

Junior Counselor Registration Form

Personal Information

Legal Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Birthday: ____/____/____

Church Affiliation: _____ SSN #: _____ - _____ - _____

Medical Information

Medical Insurance Co. & Policy Number: _____

Applicant has or is subject to: Asthma, Diabetes, Fainting, Heart Trouble, Convulsions, Sleep Walking, etc. (If yes, please circle and explain)

Allergies: _____

Describe any conditions requiring medications (such as activity induced asthma requiring an inhaler):

List any medical restrictions of physical activities: _____

Medications (including vitamins or supplements) currently taking and dosages: _____

Food- Please Circle What Applies

Please list only true allergens. A member of leadership will reach out to go over listed allergies and how best to accommodate them. A will fee **will be** added to provide special food. An alternative will be provided, but adherence is the responsibility of the attendee.

Allergies- Gluten Dairy Vegetarian Other: _____

****Please read and sign below****

In case of an emergency, this will authorize the Homeschool Outdoor School staff to act in their best judgement to seek medical attention through appropriate means, including ambulance transport and emergency room treatment (including but not limited to, injections, anesthesia, or surgery) as deemed necessary by attending health care personnel (i.e. EMT, First Responder and/or Physician). I accept responsibility for expenses incurred for such treatments.

Signed: _____ Date: _____

Junior Counselor First and Last Name: _____

Emergency Contact:

Name: _____ Phone Number: _____

Email: _____ Relationship: _____

Education, Training, Experience

Occupation: _____ Employer: _____

If a student, school attending: _____

Education and/or Special Training: _____

Languages Spoken (other than English): _____

Special Skills, interests and/or hobbies: _____

Have you had CPR Training? (when) _____ Have you had First Aid Training? (when) _____

Background in this and Other Youth Programs

Have you been a camp counselor before? YES NO If yes, where, and how long?

Experience in other youth programs: _____

Memberships in other organizations: _____

References

** At least one should be your pastor or minister, etc. not family members or relatives. PLEASE INCLUDE COMPLETE AND UP TO DATE INFORMATION **

1. Pastor: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Junior Counselor First & Last Name: _____

Please note: A background check will be done if you are 18 years of age or older. A criminal record will not necessarily disqualify an applicant but will be considered as it relates to the specifics of the position. A conviction includes a plea of no contest, plea of guilty, or any court determination of guilt.

Have you ever been convicted of a crime involving offenses against children? NO YES Have you ever been convicted of a crime involving physical harm to another person? NO YES Have you ever been convicted of a crime involving a firearm? NO YES

Within the past 10 years, have you been convicted of a crime involving theft or dishonesty? NO YES

Within the past 10 years, have you been convicted of a crime involving the possession of and/or use of controlled substances? NO YES

If you said "yes" to any of the questions above, please explain

Homeschool Outdoor School Information

Why are you interested in an Homeschool Outdoor School Junior Counselor position?

My fun camp counselor name will be _____ (subject to approval)

Please read the following before signing:

- I am aware of and accept the basic philosophy and objectives of the Homeschool Outdoor School. • I have read and agreed to the Homeschool Outdoor School Adult Volunteer Counselor Expectations. • I understand that the information I have provided may be verified by contacting people or organizations identified in this application.
- I affirm that the information given in this application is true. If appointed as a volunteer, I agree to fulfill the volunteer responsibilities to the best of my ability.

Signed: _____ Date: _____

ID or Driver's License Number: _____ State: _____

Please print this form, fill it out, scan and email or mail it to us, Darren, or Brenda Nettrouer. If you have further questions about volunteering, please email and we will contact you by email or phone if you wish.

204 SW Daniels Street, McMinnville, OR 97128 dbnett10@gmail.com 503-472-8352

*******For Office Use Only*******

Date Received: _____ Payment Received: _____

Comments: _____

Junior Counselor Expectations and Responsibilities

We strive to provide quality leadership for youth participating in this program. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the Homeschool Outdoor School. **Please read and initial next to each one.**

_____ We expect that you will **help or be in charge of a cabin** of 5-10 children of your same gender. Your overnight accommodation will be with children in a room or cabin.

_____ During the day, we expect each adult to **chaperone or teach/ lead** groups of children to keep them safe and in an attitude of learning. (Learning and recreation groups will be co-ed). *Please choose one of the following options.*

_____ I would like to chaperone a specific teaching group or color group

Name(s): _____

_____ I would like to teach the subject of _____

_____ I would like to lead _____ recreational activity.

_____ I have my own equipment _____ I will need equipment to lead the activity

_____ We hold a Young Earth, 7 Literal Day Creation Model and all science subjects should be taught in this context. A few resources of information that we endorse to carry an orthodox biblical view of creation are www.answersingenesis.org, www.icr.org, and www.creation.com

_____ Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth

_____ Abide by policies and guidelines of Homeschool Outdoor School

_____ Obey all laws locally, state, and national, including those related to use of illegal substances, or use of firearms. Do **NOT** bring firearms to Homeschool Outdoor School

_____ Recognize that verbal, sexual, or physical abuse and/or neglect of youth is unacceptable either within or outside the Homeschool Outdoor School program. Report all instances of suspected abuse to leadership.

_____ Treat animals humanely and leave them in their natural habitat.

_____ Operate vehicles, and other equipment in a safe and responsible manner, only with a valid operator's license and the legally required insurance coverage.

_____ Do not consume alcohol, or use tobacco, marijuana, or vaping equipment, or any illegal substances at Homeschool Outdoor School; nor allow Homeschool Outdoor School youth campers under your supervision to do the same. (Please report to leadership if a camper is in possession of any of these substances)

Print Name: _____

Signed: _____

Date: _____

Junior Counselor Code of Conduct

We strive to provide quality leadership for youth participating in this program. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the Homeschool Outdoor School. During Homeschool Outdoor School you will be away from your family. You will be living and studying in a different home- the Homeschool Outdoor School site. In order for everyone to live in harmony and learn, we have written this code of conduct. We strive to provide a respectful and cooperative learning environment for everyone attending. It is important to have a safe and enjoyable week at camp! **Please read and initial next to each one.**

All Junior Counselors

_____ Ensure safety of the campers at all times. Always know where your campers are. Enforce the buddy rule. NEVER be alone with just one camper.

_____ Chaperones must shepherd all campers to and from activities. Maintain order during class. If a camper must leave during an activity, make sure they have a buddy and keep them accountable.

_____ Be on the lookout for public displays of affection or signs that two people are becoming interested in each other. Stop any conversations concerning boy/girl relationships or other sexually related topics

_____ Respect individual convictions and encourage kids to do the same. **Stop any conversations** about questionable movies or other media that might offend the convictions of others. Including but not limited to politics, or socio- economic issues. This includes no pranking.

_____ There must be at least one junior counselor at each table for mealtimes. Don't congregate. Observe how the campers eat and encourage them to eat balanced meals.

_____ Strategically situate yourself in classes and activities so there are junior counselors throughout the room. Encourage campers to pay attention and be respectful.

_____ Encourage selflessness. Make this week fun for your campers. Don't be a grumpy junior counselor.

_____ Attend all classes and activities on time and fully prepared with all of your campers in your care.

_____ **You are here to be a counselor in training, not a camper.** We still want you to have fun but you won't get to do all of the activities that the campers do.

_____ Contact a staff member immediately if someone is sick, hurt, or upset.

_____ Never leave campers unattended.

Cabin Junior Counselors

_____ Help (don't do it for them) your campers earn the clean cabin award.

_____ Guide campers in choosing and performing a skit for campfire at least once in the week.

_____ Deliver your campers on time and prepare for classes and activities, including appropriately dressed for the activities.

_____ Enforce lights out and quiet times. Afternoon quiet times are to be quiet and inside cabins.

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in Homeschool Outdoor School and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and / or legal guardian(s) will instruct the minor participant that prior to participating in Homeschool Outdoor School, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Homeschool Outdoor School events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above could be severe.
 - (c) These risks and dangers could be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused in whole or in part by the negligence of the releases named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE *** facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Homeschool Outdoor School event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding *** facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES AND DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT, OR DAMAGE TO PROPERTY, ARISING OUT OF BUT NOT LIMITED TO EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law or the province or state in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim

against any of the releases, the parent(s) and/or legal guardian(s) will reimburse the releases for any money they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW.

*** Facility: CISPUS LEARNING CENTER

Parent or Guardian Signature (if minor)

Parent or Guardian Signature (if minor)

Printed Name of Parent or Guardian: _____

Printed Name of Participants (First & Last Name):

_____	_____
_____	_____
_____	_____
_____	_____