

# Redwood Glen's 2010 Volunteer Counselor/Program Staff Application

100 Wright Drive, Loma Mar, CA 94021 \* Phone: (650) 879-0320 \* Fax: (650) 879-1615

program@redwoodglen.com

www.redwoodglen.com

Full legal name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Alt/Cell Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Driver's license # \_\_\_\_\_ State: \_\_\_ Expires: \_\_\_\_\_

Church attending: \_\_\_\_\_ City: \_\_\_\_\_

Pastor: \_\_\_\_\_ Church phone (\_\_\_\_) \_\_\_\_\_

Pastor's email: \_\_\_\_\_

T-shirt included. Please indicate size: \_\_\_\_\_ Birthdate (if under 21) \_\_\_\_\_

S    M    L    XL    XXL

Briefly explain your Christian faith and relationship with Jesus Christ: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What positive contributions can you make as a volunteer staff at Redwood Glen?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## History/Background information

*(If the applicant is a minor, please provide the following information)*

Parent/Guardian Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evn Phone (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of any crime against children or other persons?  
 No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?  No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?  
 No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or of any crime for which you have served a jail or prison sentence? (Omit references to convictions under Health and Safety Code sections 11357(a) or (b), 11360(c), 11364, 11365, or 111550 related to marijuana which occurred two or more years ago and any post-trial diversion program.)  No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently awaiting trial for any criminal offense?  No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For which Redwood Glen Session Camp do you wish to volunteer?**

<input type="checkbox"/> Discovery Camp (completing 2 <sup>nd</sup> -5 <sup>th</sup> grade)	<b>June 13-18, 2010</b>
<input type="checkbox"/> Children's Music & Drama (completing 2 <sup>nd</sup> -5 <sup>th</sup> grade)	<b>June 21-26, 2010</b>
<input type="checkbox"/> Junior Adventure (completing 4 <sup>th</sup> -6 <sup>th</sup> grade)	<b>June 21-26, 2010</b>
<input type="checkbox"/> Youth Music & Drama (completing 6 <sup>th</sup> -12 <sup>th</sup> grade)	<b>July 5-10, 2010</b>
<input type="checkbox"/> Junior High Camp (completing 5 <sup>th</sup> -8 <sup>th</sup> grade)	<b>July 12-16, 2010</b>
<input type="checkbox"/> Senior High Camp (completing 9 <sup>th</sup> -12 <sup>th</sup> grade)	<b>July 12-16, 2010</b>

List last 3 work experiences (including length of employment):	Include a volunteer experience you have had related to being a camp counselor:
_____	_____
_____	_____
_____	_____

Please list three personal references (**not relatives**) having knowledge of your character, experience, and ability. Please have each person return a reference form to RG.

1. Pastor/Youth Pastor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Teacher/Employer/Co-worker \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Other \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**COMPREHENSIVE HEALTH HISTORY, PHYSICIAN INFORMATION AND EMERGENCY AUTHORIZATION**

(Please note: During check-in on registration day we will have a 'health screening' where we will check you for lice, ask for all medications to be turned in, ask about any recent injuries, exposure to any communicable diseases, and if there have been any changes in your health/usage of meds since completing this form)

**Physician and Insurance Information**

\_\_\_\_\_  
 Doctor's Name ( )  
 Doctor's Phone Number

\_\_\_\_\_  
 Insurance Company Policy Number

Note: Your Insurance is considered the primary insurance in the event of an accident or health problem while you are volunteering at camp. (Redwood Glen does; however, carry accident insurance in the event there is no family accident insurance.)

**Have you had a physical in the last 24 months?** \_\_\_\_\_

Please attach a copy of physical to this form. (Recommended, not required.)

**Please list any special limitations or restrictions** (eg. diet, glasses/contacts, retainers, hearing aids, sleepwalking, medical devices in use, hospitalizations or surgeries, socialization issues, etc.) \_\_\_\_\_

**MEDICATIONS (List with instructions)** Note: All prescription medications must carry Pharmacist's label and be in original containers. All medications will be kept secure by the camp's Health Care Provider and made available as prescribed. Volunteers may not bring over-the-counter medications, unless they have written instructions from a licensed physician. Over-the-counter medications will be made available by the camp's Health Care Provider according to written, health-care policies and procedures.

**AUTHORIZATION/COMMITMENT**

I authorize the camp to photograph myself and use the pictures for advertising or promotional use. I may be transported in camp-designated vehicles for off-site trips and for emergency and routine medical care. I give permission to search my belongings while present when the health, well-being, or safety of myself or others requires it.

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications (prescription and over-the-counter); to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In the event I am unconscious in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me. This completed form may be photocopied for trips out of camp.

I authorize the investigation of all statements herein, including a complete background check by law enforcement agencies, and release the camp and all others from liability in connection with the same. I understand that untrue, misleading or omitted information herein may result in termination of my volunteer services, regardless of the time of discovery.

\_\_\_\_\_  
 Applicant Signature Print Name Date / /

\_\_\_\_\_  
 Parent/Guardian Signature (required, if applicant is a minor) Print Name Date / /

**Health History**

I have or have had the following:

**Allergies/Dietary Restrictions:**

If checked, please specify (eg. Hay Fever, Poison Oak/Ivy, Insect Stings, Pollen, Penicillin, or specific foods, drugs, or other): \_\_\_\_\_

**Neuro/Psychological:**

If checked, please specify (eg. ADD/ADHD, Epilepsy, Concussion, Convulsions, etc.): \_\_\_\_\_

**Diseases:**

If checked, please specify (eg. Chicken Pox, Measles, German Measles, Mumps, Scarlet Fever, etc.): \_\_\_\_\_

**Other:**

If checked, please specify (eg. Rheumatic Fever, Fainting, Diabetes, Asthma, AIDS, etc.): \_\_\_\_\_

**Immunization History**

Please provide dates (mo/yr) of all immunizations or a copy of your records.

- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DPT Series
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Polio
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ MMR (Measles/mumps/rubella)
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Tuberculin test
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Tetanus booster
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hepatitis B
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Haemphilus Influenza (HIB)
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Other

**Emergency Contact Person:** \_\_\_\_\_ **Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Alternate #** (\_\_\_\_\_) \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

Nurse's notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_