



Adult Staff Application Cont.

Please print in Black ink Only

Camp Dates: June 16 - 23rd, 2012

In an effort to facilitate our staffing needs, and try to accommodate your desired areas of interest, we ask you please identify three separate choices for jobs you would like to work during Opportunity Camp

1st Choice:

2nd Choice:

3rd Choice:

Have you ever worked with children before? Yes _____ No _____ If yes, please explain _____

Are you a certified Lifeguard? Yes _____ No _____ Certification Current? Yes _____ No _____

If certification is not current, can you update your status before camp? Yes _____ No _____

Are you a Special Ed. Teacher? Yes _____ No _____

Are you a Mental Health or Social Services Worker? Yes _____ No _____

If yes, please describe your experience:

AGREEMENT WITH PARENT or GUARDIAN

Disclosure: Camp and the rope challenge course involves a variety of activities including warm-ups, games, group initiative problems, low high challenge course elements, and other rigorous physical adventure activities. The level of participation in the ropes course is entirely voluntary at all times. Safety measures have been designed into the program (highly trained staff, state of the art equipment, and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant. Your signature also allows you to sleep on any upper bunk.

In consideration of the acceptance of this applicant, I, the undersigned, consent to the applicant's participation in camp. I affirm my health is good, and that I'm not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result from any camp or rope activity. Further, authorization is given in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary for the duration of camp. I also agree to be financially responsible for all said treatment.

I request, authorize, and consent to the release of information to Opportunity Camp regarding my experience, education, or medical history and other related matters, including personal references as may be necessary for a staff position I am volunteering for.

I hereby release the camp staff, and WCCC - Opportunity Camp from liability with my participation at camp.

I have provided complete and truthful information to Opportunity Camp regarding all sources of information about my past employment, education, beliefs, criminal conviction record, as well as any other information requested in this camp staff application. I am aware that any misrepresentations or omissions concerning such information will be grounds for denying my application.

I request, authorize, and consent to the release of information to Opportunity Camp regarding my previous experience, education, or medical history and other related matters, including personal references as may be necessary for a staff position I understand and agree with this appl. Should my application be accepted, I agree to comply with the policies and practices of Opportunity Camp. I further agree to work in whichever am assigned. I will commit to serving the children through this ministry, do whatever is needed to fulfill my role at camp, meet all staff requiren prepare myself physically, mentally, and spiritually, to meet all challenges before me and participate in all activities

Staff's Signature _____ Date _____

Mail forms and a copy of the front and back of your insurance card to: Opportunity Camp ~ 500 Minert Rd. Walnut Cree

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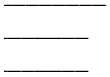
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