



Respite Camping Programs

Sponsored by The Arc of Smith County

COUNSELOR APPLICATION

The Arc of Smith County
5520 Old Bullard Rd. #111
Tyler, Texas 75703

903.597.0995
Fax: 903.597.5560
info@arcofsmithcounty.org

Please check which camp you are applying to be a volunteer.

<input type="checkbox"/> Camp Kennedy Sunday, <u>July 2</u> – Friday, <u>July 7</u> , 2017	<input type="checkbox"/> Camp Heyday Sunday, <u>July 9</u> – Friday, <u>July 14</u> , 2017
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Name: _____ Age: ____ Birthday: ____/____/____
(print clearly)

Address: _____
Number/Street/Apt City State Zip

Sex: M__ F__ Phone _____ - _____ - _____ Size T-shirt (circle one): S M L XL 2X 3X 4X

E-mail Address: _____

Parent's name (if under 18) _____
(print clearly) (day phone)

Have you worked as a camp counselor before? N__ Y__ if yes, what camp and when?

Have you had experience working with a handicapped individual? N__ Y__ if yes, explain.

Do you have any special talent or experience you feel might be useful at camp? (please explain)

Do you plan on driving your own car to camp? N__ Y__

Education: High School attending: _____

Current Grade Level _____

College attending or attended: _____

List names and phone numbers of three adult references who are not related. Print clearly.

1. _____ / _____

2. _____ / _____

3. _____ / _____

No counselor will be accepted who is unable to stay the entire week, unless special arrangements have been made prior to the beginning of camp. Acceptance of a counselor will be on her/her own merits, not on whom he/she is or who his/her friends are. Counselors are required to attend pre-camp orientation training before the beginning of camp. Counselors are the mainstay of the camp and are expected to exhibit a high degree of mature and responsible behavior at all times.

Job Description – Counselors:

- Must dedicate the entire week to providing a happy, constructive camp experience for campers
- Review the camper overview sheet of each camper he/she is responsible for – BEWARE OF SPECIAL PROBLEMS – such as seizures, exposure to the sun, activity limitations, etc.
- Expected to interact with other counselors, but **their primary interest should be to interact with the campers.**
- Need to ensure that each camper is made to feel a special part of the camp and at no time feel inadequate or embarrassed by any member of the group.
- Must know where their camper(s) is at all times and make sure their camper(s) is not left unattended or allowed to travel around the camp without supervision.
- BE A GOOD ROLE MODEL AT ALL TIMES. Your actions and attitudes are imitated by the campers
- Do not participate in, instigate, or allow the camper to participate in or incite any rough activities that are potentially destructive to property or person.
- Supervise camper(s) and attend all activities and functions on time with the camper(s) and assist with activities in whatever capacity is required. Assisting and encourage camper(s).
- Maintain cleanliness in the cabin.
- Communicate any concerns about camp, camp procedures, the campers, or staff to director(s)
- If you have a problem you can't cope with, go to a member of the camp staff. The problem will be discussed and a solution will be found.
- If you drive a vehicle to camp you will need to leave it parked in the main parking lot.
- Dress codes should be strictly adhered to.
- Refrain from making negative comments about the camp, camp procedures, campers, or staff.
- Remember to provide: health & happiness, guidance, wholesome fun, achievement, self-reliance, good social living and leadership! Smile a lot and pass it on!

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CONSENT AND WAIVER OF LIABILITY

(You absolutely **must** fill out this page completely!)

Recreational Activity Consent:

The Respite Camping Program and The Arc of Smith County are committed to providing safe and enjoyable recreational activities for its campers. We continually strive to reduce risk and to protect our campers, however, all campers, staff, counselors and parents/guardians must recognize and acknowledge that there is an inherent risk of injury when choosing to participate in any of our offered recreational activities.

You are solely responsible for determining if your minor child/ward and/or yourself are physically fit and/or skilled for the activities selected below. It is advisable to consult a physician before choosing to participate in the selected activities. The following activities are available. **Please check the activities in which you wish to allow yourself or your child/ward to participate.**

_____ **Water Activities** _____ **Low Ropes Course**

_____ **YES**, I give my permission and consent for me and/or my child/ward to participate in the activities checked above.

_____ **NO**, I do not want myself or my child/ward to participate in **any** of the activities listed above.

Signed (Parent/Guardian/Independent Adult) Print Name Date

Waiver and Release of All Claims and Assumption of Risk:

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which yourself or your minor child/ward might sustain as a result of participating in The Respite Camping Program.

I recognize and acknowledge that there are certain risks of physical injury to participants in The Respite Camping Program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that myself or my child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have or may accrue to myself or my child/ward as a result of participating in The Respite Camping Program.

I do hereby fully release and forever discharge The Respite Camping Program, The Arc of Smith County and/or the employees, agents, volunteers, or medical staff of either (hereinafter collectively referred to as the "Arc Camp Staff") from any and all claims for injuries, damages, or loss that myself or my minor child/ward may have or which may accrue to myself or my minor child/ward and arising out of, connected with, or in any way associated with this program.

Signed (Parent/Guardian/Independent Adult) Print Name Date

Witness signature Print Name Date

"By my signature below, I acknowledge that I will abide by all regulations of The Arc of Smith County and hereby expressly authorize The Arc of Smith County to inquire as to the accuracy of any representation made herein, including a criminal or other background check as such may be required by law or as may be advised by The Arc's legal representatives."

Date _____ / _____ / _____

Guardian's signature (self if an adult)