

Dear Counselor Training Applicant,

Thank you for registering for Counselor Training, June 18-27, 2017. Included in this document is general info, a Camp Stevens Counselor Application Form, a Medical Form and Release/Indemnification Forms.

In order to be accepted into our Counselor Training program there is a **three-step process**:

STEP 1 – Application and Medical Form: Complete and return the Camp Stevens Counselor Training Application and Medical Form and Release/Indemnification Forms. (All of this is included in this document). You should complete STEP 1 *as soon as possible*. You can mail to the address below or fax (760.765.0153), or email to Trevor@campstevens.org

CAMP STEVENS
COUNSELOR TRAINING APPLICATION
P.O. Box 2320
Julian, CA 92036

STEP 2 – Reference Forms: Have your **three** references complete the digital reference form. The link to this reference form will be emailed to you after the completion of STEP 1. Each of your references must fill out this form and submit it to Camp Stevens. It is a confidential reference evaluation and is not to be shown to you at any time. References can be teachers, employers, clergy members or someone else in a position of responsibility that has had worked with you in some regard. A friend or relative cannot be a reference. One or more of these references may be contacted by Camp Stevens in addition to the reference form.

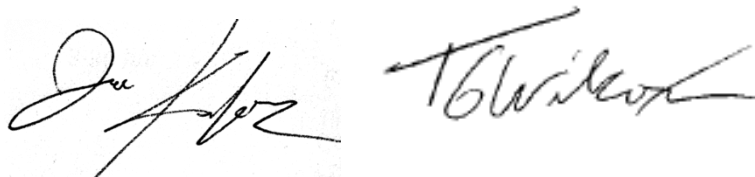
STEP 3 – Interview: After your completion of STEPS 1 & 2 you will be contacted by a Camp Stevens director to schedule a brief phone interview. The interview is the final step of the process to being accepted into Counselor Training.

We cannot formally accept you into the Counselor Training program until the above three steps have been completed.

After acceptance into Counselor Training, the applicant will receive a registration confirmation and additional information specific to Counselor Training. This will include links to mandatory video trainings on Safeguarding Children (Please note that these videos will include information about sensitive subjects, including signs of child abuse.).

If you have any questions, please feel free to contact us at 760.765.0028 or Trevor@campstevens.org

Sincerely,



Joe Kiefer, Summer Camp Director
Trevor Graham-Wilcox, Associate Director

Counselor Training Information

What is Counselor Training and what does being a counselor at Camp Stevens involve?

Camp Stevens Counselor Training Program is an intensive 10-day, small group experience where participants will learn to unlock their creativity, communicate more effectively, plan and lead group activities, help children to enjoy more of life, resolve conflicts in a loving way and care for the earth.

As a counselor, the applicant would be the sole provider of care and nurture for a group of 5-8 boys or girls 22 hours a day for a week at a time, and would be responsible to help plan and lead a group of 12-15 boys and girls in an adventure group.

Activities are designed to build group trust and cooperation and to stimulate the group's creative expression. These activities can include games, hikes, overnight campouts, swimming, sports, teambuilding, ropes courses, music, arts and crafts, and dramatic productions.

What are the requirements for Counselor Training?

The applicant must:

- Be at least 16 years of age;
- Have completed tenth grade by June;
- Have a genuine enjoyment of being with children;
- Be able to work well with others;
- Be comfortable exploring nature.

During Counselor Training the applicants must demonstrate the ability to take responsibility for him/herself, including getting adequate sleep, being attentive during training sessions, not becoming a distraction to others, refraining from inappropriate behavior and language, and demonstrating the qualities of an effective counselor. Candidates who are unable to demonstrate these qualities will be asked to leave early. On the final day of Counselor Training, candidates that demonstrate the necessary qualities of an effective counselor will be assigned sessions to work, depending on personal availability and program needs of the camp.

What is An Effective Counselor?

By the end of Counselor Training, successful participants will be:

A responsible guardian of campers' physical, emotional and spiritual health and safety.

A responsible guide in helping campers discover greater personal potential and creativity.

A caring listener who provides opportunity for campers to express their concerns, thoughts and feelings.

A congenial co-worker, helping fellow staff members and campers to grow as a Christian community.

Camp Stevens Counselor Training Application Form

Return to:

CAMP STEVENS
COUNSELOR TRAINING APPLICATION
P.O. BOX 2320
JULIAN, CA 92036-2320
FAX: (760) 765-0153
EMAIL: trevor@campstevens.org

attach photo here

(optional)

Date _____

Name _____ Social Security # _____
 First Middle initial Last

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Birthdate _____ Grade Completed by June _____ Email _____

References (**Please list 3.** References should be teachers, employers, clergy, etc., not friends or family.)

Name

Contact info

Position

_____	Phone: (____) _____	_____
	Email: _____	
_____	Phone#: (____) _____	_____
	Email: _____	
_____	Phone#: (____) _____	_____
	Email _____	

What training or experience relevant to summer camp activities and/or group work have you had?

Why do you want to be a counselor at Camp Stevens?

What do you think you personally can contribute to the summer camp experience?

What do you hope to be able to learn from this experience?

SPECIFIC CRIMINAL CONVICTION DISCLAIMER:

Have you ever been convicted of a crime involving drugs, sex or violence?*

Yes___ No___ If yes, please explain.

*California Assembly Bill 2914 provides for the furnishing of conviction records relative to crimes involving drugs or violence in addition to sex offences. Fingerprints and summary criminal history information may be required prior to assignment.

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Counselor-in-Training Contract: I, by my signature, agree that I shall neither bring to camp nor while there use or have in my possession alcoholic beverages, non-prescription drugs, narcotics or marijuana. I understand that the breaking of this contract will result in my immediate dismissal from camp.

Signature_____

(applicant)

PARENTAL CONSENT (omit if 18 or older): I, _____, by my signature, indicate that I have read the description of Counselor Training and that as the parent/guardian of _____ give my permission for him/her to participate in the program.

Signature_____

(parent/guardian)

**MEDICAL INFORMATION FORM
PARENT/GUARDIAN SECTION (Please print)**

CAMPER'S NAME _____ CAMP SESSION _____ DATES _____

Parent/Guardian _____
Last First I Address

City _____ State _____ Zip _____ Phone (____) _____ Emergency Phone (____) _____

M ___ F ___ Birth Date _____ Physician _____ Phone (____) _____

PARTICIPANT'S HEALTH HISTORY: Please check:

- | | | | | | |
|--------------------------------|--|---------------------------|--|-----------------------------|--|
| ASTHMA* | <input type="checkbox"/> Yes <input type="checkbox"/> No | ADD/ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HEART DEFECT/DISEASE* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Lice (recent) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fainting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SEIZURES* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bed wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DIABETES* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No | UNDER DR.'S CARE* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RECENT HOSPITALIZATION* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other(explain below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* Note: If "Yes" for any BOLD* items above, a Doctor's written authorization is required prior to attending camp. (Form on back of this page.)

Childhood Diseases: _____

Date of last Tetanus injection _____ Date of last Physical Exam _____

List all reactions to any medications . _____)

Food allergies or other allergies? _____

List any recent operations or injuries which would be helpful to camp Medical staff _____

Any recent illness (past two months)? _____

List any medications being sent to camp (all medications must be in original container.) _____

Is there any special medical or dietary care needed? _____

Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. _____

Insurance Information

Medical Insurance Carrier _____ Policy and/or Group # _____

Signature of Parent/Guardian completing form; _____ Date _____

THE FOLLOWING MUST BE COMPLETED

Unless this form is signed by a parent or guardian, the Camp cannot get emergency help for your child in case of injury. This technical wording is controlled by the dictates of State Law. Thank you for your cooperation.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parents of _____, a minor, having legal custody of said minor and having entrusted said minor into the care of the agent(s) hereinafter named, do hereby authorize the staff of Camp Stevens as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church in the Dioceses of Los Angeles and San Diego, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance or mis-performance of any examination, anesthetic, diagnosis, treatment or hospital care performed as a result of or following any consent or purported consent by said agent(s) hereunder.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such examination, diagnosis, treatment or hospital care which the aforementioned physician may advise.

This authorization shall remain effective through _____ unless sooner revoked in writing delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty, with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Dated: _____

Parent/Guardian

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Complete Both Sides of this Form**

PHYSICIAN'S SECTION

Required if a camper has a history of Asthma, Heart defect/disease, Seizures, Diabetes, has been recently hospitalized or is currently under a doctor's care.

Physician - please note: Because of the camper's medical history, we have asked for your written authorization prior to the campers attendance. The program consists of a variety of active life-style activities, including strenuous hiking, games and activities in the forest and grass meadows in and near the camp, at an elevation of 4,300 feet. Your careful consideration is appreciated.

MEDICATION ALLERGIES _____

FOOD ALLERGIES _____

DATE OF LAST TETANUS BOOSTER _____

REMARKS _____

CHECK:	Nose _____	Throat _____	Heart _____
	Skin _____	Hernia _____	Abdomen _____
	Ears _____		

Are there any restrictions in any of the physical programs (swimming, hiking, games etc.?) _____

I have examined the applicant for entrance to Camp Stevens and find the camper physically qualified to be accepted as a camper and to enter into all camp activities except as noted.

Signed _____ **Date** _____

Physician's name _____ Phone (____) _____

Please print

This applicant is approved for Back-packing at altitudes over 10,000 Feet.

Signed _____ **Date** _____

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Complete Both sides of this form**