

ST. EUGENE'S ORTHODOX SUMMER CAMP 2013

STAFF REGISTRATION FORM

SUMMER CAMP 2013 WILL BEGIN WITH REGISTRATION AT 4PM ON SUNDAY, JUNE 30TH
AND WILL END AT NOON ON SATURDAY, JULY 6TH

STAFF ARE ASKED TO TRY & ARRIVE ON SATURDAY June 29th

Completed forms must be postmarked by June 1, 2013 and sent to the Camp Director

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE: _____

EMAIL ADDRESS _____ GENDER: MALE: _____ FEMALE: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NO. _____

- ☐ ALL INFORMATION IS THE SAME AS LAST YEAR. (if you check this box you must still obtain priest's signature and sign the "Applicant's Statement" on the 2nd page.)

CHURCH MEMBERSHIP

PARISH: _____ PRIEST: _____

PRIEST'S PHONE: _____ ADDRESS: _____

DIOCESE: _____ HOW MANY YEARS ATTENDING? _____

EMPLOYMENT

NAME OF EMPLOYER: _____ POSITION _____

ADDRESS: _____ LENGTH OF EMPLOYMENT _____

SUPERVISOR: _____ PHONE NO. _____

EMERGENCY CONTACT

EMERGENCY CONTACT: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

REFERENCES

Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone number for each. References are confidential.

NAME ADDRESS PHONE RELATIONSHIP

SIGNATURE OF PARISH PRIEST INDICATING HIS RECOMMENDATION FOR YOU. _____

CIRCLE ALL AREAS OF INTEREST WHICH BEST MEET YOUR INTERESTS AND ABILITIES:

Counselor Choir Nurse Lifeguard Water Safety Teaching Arts & Crafts Pysanki
Cabin Parent Sports (be specific): _____ Other: _____

List all Licenses and Certifications below [MD, RN, Life Guard (pool or black water), CPR, First Aid, Paramedic, etc].

Please submit photocopies of licenses/certifications with this application. Use additional sheets as necessary.

LICENSE/ CERTIFICATION TYPE	EXPIRATION DATE	# IF APPLICABLE

HAVE YOU EVER WORKED AT ST. EUGENE'S CAMP BEFORE: YES___ NO___ WHEN? _____

PLEASE LIST ALL PREVIOUS YOUTH WORK: _____

SKILLS, HOBBIES, TALENTS, INTERESTS: _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY FELONY, CHILD ABUSE, OR UNLAWFUL SEXUAL CONDUCT OR OFFENSE? YES___ NO___ (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET)

- IN ADDITION TO THIS APPLICATION I UNDERSTAND THAT I MUST ALSO COMPLETE THE **CRIMINAL RECORDS CHECK AUTHORIZATION, HEALTH HISTORY AND STAFF MEDICAL EMERGENCY FORMS.**

APPLICANT'S STATEMENT

The information contained in this document is accurate to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of this receipt and evaluation of this application by this St. Eugene's Camp of the Orthodox Church in America, I do hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any liability from damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should I become involved in youth activities related to the Orthodox Church in America, its parishes, deaneries, dioceses, and organizations, I agree to be bound by the Statue of the Orthodox Church in America and by policies of St. Eugene's Camp, and to refrain from un-churchly conduct in the performances of my services on behalf of the Church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

APPLICANTS SIGNATURE: _____ **DATE:** _____

ALL COMPLETED FORMS must be postmarked no later than JUNE 1, 2013 and sent TO:

Fr. Michael Anderson 1012 Wagoner Dr, Livermore, CA 94550 CELL: 510-333-8814 - EMAIL: FrMichaelA@comcast.net

Criminal Records Check Authorization - *CONFIDENTIAL*

I, _____, do hereby authorize St. Eugene's Camp to request any agency or entity chosen by it to obtain any and all information in regard to me which pertains to any record of charges and/or convictions contained in its files or in any criminal file maintained on me whether local, state, or national. This information may include, but is not be limited to, any and all allegations and convictions for crimes committed upon minors.

I do also hereby release any reporting agency or institution from any and all liability resulting from such disclosure.

SIGNATURE: _____ Date: _____

Print Full Name in block letters: _____

Maiden name in block letters (if applicable): _____

Write all aliases in block letters: _____

Date-of-birth: _____ Place-of-birth (City, State, Country): _____

Soc. Sec. #: _____

Driver's License # (if applicable): _____ State Issuing License: _____

License Expiration Date: _____

Name of issuing agency:
State of issuance:
Authorized agency supervisor (if applicable):
Supervisor's signature (if applicable):
Send to St. Eugene's Camp attn: Fr. Michael Anderson, Camp Director
Mailing address: 1012 Wagoner Dr, Livermore, CA 94550

STAFF MEDICAL EMERGENCY FORM

NAME OF PERSON: _____

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: ____/____/____.

MEDICAL INSURANCE: _____ POLICY NO. _____

PRIMIARY CARE PHYSICIAN _____ PHONE: _____

EMERGENCY CONTACT: _____ HOME PHONE: _____

RELATIONSHIP: _____ CELL PHONE: _____

CONSENT FOR MEDICAL TREATMENT

I, above-named staff member, authorize the St. Eugene's Camp staff to seek medical treatment for myself as they see necessary to a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp Staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as she/he judges necessary for the above named. I accept responsibility for payment of all services rendered: I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CONFIDENTIAL HEALTH HISTORY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____ Soc. Sec. #: _____

PLEASE CHECK ALL THAT ARE APPLICABLE AND GIVE AN APPROXIMATE DATE OF ILLNESS:

Eye Infection: _____ German Measles: _____

Heart Disease: _____ Measles: _____

Seizures: _____ Mumps: _____

Diabetes: _____ Allergies: _____

Bleeding Disorder: _____ Hay Fever: _____

Insect Bite: _____ Hypertension: _____

Bee Sting Allergies: _____ Chicken Pox: _____

Poison Ivy/Oak/Sumac Allergies _____ Fainting? Yes _____ No _____

Operations or serious injuries (Please include dates) _____

Chronic or recurring illness and/or allergies (dietary, environmental, medications, etc.):

Current Medications:

Recent exposure to contagious disease: _____

Date of last tetanus: _____ Wears contacts? Yes _____ No _____

Presently under the care of a physician? Yes _____ No _____ (if yes, explain) _____

ACTIVITIES

Are you limited to any activity? (if yes, please explain) _____

ST. EUGENE'S ORTHODOX SUMMER CAMP 2013

RETURNING STAFF REGISTRATION FORM (Page 1 of 2)

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LAST NAME: _____ FIRST NAME: _____

☐ I CERTIFY THAT ALL PERSONAL INFORMATION IS THE SAME AS LAST YEAR.

SIGNATURE OF PARISH PRIEST OR SPIRITUAL FATHER INDICATING HIS RECOMMENDATION FOR YOU:

APPLICANT'S STATEMENT

The information contained in this document is accurate to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of this receipt and evaluation of this application by this St. Eugene's Camp of the Orthodox Church in America, I do hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any liability from damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should I become involved in youth activities related to the Orthodox Church in America, its parishes, deaneries, dioceses, and organizations, I agree to be bound by the Statue of the Orthodox Church in America and by policies of St. Eugene's Camp, and to refrain from un-churchly conduct in the performances of my services on behalf of the Church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

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SIGNATURE: _____ DATE: _____

ST. EUGENE'S ORTHODOX SUMMER CAMP 2013

RETURNING STAFF REGISTRATION FORM (Page 2 of 2)

Criminal Records Check Authorization - **CONFIDENTIAL**

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I do also hereby release any reporting agency or institution from any and all liability resulting from such disclosure.

SIGNATURE: _____ Date: _____

AREAS OF INTEREST

Please indicate any comments regarding your preference of involvement and/or skills or interests that may have changed since last year.

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