

Camp St. Sebastian

STAFF REGISTRATION FORM (18yrs+)

Tuesday, June 25th – Friday, June 28th

Please arrive at camp in time to complete your check-in before the Staff Meeting at 2pm on Tuesday, June 25th. Staff are asked to stay until 3:30pm on Friday, June 28th.

Please let your parish priest know ASAP that you are applying for camp. He will need time to screen you according to OCA policy.

Registration forms & packing list can be accessed here:

<https://www.stkatherine.org/summer-camp>

Digital forms can be emailed to: pnwoyc@gmail.com

Paper forms can be mailed to:

St. Katherine Orthodox Church
14216 132nd Ave NE
Kirkland, WA 98034

STAFF APPLICATION MUST BE RECEIVED BY May 25th

Camp address:

All Saints Camp
205 Camp Rd. NW
Gig Harbor, WA 98335

Camp Contact:

Archpriest Barnabas & Protinica Lela Powell
(425) 686-2127 or email: pnwoyc@gmail.com

Volunteer Application

Name: _____ Age: _____

Last

First

Primary Phone #: _____

Secondary Phone #: _____

Address: _____

Street Address

City

State

Zip

Email: _____

Parish: _____

Sex: Male Female

T-shirt Size: Adult S M L XL XXL No T-shirt

Areas of Interest: Mark top three with 1 indicating greatest interest.

Arts & Crafts _____ Kitchen Staff _____ Evening Program _____

Janitorial _____ Sports _____ Music _____ Canoeing _____ Camp-wide Activity _____

Volunteer Agreement

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 Church rules, policies and procedures.
3. To meet time and duty commitments, or provide adequate notice so that alternate arrangements can be made.
4. To display a positive attitude when confronted with adversity.
5. To manifest Christ to the children and other volunteers at camp.

Do you have any of these? Please check if you do!

Discover Pass

Certified lifeguard

Food Handler permit

Bus driver license

CONFIDENTIAL HEALTH HISTORY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____

Emergency Contact:

Name: _____ Phone: _____

Health Insurance Carrier: _____ Group #: _____ ID#: _____

Insurance Holder's Name: _____ Date of Birth ____/____/____

Check the box if you do not have medical insurance.

Primary Care Provider: _____ Phone: _____

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

CURRENT MEDICATIONS: Please ensure all your medications are out of reach of campers. The medic/nurse would be happy to take care of them for you with complete confidentiality.

CONSENT FOR MEDICAL TREATMENT

I, the above-named staff member, authorize Camp St. Sebastian staff to seek medical treatment for myself as they see necessary at 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 Camp 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 authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she 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: _____

Volunteer Driver Acknowledgement Form:

I volunteer to transport campers of Camp St. Sebastian using my private vehicle, at my own risk, for camp related activities, and affirm the following:

1. I have a valid vehicle operator's license allowing me to transport school-age children.
2. My vehicle is in a safe and serviceable operating condition with all safety devices in proper working condition.
3. I currently have in effect vehicle liability insurance in a minimum of \$25,000 per person and \$50,000 per accident for liability and \$10,000 per accident for property damage.
4. I have never been convicted of driving under the influence of alcohol or any other controlled substance.
5. I agree to operate my vehicle within all applicable motor vehicle laws.
6. I understand and agree that in the case of an accident where I am held liable for bodily injury or property damage caused by myself or another person, my own insurance is the primary and first coverage.
7. I understand that any and all fines, incurred in connection with operating a motor vehicle are my full responsibility.
8. I understand and am aware that I must travel directly to and from the event.

I will be transporting Students From: All Saints Camp Property, Raft Island

To: Kopachuk State Park

Printed Name of Vehicle Driver:

Signature of Vehicle Driver:

Approved by Camp Director (Name, Signature, Date):
