



TWENTY FOUR YEARS ago we started the **Counselor In Training program** with a goal to allow campers the opportunity to continue with Adventure Day Camp after they have completed the camper program. We hoped this would mean that great campers would someday become great Camp Counselor. Well, over the years we have been thrilled to see how many wonderful, adult Camp Counselors have made their way through the C.I.T. Program. We've gone from having only 1 C.I.T. in 2000 to over 50 last summer. Our C.I.T.'s really do play an important role at camp. They bring great energy, a positive work ethic, and the ability to relate to our campers like nobody else. Our C.I.T.'s assist in a variety of the camp program and are trained specifically to become Camp Counselors or Support Staff of the future.

You are applying to volunteer as a **Counselor In Training Year 3** this summer. C.I.T. 3's are entering 11th<sup>th</sup> or 12th grade and have demonstrated the ability and desire to effectively add a positive influence on the Adventure Day Camp program. If selected, applicants may earn up to a \$250 stipend, which will be determined by their End Of Session Evaluation completed by the C.I.T. Director.

Please complete the C.I.T. 3 Application and return it to our office no later than **March 15th**. Space is limited in each session and applicants will be accepted on a first come first serve basis. Although new applicants are encouraged to apply, preference will be given to those that have completed years 1 & 2 of the Counselor In Training Program.

Your Welcome Packet, explaining up coming training days, job descriptions, and expectations will be sent in May. Please do not hesitate to call or email our office with any questions you may have regarding this program.

**All paperwork MUST be included with your application to be considered for the position. Please be sure to have your Parent or Guardian sign all paperwork.**

- ☑ **Volunteer/Application Form**
- ☑ **Staff health history (include copy of immunization with current Tetanus shot)**
- ☑ **Voluntary Disclosure Statement**

Applications may be submitted to Adventure Day Camp by email or regular mail. You may email your application to **Sunshine@adventuredaycamp.com**

Thank you!

Sunshine Welch  
Director Of Operations

# Counselor In Training Year 3 Application Form

Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Years At Camp: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

School Attending: \_\_\_\_\_

I am interested in working in **Moraga** \_\_\_\_\_ **SAN RAMON** \_\_\_\_\_ (see website for dates)

Sessions Available in Moraga \_\_\_\_\_ Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_  
(6/5-6/23) (6/26-7/14) (7/17-7/28)

Are there any days during the session that will conflict with your available dates? \_\_\_\_\_

T-shirt size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ Extra Large

**I will attend the mandatory C.I.T. Training on Sat, May 13<sup>th</sup> from 9-12:30 pm Yes\_\_No\_\_**

Please answer the questions below.

1. **NEW APPLICANTS:** Please explain why you feel you will be a positive addition to ADC this summer

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2. **NEW APPLICANTS:** Please list any specific skills or talents you feel will be valuable to the ADC program

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3. **RETURNING C.I.T.:** What was your greatest strength last summer? What improvements can you make to your overall performance?

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4. Previous volunteer experience:

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My time and services will be donated willingly and without outside influence and without a salary from Adventure Day Camp. This no way forms an employment relationship.

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Student Signature

Date

I give permission for my son/daughter to participate in the Adventure Day Camp Program. I understand that my son/daughter will be expected to follow the standards established for all volunteers. I give Adventure Day Camp my permission to use my son/daughters photograph in promotional materials. I understand that Adventure Day Camp cannot be responsible for any injury that is not the fault of Adventure Day Camp, beyond assurance that the injury will receive appropriate professional care.

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Parent/Guardian Signature

Date

Parent/Guardian Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Adventure Day Camp**  
**Voluntary Disclosure Statement**  
*THIS FORM MUST BE INCLUDED WITH YOUR APPLICATION*

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- Indecent assault and battery on a child under fourteen  Yes  No
- Indecent assault and battery on a mentally retarded person  Yes  No
- Indecent assault and battery on a person who has obtained the age of fourteen  Yes  No
- Rape  Yes  No
- Rape of a child under sixteen with force  Yes  No
- Assault with intent to commit rape  Yes  No
- Kidnapping of a child under sixteen with intent to commit rape  Yes  No
- Distribution and trafficking of narcotics or other controlled substances  Yes  No
- Intent to commit any of the above crimes.  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
 Yes  No If yes, please explain: (Use a separate sheet, if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

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I understand that:

- a) The camp may deny the application to any person who answers "yes" to any one of questions 2-6. If accepted and Adventure Day Camp later discovers circumstances that would indicate a "yes" answer to any of the above questions, the volunteer arrangement may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. Triad Consultants, 314B Caledonia Street, Sausalito, CA 94965 Tel: 888/742-3888 is the Consumer Reporting Agency preparing the Report.
- c) The camp may terminate the volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.
- e) A photocopy or faxed copy of this form can be accepted with the same authority as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Staff Health History

Please include a copy of your Immunization Records, including the date of your last tetanus shot.

*Please provide as much information about your self as possible. It allows us to be better prepared to provide a safe, enriching, end enjoyable summer camp experience. This information is confidential and is viewed only by the Camp Directors. We encourage you to speak to a Camp Director regarding any issues prior to camp starting.*

Name \_\_\_\_\_

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

I have included a copy of my immunization records \_\_\_\_\_ Yes \_\_\_\_\_ No (reason) \_\_\_\_\_

Operations or serious injuries (include dates) \_\_\_\_\_

Disability or chronic recurring illness \_\_\_\_\_

Activities that should be exempted for health reasons \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Current medications, prescribed and over the counter \_\_\_\_\_

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while working at Adventure Day Camp \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_

Food or other allergies (You may elaborate on reverse side) \_\_\_\_\_

Additional health related information \_\_\_\_\_

### Check and give approximate dates of illness or allergies

<input type="checkbox"/> Ear infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps
<input type="checkbox"/> German Measles	<input type="checkbox"/> Poison Oak	<input type="checkbox"/> Bleeding /Clotting	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Measles
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other (specify) _____		

### PLEASE READ AND SIGN BELOW:

To the best of my knowledge this health history is correct, and the person herein described is capable of engaging in all prescribed camp activities except as noted.

**Authorization of treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-Rays, routine tests, treatment and necessary transportation for myself. In the event I cannot make a decision during an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization. The completed forms may be photocopied for off site use.

Employee signature or guardian responsible for the person named above

Date

3527 Mt. Diablo Blvd. #241, Lafayette, CA 94549 ●Phone: (925) 937-6500 ●adventuredaycamp.com

\*If for religious reasons you cannot sign this, then please contact the Camp Director.