



2010 Youth Rally Counselor Application

Instructions: We appreciate your interest in volunteering for the Youth Rally.
 - - - - PLEASE BE SURE TO WRITE CLEARLY - - - -

Make certain the information provided in the application is correct and complete. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for rejection of your application or your immediate dismissal from the camp.

- **Applications are due April 1, 2010.** Mail to address on page 9.
- Notification of acceptance will be sent out on or before May 15, 2010.
- For counselors accepted, **\$425 registration fee due June 1, 2010.**

Section 1 • Staff/Volunteer Identification

NAME _____

EMAIL: _____

ADDRESS _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE (Home) _____ (Cell) _____

SHIRT SIZE: (*circle one size*) **Adult:** Sm Med Lg XL ____ -- **Youth:** Sm Med Lg XL ____

PREFERENCE: Polo T-shirt Tank No-sleeve

Preferred Roommate _____

Check YES if applying for the Counselor-In-Training program (ages 18-19)

Are you at least 20? Y / N

Every attempt will be made to assign rooms with requested roommates, but we cannot guarantee it.

Section 2 • Staff/Volunteer Profile

What contributions do you think you can make for the teens at this camp?

First time applicants, please write a brief biographical sketch including specialized training, interests, and experience, which might assist you in this position. Attach a separate sheet if necessary.

Certifications/Special Skills: In the following, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and **attach a copy** of your certification.

- | | | |
|-------------------------------------|--|---|
| First Aid: <input type="checkbox"/> | CPR: <input type="checkbox"/> | WSI: <input type="checkbox"/> |
| Lifeguard: <input type="checkbox"/> | Driver's License: <input type="checkbox"/> | Boater Safety: <input type="checkbox"/> |
| Other: <input type="checkbox"/> | | |

Section 2 • Staff/Volunteer Profile (Cont.)

References: All applicants are required to provide two character references from non-family members who have knowledge of your character, skills and abilities. YRC will contact references by letter or phone. Please be sure that the persons you name have agreed to serve as references. If you are a student, include a teacher and (if possible) a former employer. If you are a new applicant, please provide two written references (in addition to information below.)

Name	Title/relationship	Address (include city, state)	Phone/Email

Past Work History: Provide a full record of all employment – paid or volunteer- and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer/supervisor you do not wish us to contact, and the reason _____

Rally Experience: Did you attend Youth Rally as a teen? If so, what year/s: _____

Camp Experience: Have you volunteered/worked in Camp Counseling before? Yes / No

Dates	Camp & Director	Location	Camper or Staff

Education: Beginning with High School - If you completed a previous Rally application, check and skip this item.

Years	School	Area(s) of Study	Degree Granted

Section 2 • Staff/Volunteer Profile (Cont.)

Areas or Training and Special Skills: (Please Check All That Apply)

ARTS/CRAFTS

- Painting
- Sculpture
- Sketching
- Computers
- Photography

ATHLETICS:

- Baseball
- Basketball
- Bowling
- Football
- Volleyball

FINE ARTS

- Dancing
- Drama
- Musical Instrument
- Singing
- Writing

Section 3 • Youth Rally Practices and Policies Agreement

Harassment: The camp’s policy is to prohibit all forms of harassment by our staff/volunteers. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to participation. The camp administrators will investigate/evaluate the type of accusation and when it occurred before any decision is made.) Yes / No

Explain _____

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to participation; the camp administrators will investigate/evaluate the type of conviction and when it occurred before any decision is made. Convictions involving minors will result in an automatic denial of the application. Yes / No

Explain _____

Please read the following CAREFULLY AND THOUGHTFULLY, then sign the statements of compliance on page 4 and on the last page.

CURFEW: All volunteers are expected on campus while campers are on site. Counselors are expected to observe the curfew so they will be able to meet their responsibilities the next day.

PROFESSIONALISM: Personal information about campers given and received during orientations or throughout camp must be held in confidence. Volunteers must act professionally toward all campers, volunteers and staff. Volunteers are required to attend all training sessions, meals, programs and counselor meetings, unless specific arrangements are made with the appropriate Chair or Co-Chair.

DRUGS AND ALCOHOL: The possession or use of alcoholic beverages and the illegal possession or use of illegal drugs are strictly forbidden and will be grounds for sending a volunteer home. To have alcohol or

illegal drugs in your system or be under their influence at Youth Rally is not consistent with a volunteer's responsibility to the campers.

Section 3 • Youth Rally Practices and Policies Agreement (Cont.)

SMOKING: Do not smoke while working with campers. If smoking is permitted at the camp location, there will be a designated area to be used during your scheduled breaks.

LIMITS: Setting limits is an important part of a volunteer's responsibility. No camper or volunteer can be allowed to intimidate or frighten other campers or volunteers, or to disrupt activities. A tone of respect for the rights and feelings of others is expected.

MORAL BEHAVIOR: Everyone is expected to behave in a morally upstanding way. Immodest clothing or excessive displays of affection are not allowed. Any sexual activity at camp is strictly forbidden. Be respectful of campers when assisting with personal hygiene. Notify the appropriate Chair or Co-Chair immediately if there are any concerns regarding personal contact with or among camp participants.

EVALUATION: Each person may request an evaluation, written or verbal, of his or her work performances.

VALUABLES AND CASH: Everyone is urged not to bring highly-valued clothing or accessories. Under special circumstances, cash and small valuables may be turned into the Administrative Chair for safekeeping. Neither the YRC nor the camp can be responsible for loss or damage to personal property.

I have read the above Practices and Policies and agree to abide by the policies established for the Youth Rally. Deviation from these policies and rules will be cause for immediate dismissal from the camp and I will have to make arrangements for transportation at my expense.

Signature of applicant

Date

I authorize investigation of all statements herein, including any checks of criminal records and release the camp and all others from liability in connection with same. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp/YRC, Inc.

Signature of applicant _____ Date _____

Section 4 • Roster Release

I hereby give my consent for my name, address, email and phone to be included in the Youth Rally roster given to other counselors.

Signature of applicant

Date

Section 5 • Resource List Permission

Dear Youth Rally counselor and WOC (ET) Nurse Applicant,
Every year we include in the counselor manual a list of counselors and the WOC nurses who have an ostomy or alteration in bowel or bladder function as well as the type of condition that they have. The purpose of this list is so that the counselors can refer campers to other counselors with similar medical issues, if the camper desires to talk with a counselor that has a health issue that is very similar to their own. This list is also useful for other counselors to find fellow counselors that have a similar condition. Your name will appear on the list only if you give your permission.

I, _____ give permission for MY name to be listed in the resource manual.

My health condition is:

Diagnosis: _____

Type of Diversion and/or Management: _____
(Examples: Ulcerative Colitis — ileostomy —or- Exstrophy --- ileostomy and continent urinary diversion)

Signature of applicant

Date

Section 6 • Requirements for Nurses

- Please send a copy of current RN license from your state and for Ohio.
- To acquire a temporary Ohio nursing license, go to the web site of the Ohio Board of Nursing at <http://www.nursing.ohio.gov/forms.htm#ExamEndorseForms> for details, then click on the first blue item under the text, for the Endorsement Application for Out of State Applicants. The YRC will reimburse the \$75 fee to obtain a temporary Ohio Nurses License.
- Do you have current independent malpractice insurance? Yes / No
If no, you will need to acquire it. YRC will reimburse expenses only if you have acquired a RN license in the state of Ohio. We suggest you contact Seabury & Smith (was Maginnis and Associates Insurance Providers) at 800-345-6917 and send us a copy of the insurance card.
- Do you have current CPR certification? Please attach a copy of your current CPR card.
- Contact Youth Rally Medical Chair with any questions (ehiltabidel@charter.net)

Section 7 • Volunteer Health Profile
PLEASE COMPLETE ALL PARTS OF THIS SECTION

The camp medical staff supervises the health and well being of camp volunteers. The medical staff takes this responsibility seriously. Please complete all requested information in the sections below. Please include any additional health information that is not specifically requested in the space at the end of the section. This information will remain confidential and will be used only by the Youth Rally Medical Chair.

Please list any medication you are currently taking. (Please store them securely during your time at camp.)	Please list any allergies, including food and medication allergies you have experienced.

Have you seen a physician in the last three years? Yes / No

If so, why? _____

Is a physician currently treating you for any acute or chronic conditions? Yes / No

If yes, please explain: _____

Do you have any medical, mental or emotional conditions that may affect your functioning at Youth Rally?

Yes / No If yes, please explain _____

Do you use a wheelchair? Yes / No If yes, can you transfer, as into a car/seat? Yes / No

Do you have any limited mobility issues? Yes / No If yes, please explain _____

Other medical, mental, or emotional information the medical staff should be aware of (i.e. special diet, pregnancy, motion sickness, depression, conditions or details of above).

When was your last tetanus shot? _____

Section 8 • Medical Consent, Emergency Contact and Release

PLEASE COMPLETE AND SIGN THIS SECTION

MEDICAL CONSENT

The health history contained in this application is correct to the best of my knowledge and I am physically able and competent to engage in all prescribed camp activities, except as noted by me and/or an examining physician. I certify to the best of my knowledge, I do not have any contagious disease or condition. I also understand that YRC, Inc. or the Youth Rally is not responsible for illness due to previous poor health conditions.

If there should be an illness or injury emergency while I am at the camp or going to and from camp, I authorize YRC Youth Rally Medical Chair or designee to seek medical attention, and to contact my personal physician if needed. I further absolve YRC from any and all liability for their reasonable acts done in good faith. In the event of a serious medical problem, the Rally Medical Chair will contact the emergency person(s) listed below to advise them of my condition, treatment or need for continued medical attention.

In case of emergency, contact:

Alternate emergency contact:

Name

Name

Relationship to Volunteer

Relationship to Volunteer

Phone (home) (evening)

Phone (home) (evening)

Other phone numbers

Other phone numbers

Email Address

Email Address

Signature

Date

Section 9 • Photo Agreement

The YRC, Inc. regularly uses photographs and films of the Youth Rally for fundraising and publicity purposes. The following consent form allows the YRC to use photographs or recorded images for these purposes. In consideration of the YRC permitting me to attend Youth Rally, I hereby give my consent to YRC, its directors, employees, agents, chapters, assignees, licenses, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of the YRC.

This consent shall be binding upon my heirs, executors, administrators, assigns, all legal guardians, and me.

Signature of applicant

Date

SECTION 10. 2010 YRC STAFF AGREEMENT & RELEASE

PLEASE READ CAREFULLY AND SIGN ON THE LAST PAGE

I recognize that by agreeing to volunteer at YRC Youth Rally, I am willingly joining a community of caregivers entrusted with the care and well-being of campers.

Staff Rules & Policies

Given the privilege and responsibility related to working as an YRC Youth Rally staff member, I agree to adhere to and uphold the following rules and policies of the camp community:

1. I will never bring into camp any forbidden materials or substances such as alcohol, drugs, fireworks, etc. Pets will also stay home unless otherwise approved by the Director* beforehand.
2. I will use my cell phone and other electronic equipment only in areas and times designated by the Director.
3. I will take responsibility for my own well-being during camp week, making sure to get enough rest and nutrition; and if I have a wellness issue of my own, I will discuss it with the Medical Chair.
4. I will keep all of my personal medications (prescription and non-prescription) securely stored in my dorm room.
5. I will observe the hours of curfew and attend the entire session of camp, unless I make other specific arrangements with the Director beforehand.
6. I will attend all training sessions prior to and during camp, unless I make other specific arrangements with the Director beforehand.
7. I will attend all meals, program sessions, and group meetings during camp week, unless I make other specific arrangements with the Director.
8. I will stay on campus at all times, unless I make other specific arrangements with the Director.
9. I will treat all campers and fellow staff members with respect; and if I have a conflict or concern, I will discuss it in a timely manner with the Director.
10. I will dress appropriately, in accordance with the guidelines shared by the Rally Management.
11. I will observe the general rules of conduct when dealing with children, as follows:
 - Avoid shaming and deal with them in a respectful manner;
 - Refrain from using profane language with them;
 - Refrain from hitting them or using corporal punishment;
 - Not allow them to participate in any activity that is potentially physically or emotionally harmful, including pranks and horseplay;
 - Not share inappropriate details of my personal life with them;
 - Not contact them outside of the camp setting (via phone, email, IM, in person, etc.), unless in accordance with the guidelines shared by the Rally Management.
12. I will observe the general guidelines for the supervision of children, as follows:
 - Make sure that at least one other counselor is with me in the presence of campers.
 - Keep them in my line of sight at all times (unless their privacy otherwise mitigates against this practice);
 - When out of my line of sight, keep them within earshot;
 - Halt behavior that is over-stimulating and potentially dangerous;
 - Report concerns about campers (i.e. bedwetters, ongoing homesickness, overtly sexual language or conduct, especially challenging behavior, medical concerns) to my group leader.

13. I will follow the approved guidelines for camper-staff contact, as follows:
- Only touch children in "safe" places (i.e. shoulder, upper arm or upper back);
 - Never touch a child against their will;
 - Never touch a child in a place on their body normally covered by a bathing suit, unless for a medical necessity, and then only in the company of another adult;
 - When supervising showers, changing clothes, helping out with ostomy or other appliance-related needs, be in the company of at least one other adult.
14. I will report concerns I have about the conduct of other staff members to the Director or other senior camp personnel, including the following:
- Being threatening or punitive with campers;
 - Using inappropriate language or gestures with other campers;
 - Touching campers in a way that doesn't seem right;
 - Behaving or saying something inappropriate in front of campers;
 - Threatening or harassing another staff member, including in a sexual way;
 - Using inappropriate language or gestures with other staff members;
 - Touching (physical or otherwise) another staff person in a way that is threatening or inappropriate.

General Agreement

I understand that I will be participating in many physical activities at camp, and that my participation in camp activities can expose me to dangers both from known and unanticipated risks. I agree to participate in these activities at my own risk. I hereby release YRC, Inc., from all claims, damages and liabilities that may result, directly or indirectly, from any physical or emotional injury that I may suffer while at YRC Youth Rally or during transportation to and from.

- ✓ I have read and understand each of the above listed items.
- ✓ I promise to abide by all of the above-listed rules and policies, throughout the application.
- ✓ I understand that failure to uphold these rules and policies may be cause for YRC Youth Rally to terminate my involvement. Deviation from these policies and rules will be cause for immediate dismissal from the Rally and I will have to make arrangements for transportation at my expense.

Name: _____ **Signature:** _____ **Date:** _____

*** Throughout this agreement the word "Director" may be construed as the Medical Chair or the Program Chair and Co-Chair, as appropriate to the situation.**

MAIL ALL 9 PAGES AND ATTACHMENTS TO:
 Elizabeth Hiltabidel, MSN, RN, CWOCN – YR Medical Chair
 PO Box 2908 – Lake Arrowhead, CA 92352

FOR ADMINISTRATIVE USE ONLY: Date application received: _____

New counselor; references received: #1 _____ #2 _____

Application complete Application accepted Notified date: _____