



TWENTY THREE 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 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 1st**. 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**
- ☑ **Signed Terms and Conditions**

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
(6/6-6/24) (6/27-7/15) (7/18-7/29)

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 Sunday, May 15th 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

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

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

4. Previous volunteer experience:

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.

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.

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.)

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.)

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.)

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.)

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

If yes, please explain:

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, and 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

Ear infections Chicken Pox Penicillin Heart Defect/Disease Diabetes
 Hay Fever Convulsions Mononucleosis Asthma Mumps
 German Measles Poison Oak Bleeding /Clotting Hypertension Measles
 Insect Stings Food Allergies 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.



Adventure Day Camps Terms and Conditions

Prior to agreeing to the terms below, I have read and understand items 1-15 and the additional covid related terms and conditions below. Any questions I may have had about the policies and operations of Adventure Day Camp have been answered to my satisfaction. If my child is accepted for enrollment, I agree that:

1. **Tuition:** Includes instruction in all activities and is nonrefundable after March 31, 2022. I will pay the tuition and fees as set forth on this form.
2. **Absence:** The instructional nature of our program necessitates constant expenses and the employment of specialized and full-time personnel. Therefore, there will be no make-up days, credits or refunds given for absence or illness.
3. **Deposits:** You may choose to place a deposit to reserve your child's space. A deposit of \$250 per child, per session will reserve camp space for your family. Your remaining balance will then be charged per the terms when enrolling.
4. **Cancellations:** Deposits and tuitions will be refunded, minus an administrative fee of 4% of your total tuition associated with the cancelled session. Cancellations must be in writing and requested before March 31, 2022.
5. If Adventure Day Camp does not operate your program due to forces beyond its control (force majeure), a non-recoverable amount of money already spent may be deducted. This amount includes funds already spent up until the time the camp declares your camp program will not operate.
6. 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.
7. If my child required medical attention, Adventure Day Camp has my authorization to obtain it from any licensed physician or hospital as Adventure Day Camp deems necessary and Adventure Day Camp may act in my place in this regard. Adventure Day Camp will attempt to use the physician I have designated on this form as Adventure Day Camp deems feasible.
8. I understand that the program of Adventure Day Camp is primarily an outdoor, recreational based program.
9. Adventure Day Camp may use my child's photograph or video in promotional materials.
10. If a camper is expelled for disciplinary reasons, tuition will be forfeited.
11. For the Moraga location, each session's camp out trip is scheduled for the second Thursday and Friday and is the only program available on these days. If your child does not attend the campout you must pick he/she up by 1:00 pm on that Thursday and may drop them off after 11:15 am the next day (Friday). There will be no transportation available on Thursday afternoon or Friday morning during the camp out week. If the campout is cancelled due to covid restrictions, all Campout payments will be fully refunded.
12. There will be a \$25, per child, per session charge for splitting weeks over multiple sessions. There will be a \$25, per child charge for changing sessions after April 1, 2021.
13. Sibling and Multiple Sessions discounts do not apply for CIT'S, splitting sessions, or adding less than a full 3-week additional session.
14. Pizza and Campout orders will be nonrefundable 3 days prior to the scheduled date of food delivery or event.
15. All campers must be "potty trained" prior to starting camp and may not wear diapers or pull ups.

Additional Covid related terms and conditions: These are our polices as of January 1, 2022 and will be updated throughout the spring based on the recommendations from the Contra Costa Health Department and the CDC.

Assumption of the risk and Waiver of liability relating to Coronavirus/COVID-19

AGREEMENT TO THE CONDITIONS OF ENROLLMENT REQUIRES AGREEMENT BY THE PERSON FINANCIALLY RESPONSIBLE.

Before sending your child to Adventure Day Camp (ADC), we want to make sure you understand that in light of the current medical, legal and economic conditions resulting from the COVID 19 pandemic, and recognizing that these conditions are subject to abrupt change at any time, you are sending your child to camp under the following conditions.

1. While we wish that we could control every possible risk, and while we will use our best efforts to keep your child safe from the COVID-19 virus, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter camp, and that by the very nature of the personal interaction that takes place in the camp

environment, there is always a risk of your child becoming ill with this or any other communicable disease. We want you to be fully aware of this risk in making the decision to send your child to camp this summer, and that you are willing to assume and accept it on your child's behalf.

2. I agree to take my child/children's temperature each morning before attending camp. If it is 100.4 degrees or more, I will keep them home to confirm the safety of others.
3. I agree to allow ADC to take a 2nd temperature of my child when they arrive at camp to confirm the child does not have a temperature.
4. If my child/children or family members become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with symptoms or a confirmed or suspected case, my child/children will not attend camp, and I will notify camp officials immediately. I agree that my family will practice social distancing and follow the Center for Disease Control and Prevention (CDC) guidelines 2 weeks before and during my child's time at ADC. I will review the ADC Welcome Packet that includes the policies and procedures in when it is appropriate to return to camp.
5. I understand that ADC wants to do everything to keep camp operating in a safe manner, if my child is exhibiting symptoms such as an elevated fever or other communicable disease while at camp, they will be quarantined. I will be required to make immediate arrangements to pick up my child. ADC understands the hardship this could present, but we want to do all we can to assure the safety of both your child and the rest of the camp population.
6. I understand I will need to apply sunscreen before my child/children arrive at camp. Sunscreen will only be put on by ADC Staff at noon and 3pm during camp hours. This is to avoid contact and touching of the face.
7. I give my permission for my child to use hand sanitizer while at camp. The hand sanitizer will contain 60% or more alcohol as recommended by the CDC to kill Covid-19.
8. Campers will be placed in stable groups of 10-14, same aged children with 1 Camp Counselors and 1 assistant. These campers and staff will be together for the entire session and they will be unable to mix with other groups. Groups will social distance from each other so we are unable to move your child from one group to another. Campers within a group will be encouraged to keep their hands to themselves and will be strategically spaced when possible during activities for appropriate social distancing. But I understand that within their stable group, they may not be 6' apart at all times.
9. If I choose to use our AM and PM transportation to and from camp, I understand that my child/children will be in the vehicle with other campers that are not in their group. I will have my child wear a mask and continue the social distance while in the camp vehicle.
10. I understand that activities and programs are subject to change or be cancelled due to changing guidelines, venues closing and the best decision that ADC makes to keep my child/children safe.
11. Hours are from 8:30 am - 5:00 pm. The typical camp activities will be scheduled for groups from 9:00 am - 4:00 pm. ADC is no longer able to offer the usual Extended Care hours as groups are not able to mix. Instead, structured free play will be organized within the assigned group before and after these times.
12. We have been doing all we can to open camp for the 2022 season. As in any year, much of the cost to prepare and operate a camp is incurred prior to the camp season. For this reason, if camp closes before the scheduled last day, whether by government order or by a decision of the directors that doing so is in the best interests of campers and staff, you will be issued a prorated credit to be used during the 2023 or 2024 summer.
13. At this time, our guidelines and procedures are determined by the recommendations of the Contra Costa Health Department and the CDC. These recommendations may change before the start of camp which may cause our current procedures to also change. You will be notified of any future changes to our policies, procedures, and terms.
14. Campers may be required to wear a mask if the local agencies mandate it. This determination will be made as we get closer to the start of camp and may change throughout the summer.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by participation. I have reviewed and agreed with the above information. I will follow the information included in the ADC Welcome Packet (available in May) that includes the Adventure Day Camp Covid-19 Policies and Procedures.