



The Light on the Mountain

Camp Transfiguration

c/o 41 Catherine Place
 Dollard des Ormeaux, Quebec, Canada H9G 1J4
 info@camptransfiguration.org
 www.camptransfiguration.org

General Information for Volunteer Staff

Selection: Volunteer Staff must be at least 18 years of age. Volunteer Staff are selected based on the application essay and previous performance as a staff member. Notification of selection will be sent prior to June 15, 2011.

Screening: Applicants must provide previous work (including volunteer) history. The Clergy Reference form must be completed by your parish priest; it is your responsibility to either collect the completed, sealed references and include them with your application or make sure they are sent to the camp by the appropriate deadline. Please carefully follow the instructions given on the reference forms.

Medical Records: All volunteers must complete the Medical Form which may be downloaded from our website after you are selected. Return the completed form no later than two weeks prior to your arrival.

Daily Schedule: Volunteer Staff will be given a work schedule on the first day of the session. In addition to morning and afternoon work assignments, Volunteer Staff will be expected to be present at all Church services and meals. Following Vespers and dinner, Volunteer Staff have the option of observing the campers' evening program or may choose to take some time off if not helping with the evening snack.

Camp Rules and Appropriate Dress: Volunteer Staff are expected to follow all general camp rules listed in the Camper Parent Booklet, which can be downloaded from our website. It is expected that all Volunteer Staff read through the booklet prior to arrival at camp. This handbook includes a section containing both appropriate and inappropriate apparel.

Housing: Room & board are provided free of charge for those staying on camp grounds. Volunteer Staff are housed in cabins on the camp grounds.

Volunteer Activity Overview	
There are 2 positions to choose from for volunteers: Kitchen and Assist in Camp Activities The following are brief summaries of the type of work, for the 2 positions	
Kitchen	Assist in Camp Activities
Meals ● Help with the preparation of meals ● Help with cleaning of the kitchen ● Help with cleaning of the dining hall ● Setting up serving stations ● Serve campers at meal time ● Assist campers in table set-up	Help with morning activities Help with afternoon activities Help with evening activities
Gimme Shop (Afternoon Snack) ● Set up and serve soft drinks, candy, snacks ● Clean up ● Update balance of camper spending money	
Evening Snack ● Assist Evening Program Director with preparing and serving of snacks	
Cabin inspection √ <input type="checkbox"/> Inspect the campers' cabins and rate how clean the cabins are kept	

Weekend: We are also looking for volunteers for the layover weekend (the weekend between the 2 sessions). This will consist of various activities that are listed in the above table as well as doing camper laundry.



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Volunteer Application

APPLICATION INFORMATION

NAME: _____
 First Name _____ Last Name Legal _____
 BIRTHDATE: ____/____/____ FEMALE MALE E-MAIL ADDRESS: _____
Month Day Year
 HOME ADDRESS: _____
Street (include Apt. No.) City Zip/Postal Code Country
 HOME PHONE: (____) _____ MOBILE PHONE: (____) _____
 PARISH NAME: _____ CITY _____ STATE/PROV. _____
 T- SHIRT SIZE: S M L X-L 2X-L 3X-L

DURATION

PLEASE SELECT THE SESSION YOU WOULD LIKE TO ATTEND:

- Session 1 (Aug. 14 – Aug. 20); Session 2 (Aug. 21 – Aug. 27);
 Session 1 and 2; Weekend only (Aug. 20 – Aug. 21)

If you cannot stay for the whole session please specify the dates you will be available.

From : ____/____/____ To: ____/____/____
Month Day Year Month Day Year

MOST RECENT WORK (including volunteer work) HISTORY

Company	Position	Supervisor	Phone Number	Dates of Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

POSITION

Please select the position you are interested in volunteering for *You may indicate more than one position if desired, in order of preference (1 = first choice, 2 = second choice, etc).*

____ Kitchen _____ Assist with camp activities

LANGUAGE

Please check below the languages which you speak.

- ENGLISH: Fluent Proficient Working Knowledge No Knowledge
 FRENCH Fluent Proficient Working Knowledge No Knowledge
 ARABIC: Fluent Proficient Working Knowledge No Knowledge
 OTHER: : Fluent Proficient Working Knowledge No Knowledge



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Health Form

This form must be filled out by parents/guardians of minors or by adults themselves. It is the parent's/guardian's responsibility to update the camp of any changes in the medical condition of their child. The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. All information is regarded as STRICTLY CONFIDENTIAL and will only be shared with the staff who will be working with your child and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

Child's Name: _____ Gender: Male Female
First Last

Date of Birth: ____/____/____ Home Phone #: (____) _____ Age while attending camp: ____
Month Day Year

Name of family physician _____ Phone#: (____) _____

Health Insurance is required of all in attendance at camp.

For American residents a photocopy of the front and back of your health insurance card must be attached to this form.

Carrier or plan name: _____

Group #: _____ I.D. #: _____

For Canadian residents please send the provincial Health Insurance card with your child(ren).

Health History & Information

The following areas must be filled in by the parent/guardian, or adult camper, or staff member. The intent of gathering this information is to provide camp health care personnel with a camper's medical history so that appropriate care is offered. Any changes to this form must be given to camp health care personnel upon arrival at camp. Please provide COMPLETE information so that camp may be aware of your health needs

- Date of Last Physical Examination? _____

<p>Which of the following has the participant had?</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> Chicken Pox</p> <p><input type="checkbox"/> German measles</p> <p><input type="checkbox"/> Mumps</p> <p><input type="checkbox"/> Hepatitis A</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p>TB Mantoux Test</p> <p>Date of last test _____</p> <p>Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p>	<p><u>PLEASE GIVE DATES OF IMMUNIZATION FOR:</u></p> <p>(or photocopy immunization booklet)</p> <p>DTP _____</p> <p>TD (tetanus/diphtheria) _____</p> <p>Tetanus _____</p> <p>Polio _____</p> <p>MMR _____</p> <p> or Measles _____</p> <p> or Mumps _____</p> <p> or Rubella _____</p> <p>Haemophilus influenza B _____</p> <p>Hepatitis B _____</p>
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OVER-THE-COUNTER MEDICINES

Please circle Yes or No next to each over-the-counter medication that your child is permitted to take.

Tylenol Products	Yes No	Pepto Bismol	Yes No	Antacids	Yes No
Ibuprofen Products	Yes No	Cough Syrup	Yes No	Antiseptic Throat Spray	Yes No
Dimetapp Products	Yes No	Cough Lozenges	Yes No	Sterile Eye Irrigate	Yes No
Mucinex Products	Yes No	Sudafed	Yes No	External Ointments	Yes No
Benadryl Sprays or Lotions	Yes No				

ALLERGIES	Describe reaction and management of reaction
Medication Allergies	_____
Food Allergies	_____
Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)	_____
Food Intolerance	_____
MEDICATIONS CURRENTLY BEING TAKEN (Meds brought to camp <i>must</i> be in their original labeled pharmacy container.)	
Med #1 _____	Dosage _____ Specific times taken each day _____
Reason for taking _____	
Med #2 _____	Dosage _____ Specific times taken each day _____
Reason for taking _____	
Med #3 _____	Dosage _____ Specific times taken each day _____
Reason for taking _____	
Attach additional pages for more medications.	
Identify any medications taken during the school year that participant does/may not take during the summer: _____	

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does/is the participant:	Yes	No	Yes	No	Yes	No
1. Had any recent injury, illness, or disease?			12. Ever been hospitalized?			23. Have fainting spells?
2. Have a chronic or recurring illness/condition?			13. Have any skin problems? (i.e., itching, rash, acne)?			24. Ever had joint problems (i.e., knees, ankles)?
3. Wear glasses, contacts or protective eyewear?			14. Ever had emotional difficulties for which professional help was sought?			25. Ever had frequent ear infections?
4. Have an orthodontic appliance being brought to camp?			15. Ever had chest pain during or after exercise?			26. If female, has she menstruated?
5. Had problems with diarrhea/constipation?			16. Ever had motion sickness?			27. Have diabetes?
6. Ever been diagnosed with a heart murmur?			17. Ever had an eating disorder?			28. Have asthma?
7. Ever passed out during or after exercise?			18. Ever had back problems?			29. Ever had surgery?
8. Ever had high blood pressure?			19. Know to have nightmares?			30. Have chronic cramps?
9. Ever been dizzy during or after exercise?			20. Ever had a head injury?			31. Ever had convulsions?
10. Had mononucleosis in the past year?			21. Ever had bleeding disorders?			32. Have HIV?
11. Ever been knocked unconscious?			22. Have frequent headaches?			33. Ever had seizures?
						34. Ever had a hernia?

Please explain any "yes" answers, noting the number of the questions. (Use additional pages if necessary)

OTHER CAMPER INFORMATION

We want your camper to have the best possible experience while at camp. All information is regarded as **STRICTLY CONFIDENTIAL** and will only be shared with staff who work with your camper and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

- Are there special fears, worries or concerns your child has about camp (extreme shyness, afraid of the dark, etc.)? _____
- Are there circumstances in your child's life that would be helpful for us to be aware of (i.e., death of a close relative, divorce, or other family trauma, etc.)? Please provide relevant details _____

Please note that if any restrictions regarding parental access to the camper are to be observed by the Camp, we must be notified via court order, addressed specifically to Camp Transfiguration.

- Sleep Habits: Sleep walks Wets bed Other: _____
 - Has the camper ever been away to overnight camp before? Yes No
 - Has the camper been away from home for more than two consecutive days? Yes No
 - Water sport activities: I give my child / I don't give my child the permission to partake in the water sport activities.
 - Swimming ability: Cannot Swim* Beginner Intermediate Expert
- * I give permission for the camp to administer swim lessons, should they be available during the session.

My child is under the legal custodial care of: Both Parents Mother only Father only
 Other _____ Please provide all relevant details: _____

Please note that if the camp must comply with any restrictions regarding parental access, the camp director must be informed through a court order specifically addressed to Camp Transfiguration.

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should be aware.

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS AND AGREEMENT

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted below. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by Camp Transfiguration and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, Camp Transfiguration, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by Camp Transfiguration for the safety and good health of the campers at camp. I also agree that if my child has to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, Camp Transfiguration, their leaders, employees, and/or volunteers from any expenses, loses , claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

I hereby agree to indemnify and hold harmless Camp Transfiguration, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child.

I give permission for my child to participate in all camp activities, except the following (please list reason for each activity denied):

Activity	Reason for Denial of Permission
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Signature of parent/guardian or adult camper/staff _____

Printed Name _____ Date _____

For Camp Use Only

SCREENING RECORD

Date screened _____ Time _____ Screened by _____

Meds Received _____

Updates/additions to health history noted: Yes No None required

Current health needs identified: _____