

# ST. EUGENE'S ORTHODOX SUMMER CAMP 2017

## STAFF REGISTRATION FORM

SUMMER CAMP 2017 WILL BEGIN WITH REGISTRATION AT 4:00PM ON SUNDAY, JULY 2nd AND  
WILL END AT NOON ON SATURDAY, JULY 8th

**STAFF ARE ASKED TO TRY & ARRIVE ON SATURDAY JULY 1st<sup>d</sup> by 12:00PM**

Completed forms must be **postmarked by June 1, 2017** and sent to the Camp Director, Fr. Michael Anderson  
1012 Wagoner Dr, Livermore, CA 94550 or [FrMichaelA@comcast.net](mailto:FrMichaelA@comcast.net)

### PERSONAL INFORMATION AND RESIDENTIAL HISTORY

Name: \_\_\_\_\_

(First, Middle, Last)

Maiden Name/Alias/Other: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Please provide your current and previous addresses for the last seven (7) years, including temporary addresses (school, etc.)

(1) Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

(2) Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

(3) Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

(Provide additional addresses on separate sheet if necessary)

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

### EXPERIENCE AND EDUCATION

Have you ever worked with youth or children? Yes / No If yes, please complete below (use additional sheet if necessary):

Past Volunteer Experience (include organization/agency, position, supervisor phone/email):

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Employment (most recent and include company, position, supervisor phone/email):

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Please list your education background:

Name of School Graduated / Year Degree or course of study

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Is there any reason you should NOT work with or around children or youth? Yes or No \_\_\_\_\_

CRIMINAL HISTORY

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_ If yes, please provide details:

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Have you ever been convicted of or pleaded guilty to a criminal offense? \_\_\_\_\_

If yes, please provide details:

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REFERENCES

(Exemption: If, as of June, 2015, you have worked as a church school teacher or other youth worker, you do not have to complete this section)

Please list three references (must be of a business or organizational nature):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known each other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known each other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known each other: \_\_\_\_\_

**CHURCH MEMBERSHIP**

PARISH: \_\_\_\_\_ PRIEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DIOCESE: \_\_\_\_\_ HOW MANY YEARS ATTENDING? \_\_\_\_\_

PRIEST'S PHONE: \_\_\_\_\_ PRIEST'S E-MAIL: \_\_\_\_\_

**SIGNATURE OF PARISH PRIEST AND/OR SPIRITUAL FATHER INDICATING HIS RECOMMENDATION FOR YOU TO VOLUNTEER WITH YOUTH:**

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

ARE YOU LIMITED TO ANY ACTIVITY? YES\_\_\_ NO\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

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

- **BACKGROUND CHECK PERMISSION,**
- **ACKNOWLEDGEMENT OF PSP'S**

- VOLUNTEER AGREEMENT
- AND STAFF MEDICAL EMERGENCY FORM & CONFIDENTIAL MEDICAL HISTORY

### 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 Statute 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 KNOW 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: \_\_\_\_\_

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1012 Wagoner Dr, Livermore, CA 94550 – [FrMichaelA@comcast.net](mailto:FrMichaelA@comcast.net)

# Background Check Permission Form

I hereby allow St. Eugene Orthodox Youth Camp to perform a check of my background, including:

- Criminal records
- Driving records
- Child Abuse Clearance
- Personal references

and other persons or sources as appropriate for the volunteer job(s) in which I have expressed an interest.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as they deem appropriate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Agreement

## Volunteer:

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

1. To perform volunteer duties to the best of my ability
2. To adhere to the church rules, policies and procedures.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
4. To attend Volunteer training as it pertains to my area of ministry.

## Acknowledgement of PSPs

I, \_\_\_\_\_ (Name of Volunteer), acknowledge that I have read the Abbreviated OCA Policies, Standards, and Procedures (PSP) on Sexual Misconduct (2013). I have also been given a copy of the reporting procedure if sexual abuse / misconduct is suspected. I agree to engage in best practices including the two adult rule as outlined in the PSP Section 13.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

# 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 APPROX. DATE OF ILLNESS:

EYE INFECTION: \_\_\_\_\_ GERMAN MEASELS: \_\_\_\_\_

HEART DISEASE: \_\_\_\_\_ MEASELS: \_\_\_\_\_

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):

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CHRONIC/RECURRING ILLNESS AND/OR ALLERGIES (dietary, environmental, medications, etc.)

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CURRENT MEDICATIONS:

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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:



**ORGANIZATION ACCEPTENCE:**

We, St. Eugene Orthodox Youth Camp, agree to accept the services of \_\_\_\_\_  
[volunteer] from July 3-9<sup>th</sup>, 2016, and we commit to the following:

1. To provide accurate information, training, and assistance.
2. To empower the volunteer for success and fulfillment within his/her ministry area.
3. Respect the skills and individual needs of the volunteer.

Volunteer Staff Representative

\_\_\_\_\_

Date

\_\_\_\_\_