

STAFF APPLICATION

July 24th - July 31st, 2021

Please return by May 25th ! Please print in pen.



Full Legal Name: _____

Home address: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

EMERGENCY CONTACTS (while you're at camp):

Name: _____ Phone: _____

Name: _____ Phone: _____

Driver's License - State: ____ License #: _____ Class: ____ Expiration Date: _____

Employer: _____ Position: _____

CERTIFIED TRAINING: (First Aid, CPR, etc.) Please attach copies of each certification.

*Assignment - 1st Choice: _____

*Assignment - 2nd Choice: _____

** Every effort will be made to give you the assignment that you prefer, however you may be asked to take a different assignment.*

Will you be at camp all week? Yes ____ No ____ If not, what days can you attend? _____

► Shirt Size (check one):

Small: ____ Medium: ____ Large: ____ X-Large: ____ 2X: ____ Other: _____

► Sweatshirt Size (check one):

Small: ____ Medium: ____ Large: ____ X-Large: ____ 2X: ____ Other: _____

Will you be **unavoidably late** to Orientation on Saturday? Yes: ____ No: ____

If "Yes" when will you arrive? _____

Are there any special accommodations (diet, mobility) you need: _____

Mandatory Criminal Record & Sex Offender Check

A.) Have you ever been **arrested** for any crime?

NO: ____ YES: ____ (If "Yes" you must attach a letter explaining the details.)

B.) Have you ever been **convicted** of any crime?

NO: ____ YES: ____ (If "Yes" you must CALL immediately.)

C.) Have you ever been investigated for any **sex offense** or sex related crime?

NO: ____ YES: ____ (If "Yes" you must CALL immediately.)

- (1) I understand the information on this application is required to verify my eligibility for camp. This information won't be given to others except when required by law; in that event I will be notified. I certify this information is true, and I authorize Camp High Hopes to investigate me as necessary.
- (2) I understand in asking to be part of camp I will be assigned specific responsibilities and given set rules to follow. I agree to fulfill my responsibilities as assigned, and adhere at all times to the rules set forth in the camp manual as well as the directives of the Camp Directors, the Infirmary Staff, and other supervisors.
- (3) I give permission for pictures/audios made of myself to publicize camp. No identifying information other than a first name will be used unless I sign a separate release form.

Signature: _____ Date: _____

- 1) Read everything before you sign.**
- 2) Complete the entire medical form.**
- Please return your application by May 25th.**

<u>FOR CAMP DIRECTOR USE:</u>		
<u>Criminal Record Check:</u>	Date: _____	By: _____ Via: _____
Notes: _____		
<u>Sex Offender Registry Check:</u>	Date: _____	By: _____ Via: _____
Notes: _____		

CAMP HIGH HOPES 2021 – STAFF MEDICAL FORM

Name: _____ Age: _____

Do you have Hemophilia? Yes: ____ No: ____ Do you have von Willebrands? Yes: ____ No: ____

Hemophilia Type: Factor 8 ____ Factor 9 ____ Other _____ Mild: ____ Moderate: ____ Severe: ____

von Willebrands Type: 1 ____ 2A ____ 2B ____ 2M ____ 2N ____ 3 ____

Inhibitor: ____ Prophylaxis: ____ What brand of factor do you use? _____

Prophylaxis schedule: _____

PLEASE NOTE: You MUST bring your own Factor and Medications to camp. You must bring any braces, supportive wraps, canes or other DME you will need.

Doctor/Health Care Provider : _____ Phone: _____

Do you have any of the following:

Frequent sore throat	_____	Frequent colds	_____	Sinus infections	_____
Sleepwalking	_____	Stomach problems	_____	Fainting	_____
Kidney disease	_____	Appetite loss	_____	Heart Disease	_____
Fevers	_____	Hay fever	_____	Sun Sensitivity	_____
Asthma	_____	Seizures	_____	Diabetes	_____
Constipation	_____	Diarrhea	_____	False Teeth	_____
Tubes in ears	_____	Glasses/Contacts	_____	Swimmer’s Ear	_____
Hypertension	_____	Artificial joint	_____	Other	_____

If yes to any, please explain: _____

Do you have any allergies to medicine, insect, food or environmental allergies? ____ If so please explain.

Do you receive allergy shots? Yes: ____ No: ____ For: _____

IMMUNIZATIONS: Please attach a copy of your immunization record if you have one.

Date of last tetanus immunization (*must be within the last 10 years*). Month: _____ Year: _____

***If you have not been fully immunized, you must sign the following statement:**

I understand and accept the risks of not being fully immunized. Signature: _____ Date: _____

Have you had? CHICKEN POX: Yes ____ No ____ HEPATITIS: Yes ____ No ____ MEASELS: Yes ____ No ____

• Weight: _____ Pounds or Kilograms • Height: _____ Feet _____ Inches

Do you have physical limitations/restrictions from any activities? Yes: ____ No: ____ If "Yes" Please explain:

Are you on any medications at present? Yes ____ No ____ If "Yes" please list all medications:

*** You MUST bring at least a 9 day supply of these medications to camp. ALL medication must come with written instructions from your Physician. NY State Health Dept. regulations require all medications to be kept in the Infirmary and to be taken under the supervision of the Camp Infirmary Staff.**

◆ **OPTIONAL:** If you feel you have a medical condition that may need monitoring at camp, providing the following information will greatly aid the Infirmary Staff in providing for your care needs.

Physical Exam: (Care provider to complete) P: _____ BP: _____ Exam Date: _____

- Skin: _____
- HEENT: _____
- Lymph Nodes: _____
- Chest: _____
- Heart: _____
- Abdomen: _____
- Neuro: _____
- Musculoskeletal: _____
- G.U.: _____

Other pertinent medical information: _____

MD Signature (if exam completed): _____ Date: _____

Printed name of Health Care Provider: _____

◆ **Agreement/Release:** I will immediately report any injury or illness I have at camp to the Infirmary Staff. I will follow the health and care directions of the Infirmary Staff at all times. If I incur any expense for medical care given me during camp I accept sole responsibility for paying said cost. I expressly agree to waive all claims against Camp High Hopes Inc., Camp Aldersgate and Camp Oswegatchie for any injury or illness arising at or from my time at camp.

*** Bring any insurance cards/proof of coverage you have with you to camp just in case.**

► Staff member signature: _____ Date: _____

This form is confidential and used solely by the Infirmary Staff to meet your medical needs while at camp. If you have questions please call our Health Director, Hope Woodcock-Ross at (607) 222-8412.

Please return this form no later than May 25th, 2021.

NOVEL CORONAVIRUS COVID-19 RELATED WAIVER:

I, _____, certify that I have been fully vaccinated for COVID-19 2 weeks prior to the start of camp staff orientation, or will be providing proof of a negative viral test taken no more than 1-3 days prior to the start of camp staff orientation. I agree to comply with any mandatory COVID-19 related screenings or quarantines as prescribed by the Centers for Disease Control (hereafter referred to as CDC) or New York Department of Health (hereafter referred to as NYDOH).

Name: _____

Signature: _____ Date: _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC, NYDOH, and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Camp High Hopes Inc and Camp Aldersgate (NY Methodist Camping Ministries) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Camp High Hopes Inc and Camp Aldersgate can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, camp staff, and campers and their families.

I voluntarily seek to offer my services to Camp High Hopes Inc at Camp Aldersgate and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending camp.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

NOVEL CORONAVIRUS COVID-19 RELATED WAIVER:

I hereby release and agree to hold Camp High Hopes Inc and Camp Aldersgate harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the camp, or that may otherwise arise in any way in connection with any activities related to Camp High Hopes Inc at Camp Aldersgate. I understand that this release discharges Camp High Hopes Inc and Camp Aldersgate from any liability or claim that I, my heirs, or any personal representatives may have against the camp with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any activities related to Camp High Hopes Inc at Camp Aldersgate. This liability waiver and release extends to the camp together with all board members, staff, and campers.

Name: _____

Signature: _____ Date: _____

PLEASE ATTACH COPY OF YOUR CDC VACCINATION CARD OR NEGATIVE TEST RESULT PROOF