

Camp COOL, Inc.

PLEASE PRINT. If you do not understand a question, please call me (205) 522-9043 or E-mail me Brittney2786@msn.com for help.

COUNSELOR APPLICATION

NAME: _____ AGE: _____ DOB: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS: _____

GENDER: M: _____ F: _____ HEIGHT: _____ Weight: _____

Your Contact NUMBER(S): _____

SPECIAL DIETARY NEEDS _____

COUNSELOR EXPECTATIONS

I understand that I will be expected to: be a companion to my camper at all times; meet the needs of any camper to whom I am assigned; work hard for the benefit and enjoyment of my camper; be a responsible person; refrain from smoking and using alcohol and drugs; be on time to all activities (including early morning flag raising); remain on the campgrounds until the close of camp; help clean up at the end of camp; refrain from complaining in front of any camper; have very little free time; set a good example; help my camper experience independence and success; and be unselfish to my camper's needs. I also understand that if at any time I break these expectations and rules, the director(s) have the authority to send me home. Counselor's parents will be contacted if this occurs.

Counselor's Signature _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, being the parent/guardian/next of kin of _____ hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.). My son/daughter may attend Camp COOL and participate in the camp activities.

Signature of Parent/Guardian

Date

Signature of Adult Witness

Date

MEDICAL FORM

In case of emergency during camp notify the following:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

List any health conditions we need to know about including asthma, diabetes, heart conditions, recent surgery or procedures, and any medications: _____

List any Allergies: _____

List anything else the nurse at camp should know: _____

Background Related Questions and REFERENCES: (May NOT be a relative!)

1. NAME _____ Phone(s): _____

How Acquainted: _____

2. NAME _____ Phone(s): _____

How Acquainted: _____

3. NAME _____ Phone(s): _____

How Acquainted: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please indicate the date and nature of the offense: _____

Have you ever been, or are you currently, under investigation by the Department of Social Services (or any equivalent department/agency) for child abuse and/or neglect or any criminal activity involving a minor?
Yes No

If yes, please indicate the date and nature of the record: _____

List your previous experience working with young people: _____

List any gifts, training, education, or other factors that have prepared you for working with young or

disabled children: _____

Why do you want to volunteer at Camp COOL? _____

Applicant's Statement

I authorize any references or organizations listed in this application to give you any information they may have regarding my character and fitness for children and youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the rules, regulations, and policies of Camp McDowell and to act in accordance with those in the performance of my services on behalf of Camp COOL and the camp grounds. I hereby attest and certify that I have never been convicted of nor pleaded guilty to child abuse, endangering children, gross sexual imposition, sexual imposition, voyeurism, public indecency, any offense of violence, or any existing or former offense of any municipal corporation, any state, United States, or any other nation that is substantially equivalent to any of the above offenses. *(If you have been convicted of or pled guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet.)* I further certify I have never been discharged from employment or a volunteer position because of any activity covered by the foregoing. I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information that is within their knowledge and records. I further authorize Camp COOL to conduct a check of my police criminal records and agree that I will cooperate fully in providing all information and signing all documents necessary to conduct such a check. I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature* _____ Date: _____
 (*Required if Applicant is under 18 years of age.)

Video/ Picture Consent

I give my consent that any and all photographs or videos taken of me may be freely used by the staff of Camp COOL for fundraising, donations, and/or awareness of camp purposes.

Signature: _____ Date: _____
 Counselor if \geq 18 or Parent/Guardian if under age 18.

Coronavirus Liability Waiver: Please read this carefully!

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Camp COOL, Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Camp COOL, Inc. cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, counselors, and their families.

I voluntarily seek services provided by Camp COOL, Inc. and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending Camp COOL.

I attest that:

>>I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

>> I have not traveled internationally nor to a highly impacted area within the USA within the last 14 days.

>> I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19, nor have I been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

>> I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Camp COOL, Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services received from Camp COOL, Inc. I understand that this release discharges Camp COOL, Inc. from any liability or claim that I, my heirs, or any personal representatives may have against the Camp with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Camp COOL, Inc. This liability waiver and release extends to Camp COOL, Inc., and Camp Dotson together with all owners, partners, volunteers, and employees.

Signature: _____ Date _____
Counselor if ≥ 18 or Parent/Guardian if under age 18.

This application will be kept confidential. The only persons with access will be those involved in the process of accepting/denying staff / counselors.

Please return this form to:

Or E-mail it to:

Camp COOL
P.O. Box 2304
Jasper, AL 35502-2304

Brittney2786@msn.com