the covenant completely and sign it.

Thanks for considering your part in the ministry of Pres-B-Camp. Use the reminder checklist to make sure you are including all necessary paperwork and send in the completed package to the address below. For more information and further application packages please contact the church at the number and e-mail below.

Please note: This year Volunteer/Staff application forms are due May 31st, 2018

Looking forward to seeing you at camp,

The Presbytery of Superior Camp Committee

Send Application to:

**Lakeview Presbyterian Church
Re: Summer Camp
278 Camelot Street
Thunder Bay, Ontario P7A 4B4
Lakeview@tbaytel.net
8073458823**

Application has to include:

Volunteer/Staff Application Form
Health Form/ Medical Release
Summer Volunteer/Staff Covenant
Photo Release Form



Presbytery of Superior Summer Camp

Volunteer/Staff Application Form 2018

First Name _____ Last Name _____

Address _____ City _____

Province _____ Postal Code _____

Home Phone Number _____ Age (if you are under 18) _____

Church you attend _____ Email _____

Check the appropriate position below:

Pres-B- Camp at Camp Duncan (Please check which camp(s) you would like to volunteer at)		
Junior Camp July 22-26 (Grades 3-8)	Senior Camp August 27-30 (Grades 9-12)	
Senior Counselor _____	Lifeguard _____	Cook _____
Junior Counselor (Junior camp only) _____	Camp Nurse _____	Musician _____
Counselor in Training (Junior camp only) _____	Kitchen Assistant _____	Pastor/Speaker _____

Previous and/or current volunteer experiences:

List any skills, interests, hobbies, relevant training and personal experiences you have that would be an asset in the position for which you are applying:

(Please indicate if you play a musical instrument: _____)

Have you ever volunteered/worked before at the Presbytery of Superior Summer Camp? If yes, which summers and what positions?

If you are a student, indicate your current level of achievement and program if applicable:

Why do you want to volunteer/work at summer camp?

Please indicate two references (employment and/or places you volunteered at) that may be contacted by the hiring committee:

1. First/Last Name	Relationship	Home Phone #	Work Phone #
_____	_____	_____	_____
2. First/Last Name	Relationship	Home Phone #	Work Phone #
_____	_____	_____	_____

Have you had a police check in the last 12 months? YES NO
(If over the age of 18 and have not provided Pres-B-Camp with a police check in the last 5 years please submit one with your application)

I hereby declare that the foregoing information is true and complete.

Signature

Date

If you are under 16 your parent or legal guardian must sign below.

Name – Please print

Signature



Presbytery of Superior Summer Camp

Staff/Volunteer Health Form 2018

First Name _____ Last Name _____

Address _____ City _____ Province _____

Postal Code _____ Church you attend _____

Grade (going into) _____ Date of Birth ____/____/____ Age _____ Gender _____

Name of Parent/Guardian (for minors) _____

Parent's/Guardian's Phone Number _____ Work Phone _____

Cell Phone _____

In case of illness or accident, parents/guardians will be notified. If not available, list two other possible contacts:

Contact 1 _____ Phone _____

Contact 2 _____ Phone _____

Family Doctor's Name _____ Phone _____

Doctor's Address _____

Health Card Number: _____

Presbytery of Superior Summer Camp Consent Form

(For staff under the age of 18)

I, _____, parent/guardian of _____
(Please print) (Please print name of staff member)

do consent to the release of medical information by the camp nurse to appropriate individuals (camp director, camp counselors, ambulance personnel, Emergency Room personnel) as deemed necessary (on a need-to-know basis).

I also consent to let the camp nurse administer first aid for minor ailments as necessary and/or refer the above junior counselor to a hospital emergency. All attempts will be made to notify the parent at the earliest possible time if transport to the hospital is necessary.

All medications must be in their original containers from the pharmacy and not expired.

I also consent to the camp nurse and/or counselor administering the following medications as required to the above junior counselor. (Please put a check mark beside those medications that you want your child to be able to receive).

Afterbite	_____
Calamine Lotion	_____
Antiemetic (e.g. Gravol)	_____
Anti-diarrheal (e.g. Kaopectate)	_____
Antibiotic ointment (e.g. Polysporin)	_____
Analgesic (e.g. Tylenol)	_____
Zinc Oxide Ointment	_____
Antihistamine (e.g. Benadryl)	_____
Wound Care (e.g. Normal Saline)	_____

Signature of Parent/Guardian

Signature of Witness

Name: _____

MEDICAL INFORMATION

Are you subject to:

A) ALLERGIES:

Are you allergic to any drugs, food, animals, plants or insect stings? If yes, complete the following chart.

Do you carry Medic Alert I.D. at all times? If yes, state the type of I.D.

Do you carry a medipen/epipen? _____

Name: _____

B) 1. ILLNESS CONDITIONS

Is you subject to any of the following illnesses/conditions? Check the appropriate one.

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Frequent Colds
or coughs | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Stomach Aches |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Toothaches | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe/Frequent
Headaches | <input type="checkbox"/> Recent Illness/
Operations | <input type="checkbox"/> Bone/Joint
Injuries |
| <input type="checkbox"/> Bleeding Disorder | | |
| <input type="checkbox"/> Other Illness: _____ | | |

Are there any other health, physical or emotional problems or any other information that the camp should know about? If yes, please explain:

C) IMMUNIZATION

Is your immunization up to date? If the answer is NO please supply an explanation.

To the best of my knowledge, I am in good health and the above information is correct.

Signature of Staff/Volunteer

Date

Signature of Parent/Guardian (for minors)

Date



Presbytery of Superior Summer Camp

Volunteer/Staff Covenant Statement 2018

The staff of Pres-B-Camp is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in activities at Camp. The following policy statements reflect our staff's commitment to preserving this camp as a place of safety and protection for all who would enter, and as a place in which all people can experience the love of God through relationships with others.

1. No one who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer/be a staff at Pres-B-Camp.
2. Volunteers/staff shall recognize and respect the campers' right to privacy.
3. Volunteers/staff shall observe the "Rule of Three." No one is ever to be alone with a camper in a non-public place at any time.
4. Volunteers/staff at Pres-B-Camp shall attend daily meetings with the program directors to keep volunteers/staff informed of Pres-B-Camp policies.
5. Volunteers/staff shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by all Pres-B-Camp policies regarding working in this ministry? **YES** **NO**
2. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by the wishes of every camper concerning his/her privacy? **YES** **NO**
3. As a volunteer/staff at Pres-B-Camp, do you agree to observe and abide by the "Rule of Three" at all times? **YES** **NO**
4. As a volunteer/staff at Pres-B-Camp, do you agree to participate in daily meetings with the program/staff directors related to your volunteer assignment? **YES** **NO**
5. As a volunteer/staff at Pres-B-Camp, do you agree to promptly report abusive or inappropriate behavior to your supervisor? **YES** **NO**

I have read this Summer Volunteer/Staff Covenant, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

Date

Print full name

St. Andrew Presbyterian Church
207 Brodie Street S.
Thunder Bay Ontario P7E 5H5

Permission to Use Photograph

Subject: Presbytery of Superior of the Presbyterian Church in Canada Pres –B Camp

Location: Camp Duncan

I grant to the Presbyterian Churches of the Presbytery of Superior and/or its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Churches of the Presbytery of Superior assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Churches of the Presbytery of Superior may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Volunteer's name _____

Volunteer's signature _____

Address _____

Date _____

Signature, parent or guardian _____
(If under age 18)