

# Camp COOL, Inc.

## STAFF APPLICATION (Please PRINT.)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

E-MAIL ADDRESS: \_\_\_\_\_

GENDER: M: \_\_\_\_\_ F: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ Weight: \_\_\_\_\_

Your Contact NUMBER(S): \_\_\_\_\_

SPECIAL DIETARY NEEDS \_\_\_\_\_

### REFERENCES/SCREENING

**Because of the Jessica Lunsford Act we screen all staff and counselors. We need two *personal references* who know you well. It cannot be a former employer or a relative. Return these immediately so we have time to verify references and screen promptly.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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? \_\_\_\_\_

**MEDICAL:** In case of an 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 or anything else the nurse at camp should know: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

I, being the applicant, \_\_\_\_\_ hereby authorize any necessary medical treatment for myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.). I verify by my signature that I am able to attend Camp COOL and participate in the camp activities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 campgrounds. I hereby attest and certify that I never have 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 if I am already serving in a child- and youth-related position.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This application will be kept confidential. It will only be accessed by those involved in accepting/denying volunteers***

Please return this form to:

Camp COOL

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

Or E-mail it to:

Brittney2786@msn.com