

STAFF APPLICATION

PLEASE PRINT

Name:			
Street Address:			
City:	State:	Zip:	
Parent/Guardian Name (if under 18):			
Birth Date:	Age:	Sex:	Grade in school this coming fall:
Home Phone:		Work Phone:	
Parent/Guardian Cell Phone:		Parent/Guardian E-Mail:	
Camper E-Mail:		Camper T-shirt Size:	

PARISH AFFILIATION AND INFORMATION

Name/city/state of home parish:			
Priest Name:			
Priest Phone Number:		Priest E-Mail:	
Parish priest signature:			Date:

Please check the area of interest or talents you feel may be best utilized by you as a counselor at the encampment. You will be notified prior to the encampment as to what is your final assignment.

General Interest

<input type="checkbox"/>	Direct/Teach Liturgical Music, Conduct Choir for services (Working with Spiritual Father)
<input type="checkbox"/>	Artistic ability for craft projects
<input type="checkbox"/>	Nature Hikes- lead group on nature trails
<input type="checkbox"/>	Encampment Photographer
<input type="checkbox"/>	Campfire - building, songs, etc
<input type="checkbox"/>	Sporting Event —organization, recording statistics

List additional special interests or talents (please circle):

Are you an Orthodox Christian?	Yes	No
Are you qualified to administer First Aid?	Yes	No
Are you a qualified and currently licensed pool lifeguard?	Yes	No
Are you a qualified and currently licensed riverfront lifeguard?	Yes	No
Are you able to become First Aid or CPR certified before camp begins?	Yes	No
Are you able to obtain a pool lifeguard license prior to the encampment?	Yes	No

Applicant signature:	Date:
Parent/Guardian Name signature (if under 18):	Date:

Note to Priest: By signing for the applicant you are confirming that he/she is a solid candidate for being a counselor for children and/or teenagers, they are Orthodox Christians that will conduct themselves in a manner honoring their beliefs and are good role models of their faith and that you know of no reason for him/her to not partake in these camping programs. You may be contacted for a verbal reference for the applicant.

Statement of Health - Staff

The completion of this form eliminates the necessity of a physician's examination. The physical conditions of all campers and staff will be screened by the Camp Physician/Nurse during registration upon arrival at the encampment. All information is confidential.

Name:		
Street Address:		
City:	State:	Zip:
Parent/Guardian Name (if under 18):		
Birth Date:	Social Security Number or Passport ID #:	
Home Phone:	Parent/Guardian Cell Phone:	

Health History (List approximate dates and current conditions & include separate sheet if necessary)

Diabetes: _____	Asthma: _____
Ear Infections: _____	Epilepsy: _____
Diseases or Chronic Illnesses: _____	
Physically Challenged (sever vision problems, hearing loss, etc.) _____	
Mental Health Status / Medication: _____	

Allergies

<u>Yes</u>	<u>No</u>	<u>Outdoor</u>	<u>Yes</u>	<u>No</u>	<u>Medications</u>	<u>Foods</u> (please list)
<input type="checkbox"/>	<input type="checkbox"/>	Poison Ivy	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin	
<input type="checkbox"/>	<input type="checkbox"/>	Insects	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen	
<input type="checkbox"/>	<input type="checkbox"/>	Bees	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Latex	
			Other _____			

Dietary Restrictions

Please list any dietary restriction in detail.
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Immunization Record (give most recent dates)

IPV or OPV: _____	DTP/DTaP series: _____
MMR: _____	Varicella: _____
H1B: _____	Hepatitis: _____
Other: _____	

Statement of Health - Part 2 of 2

Administration of Medicamentation

Camper Name: _____

For applicants under 18 years of age:

I give permission for the following medications to be administered by the camp physician or nurse, if needed:

(Please check desired medications.) Parent / Guardian Please Initial _____

_____ Pain Relief Medicine (Aspirin, Ibuprofen)

_____ Cold Medicine

_____ Cough Medicine

_____ Doctor Prescribed Medications

Medication needed while at camp:

Dosage: _____

Precautions: _____

1. _____

2. _____

Underage staff may not keep personal medications in the cabin area.

Additional Health Questions (Please add additional pages if you need more room for your answers.)

Are you currently infected with any known communicable diseases? Yes No

Please list current status of condition:

To help us take care of any special concerns you may also send an additional sealed letter for the medical staff only.

Insurance and Emergency information

Name of Insurance Company:	
Issued under the name:	Group Policy Number:
Policy Number/s:	Date of Policy:
Social Security Number or Passport ID # if not a US Resident:	
Name of person/s to be contacted in the event of an emergency:	
Relationship:	Phone:

Medical Release

This health record is correct to the best of my knowledge. Therefore, I am able to engage in all camp activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the camp administration to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for myself. I will assume all financial responsibilities if hospitalization and/or medical treatment is required during the encampment.

Applicant _____ Signature _____ Date _____

Parent Guardian (if under the age of 18) _____ Signature _____ Date _____

Waiver of Liability

I am volunteering to take part as staff for the Romanian Orthodox Archdiocese in America and Canada Camping Programs. I hereby agree to hold harmless and release any individual or group of the Romanian Orthodox Archdiocese in America and Canada Camping Programs, their individual committees and staff, the All Saints Camp, and the All Saints Camp Committee from the responsibility of any accident or mishap which may occur during the week of the encampment and assume the risk for any injuries that they may sustain in the pursuit of the above described activities or during any transportation needed for the particular individual. I further agree to indemnify, protect, save and hold harmless the employees, volunteers, agents, officers, successors and/or assigns of the Romanian Orthodox Archdiocese in America and Canada Camping Programs, their individual committees, the All Saints Camp, and the All Saints Camp Committee from any and all losses, damages, or injuries which might occur as a result of activities held during the week of the encampment.

Parent/Guardian Signature: _____ Date: _____

SEND ALL APPLICATIONS TO:

Florina Radu
48-03 66th Street
Woodside, NY 11377
Phone #: 1 (718) 426-0612 (evenings only)