

Hello, Camp Fire USA Volunteers: It's that time again!

Please complete this packet promptly and return it. If you have any questions, please contact Johna by e-mail at johnanoble@yahoo.com or phone at (253) 219-8721. *Mail to: Camp Fire USA, Attn: Johna Noble, 8312 185th St Ct E, Puyallup, WA 98375.*

***Please note:** all youth and full time adult staff volunteers must be registered members for 2009-2010. If you are not currently a registered member of Camp Fire USA Orca Council please also complete a **registration form** and return with payment of \$20 to cover registration fee with insurance.

- Survey (ant form) Staff Application Medical Form
 Staff Behavior Agreement/Behavior Management Procedures
 *Membership Registration \$20 cash or check for membership registration
 2 References (1st time applications) from a non-related adult *included* or if *mailed check here*



Please circle which position(s) you would like to apply for. *Staff hours: 8:30-3:30*

Group Counselor, Program Specialist, Head Specialist, CAT Trainer, Overnight Chaperone, Trailer Equipment Manager, Food Specialist, Parking Director, Registrar.

NOTE: All staff must attend training on Saturday, July 10 8:30-5:00 at Wildwood Park.



Skill Survey

Please rate the following activities with your skill level using the guide below:

- 0- You do not know what this activity is.
1- You know what this activity is, but do not have any training in this skill.
2- You have had training in this activity.
3- You are able to assist in leading or teaching this activity.
4- You are able to lead or teach this activity.

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> loading/unloading equipment | <input type="checkbox"/> stick cooking | <input type="checkbox"/> knife skills | <input type="checkbox"/> skits |
| <input type="checkbox"/> menu/meal planning | <input type="checkbox"/> foil cooking | <input type="checkbox"/> axe skills | <input type="checkbox"/> nature ID |
| <input type="checkbox"/> traffic control | <input type="checkbox"/> pie iron cooking | <input type="checkbox"/> knots | <input type="checkbox"/> flag |
| <input type="checkbox"/> campsite set-up | <input type="checkbox"/> buddy burner cooking | <input type="checkbox"/> survival shelters | <input type="checkbox"/> archery |
| <input type="checkbox"/> group motivation | <input type="checkbox"/> box oven cooking | <input type="checkbox"/> map/compass | <input type="checkbox"/> games |
| <input type="checkbox"/> group singing | <input type="checkbox"/> Dutch oven cooking | <input type="checkbox"/> hikes | <input type="checkbox"/> crafts |
| <input type="checkbox"/> motion songs | <input type="checkbox"/> plank or spit cooking | <input type="checkbox"/> tinikling | <input type="checkbox"/> dancing |
| <input type="checkbox"/> proper sanitation | <input type="checkbox"/> fire building | <input type="checkbox"/> lummi sticks | <input type="checkbox"/> fire safety |

Your Name: _____ Phone: _____

E-mail (preferred): _____

I can recommend a new counselor or volunteer. (Please write their contact info on the back)



Camp Fire USA™

Today's kids. Tomorrow's leaders.

Camp Staff Personal Reference Form

To be completed by an adult not related to the applicant.

Applicant's Name: _____

Position applying for: _____

The person sending you this form is applying for a camp staff position with Camp Fire USA Orca Council. When answering these questions, please remember that Camp Fire offers safe, wholesome, and age appropriate programs in an outdoor camp setting. The behavior, personality and maturity of camp staff can often influence campers more than the program.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Have you observed the applicant around children? Yes No

Do you have any concerns about the applicant's ability to work with children?

Yes No If yes, please describe:

Have you observed this applicant in a stressful situation? Yes No

If yes, please describe the situation and how the applicant handled it.

Camp staff members work with other youth and adult staff. With this in mind, please rate the applicants on the following traits:

Patience	<input type="checkbox"/> High	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Low
Maturity	<input type="checkbox"/> High	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Low
Reliability	<input type="checkbox"/> High	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Low
Initiative	<input type="checkbox"/> High	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Low
Attitude	<input type="checkbox"/> High	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Low
Relationships with peers:		<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Relationships with adults:		<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Additional Comments:			

Additional comments regarding this applicant:

Can we share this reference with the applicant? Yes No
Can we contact you for additional information? Yes No

Name: _____ Best time to call: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-mail: _____

Thank you for your time.

Johna Noble
Camp Fire USA
253-597-6234 or 253-219-8721

**CAMP FIRE USA ORCA COUNCIL
STAFF BEHAVIOR AGREEMENT**

Staff must conduct themselves in a responsible, professional, and lawful manner at all times. Staff must adhere to all camp policies. Staff must recognize that safety is the primary concern of everyone on site.

Policies relating to staff behavior

1. Never place yourself in a position of being alone with a camper especially in a secluded area.
2. Welcome visitors, but restrict the site to people who have a relationship with the group. A one on one relationship between campers and other adults is not permitted.
3. Water fights, pillow fights, wrestling, jokes, and pranks must be limited. They must be pre-approved by the Camp Director.
4. No inappropriate touching of campers or staff.
5. No hazing.
6. Do not use inappropriate or sexually suggestive/sensitive language.
7. If younger campers need help changing clothes, two staff will be present.
8. Romantic involvement of counselors is not to be shared or displayed at training sessions, any camp location, or at other related activities; whether or not campers are present.
9. Staff is to stay out of group homes unless invited.
10. Whatever is done with campers would be done in the light of day in company unless otherwise directed by the Camp Director.
11. Staff is not allowed to take a camper to their home during the camp session unless arrangements have been made with those campers' parents in advance.
12. Sexual harassment of campers or staff will not be tolerated.
13. Respect the property and privacy of other staff and campers at all times.
14. Staff is to treat other staff with courtesy, respect, and kindness. Opinion differences are to be kept to yourself during camp session.
15. Camp session is a team effort; we expect your full compliance and teamwork.
16. At anytime these policies may be amended by the Camp Director and/or Camp Fire USA staff.

I have read had the opportunity to ask questions and understand the Staff Behavior rules as listed above. I understand that I will be dismissed for inappropriate behavior even on the first offense, and no reminder of these rules shall be necessary.

Name

Date

CAMP FIRE USA ORCA COUNCIL

BEHAVIOR MANAGEMENT PROCEDURES

The Camp Fire philosophy of behavior management builds on a child's need to develop a sense of self-worth. To promote this, the program has been carefully planned according to national standards to foster positive behavior in Camp Fire programs. To accomplish this:

- **Children are involved in setting rules and helping to determine consequences for misbehavior.**
- **The site and activities are set up to promote positive interaction among children.**
- **Program staff encourages children to learn how to solve problems and settle differences among themselves.**
- **Program staff tries to understand the underlying causes of the behavior.**
- **All disciplinary efforts are based in these practices.**

When a child's behavior creates a risk to the physical health and safety of themselves, another child or a staff member, the following procedures shall be followed:

1. **The child is separated from the problem activity or situation**
2. **The program staff member listens to the child and discusses the consequences of further misbehavior. Program staff help the child rejoin the group when he/she is ready.**
3. **Repeated misbehavior will be handled by the camp director and will include a conference with the parent or guardian if necessary.**
4. **The parent, child, and camp director agree to a plan that will improve behavior.**
5. **The camp director reserves the right to remove a child from the program if all attempts to correct misbehavior fail.**

I have read, had the opportunity to ask questions about, and understand the Behavior Management Procedures.

Sign _____

Date _____

Name: _____ Age: _____ Home Phone: (____) _____
Address: _____ City _____ State _____ Zip _____
 Female Male Date of Birth _____ Physician: _____ Phone: (____) _____

Parent 1 Name: _____
Home: (____) _____ Work: (____) _____ Cell: (____) _____
Parent 2 Name: _____
Home: (____) _____ Work: (____) _____ Cell: (____) _____

In case we cannot reach you, list several relatives or friends whom you authorize to act on your behalf, including health care decisions, **and** to whom child can be released at the end of camp or during the session for whatever reason:

Name _____ Relationship to Child _____ Phone (____) _____
Name _____ Relationship to Child _____ Phone (____) _____

Any activity restrictions? _____

1. Known Allergies & Intolerances Reaction Medication and/or Care/Treatment

Foods: _____
Reactions: _____ Treatment _____
Medications: _____
Reactions: _____ Treatment _____
Plants: _____
Reactions: _____ Treatment _____
Insects: _____
Reactions: _____ Treatment _____
Other (chemicals, latex, etc.): _____
Reactions: _____ Treatment _____

2. Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record:

Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps _____ Flu _____ Diphtheria/Pertussis (DTaP/DT) _____
Hepatitis A _____ Hepatitis B Has your child had chicken pox? Yes No

3. Emotional and Social Health - Check all that apply: (ADD) _____ ADHD _____ Hyperactivity _____ Learning disability _____ Emotional health concern _____

Describe severity and management plan (attach separate sheet to give details): _____

4. List ALL medications child is bringing to camp (include prescription & over-counter meds, vitamins, and ANYTHING else used to change or improve child's health status) * All medications must have: 1. Original pharmacy or manufacturer bottle 2. child's name 3. current date 4. directions from pharmacy or physician in English on official forms (parent instructions for prescription medications are NOT accepted) * Over-the-counter meds and vitamins must all be in their ORIGINAL containers, NOT "pill organizers" nor travel jars. * Unacceptable: expired meds; meds prescribed for sibling or anyone else (even if the medication is identical to what child takes); dosages changed by parent without doctor's approval in writing. * If child is not using a medication this summer that she/he normally uses during school year, send some to camp just in case it becomes necessary.

Name of medication	Dosage	Purpose	Effects

5. Following are the over-the-counter medications we use for common ailments that arise at camp. We are limited to dispensing only these medications without further permission from a physician or parent/guardian. Check here to give permission for the camp to administer the following if deemed necessary. Feel free to cross out any products that you do NOT want your child to have.

<input type="checkbox"/> Tylenol, <input type="checkbox"/> Ibuprofen, <input type="checkbox"/> Tums, <input type="checkbox"/> Pepto Bismo, <input type="checkbox"/> Kaopectate, <input type="checkbox"/> Insect repellent (with DEET), <input type="checkbox"/> Benadryl, <input type="checkbox"/> Chlor-Trimeton, <input type="checkbox"/> Calamine or Caladryl lotion, <input type="checkbox"/> Altoids or peppermint, <input type="checkbox"/> Aloe Vera gel, <input type="checkbox"/> Robitussin, <input type="checkbox"/> Chorseptic spray, <input type="checkbox"/> throat lozenges, <input type="checkbox"/> Antibiotic ointment
<input type="checkbox"/> In life threatening emergency: Epinephrine 2%

Dear Parents: Camp Staff will make every effort to contact you by phone if your child becomes ill or injured. We prefer to involve you in decisions about every aspect of your child's health, and will attempt to reach you for all but minor injuries and illnesses. We may also call you to consult about behavioral and emotional problems, homesickness and other things your child might experience, particularly if we are having trouble with the situation. Thank you for telling us all you can on this form about your child ... it will greatly help our ability to work with him or her! ONLY camp staff and professional providers on a need-to-know basis will see this information. Attach extra sheets inside if you need more room to write.

Parent's Camping Authorization and Consent to Treatment

I attest that my child (child's name) _____ is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothes and equipment and being in good health. I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's physician for various problems except as I have noted above. I authorize the camp to share information in this Medical Information form with selected camp staff (counselor, health care and inclusion staff, etc.) and professional health care providers on a need-to-know basis. In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's Camp Registration Form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child named above. I authorize the camp to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Health Insurance Company _____ Name of primary insured person _____

Signature of Parent/Legal Guardian _____ Date _____

Print Name _____ Relationship to child _____