

ADULT COUNSELOR REGISTRATION FORM browser print function. [Move your mouse to *file* in the upper left, then choose *print*]

*Last name: _____ *First name _____

*Day Phone _____ Evening phone _____

Other phones _____

*Address: _____

*City: _____ State & Zip: _____

*e-mail _____

*Medical & Dental Insurance Co. & Policy #: _____

*List 2 adult friends to contact in case of an emergency

1. _____ Phone: _____

2. _____ Phone: _____

*Applicant has or is subject to (if yes, please circle and explain): asthma, diabetes, fainting, heart trouble, convulsions, sleepwalking, etc.

Explain: _____

*Allergy or reaction to any medication, foods, etc. Please list and explain:

*Describe any condition now requiring regular medication or a restriction of activities for med.

reasons: _____

***PLEASE READ AND SIGN:** "In case of an emergency, this will authorize the camp staff, a physician, or hospital to provide medical treatment as deemed necessary. I will not hold the Director or any staff members liable in case of an emergency or accident. I promise to pay all medical expenses if I become sick or injured. I affirm that my tetanus inoculation is current"

Signed: _____ date _____

My fun camp name will be _____ (Subject to approval)

We expect that you will **help or be in charge of a cabin** of 5-10 children of your same gender. Your overnight accommodations will be with children in a room or cabin.

_____ If my children of my same gender are assigned to different cabins my preference is to room with (name) _____.

Also, during the day, we expect each adult will **chaperone** groups of children to keep them safe and in an attitude of learning? (learning and recreation groups will be co-ed)

_____ I would like to chaperone a morning teaching group that includes my child
(name) _____

_____ I would like to chaperone an afternoon recreation group that includes my child
(name) _____

An **additional** way you could help would be to ***teach a class.**

_____ I would like to teach or the subject of _____.

OR

Lead in a recreational activity:

_____ I would like to lead _____.

_____ I have my own equipment (or) _____ I will need equipment to lead the above activity.

*We hold to a young earth, 7 literal day creation model and all science subjects should be taught in this context. A few sources of information that we endorse to carry an orthodox biblical view of creation are www.answersingenesis.org, www.icr.org, and www.creation.com

Please copy this form, fill it out and mail it or **e-mail it directly to us, Darren or Brenda Nettrouer, 204 SW Daniels St. McMinnville, OR 971258** dbnett10@gmail.com. If you have further questions about volunteering please e-mail and I will contact you by e-mail or phone if you wish. 503-472-8352

Outdoor School Science Camp

Volunteer Service Application

Personal Information

Legal Name: _____
(Last) (First) (Middle)

Address: _____

City State Zip _____

Length of time at above address: _____ Birth date: _____

U.S. States or other countries lived in over the past 10 years: _____

Home Phone: _____ Work: _____ Cell _____

E-Mail: _____

Occupation: _____

Employer: _____

Education, Training, Experience

If a student, school attending: _____

Education and/or special training: _____

Languages spoken (other than English): _____

Special skills, interests and/or hobbies: _____

Have you had CPR training? (when): _____ Have you had First Aid training? (when): _____

Background in this and Other Youth Programs

Have you been a camp counselor before? Yes: _____ No: _____ If yes, where and how long?

Experience in other youth programs: _____

Memberships in other organizations _____

References (At least one should be your pastor or minister, etc. - **not family members/relatives**) - **Please include complete mailing address.**

1. Pastor: _____ Home Phone: _____ Work : _____

Address: _____

E-mail _____

2. Name: _____ Home Phone: _____ Work : _____

Address: _____

E-mail _____

3. Name: _____ Home Phone: _____ Work : _____

Address: _____

E-mail _____

Please note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position. A conviction includes a plea of no contest, plea of guilty or any court determination of guilt.

Have you ever been convicted of a crime involving offenses against children? Yes: _____ No: _____

Have you ever been convicted of a crime involving physical harm to another person? Yes: _____ No: _____

Have you ever been convicted of a crime involving a firearm? Yes: _____ No: _____

Within the past 10 years, have you been convicted of a crime involving theft or dishonesty? Yes: _____ No: _____

Within the past 10 years, have you been convicted of a crime involving possession of a

controlled substance? Yes: _____ No: _____

If yes, please explain: _____

Adult Volunteer Expectations

We strive to provide quality leadership for youth participating in this program. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the Outdoor School / Science Camp.

- Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
- Abide by policies and guidelines of this Outdoor School / Science Camp.
- Obey all laws of the locality, state, and nation, including those related to use of illegal substances, or use of firearms.

- Recognize that verbal, sexual, physical abuse, and/or neglect of youth is unacceptable either within or outside the Outdoor School program. Report suspected abuse.
- Treat animals humanely and teach youth to provide appropriate animal care.
- Operate vehicles, and other equipment in a safe and responsible manner, and only with a valid operator's license and the legally required insurance coverage.
- Do not consume alcohol, or use tobacco, or use vaping equipment, or any illegal substances at Outdoor School nor allow Outdoor School youth participants under your supervision to use the same.

Why are you interested in an Outdoor School counselor or teacher position?

Please read the following before signing:

- I am aware of, or willing to learn and accept the basic philosophy and objectives of the Outdoor School / Science Camp.
- I have read, understand and agree to the Outdoor School / Science Camp Adult Volunteer Expectations.
- I understand that the information I have provided may be verified by contacting persons or organizations identified in this application.
- I affirm that the information given in this application is true. If appointed as a volunteer, I agree to abide by the expectations of the Outdoor School / Science Camp and to fulfill the volunteer responsibilities to the best of my ability.

Signed _____ Date _____

Oregon Driver's License # _____

For office use only *****

Date Received: _____ Application Reviewed By: _____

Approved: _____

Status of References: _____

Comments: _____

Enclosed is \$75.00 deposit or \$185.00 full payment (Due April 30, 2023)