



CAMP GRIZZLY

*18th Annual Deaf and Hard of Hearing
Summer Leadership Camp*

STAFF APPLICATION

July 28 – August 5, 2017

DEADLINE: May 1st, 2017

NorCal Services for Deaf & Hard of Hearing
4708 Roseville Road, Suite 111, North Highlands, CA 95660
916-349-7500 TTY/Voice * 916-993-3048 VP * 916-349-7580 Fax
campgrizzly@norcalcenter.org
www.campgrizzly.org

Who, What & Where?

NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing, founded in 1977, is a non-profit, community-based organization with a mission to:

- **EMPOWER** Deaf and hard of hearing individuals to live independently and productively
- **EDUCATE** family members, service providers, employers and the general public of the unique communication needs, abilities and accomplishments of Deaf and hard of hearing children and adults, and
- **ADVOCATE** for equal access and opportunities for Deaf and hard of hearing people in our society.

NorCal provides an array of services and programs for Deaf and hard of hearing individuals, their families and the general public. NorCal has over fifty employees at its Sacramento headquarter office and four outreach offices throughout northeastern California. If you would like more information about our organization, please call (916) 993-3048 VP or (916)349-7500 Voice/tty or check out our website at www.campgrizzly.org.

Camp Grizzly

Camp Grizzly offers a week-long Youth Leadership program for promoting self-esteem, enhancing socialization and teaching team-building skills in a FUN & SAFE environment! Campers leave with many new friends and memories to last a lifetime. Activities include: field games, archery, swimming, nature walks, arts & crafts, rope courses, skits at nightly campfire and more!

Camp Grizzly serves youths between 7 to 18 years of age who are:

- Deaf or Hard-of-Hearing
- Hearing with Deaf or hard-of-hearing parent/s
- Hearing with Deaf or hard-of-hearing sibling/s

An Unforgettable Volunteer Job

Camp Grizzly is looking for volunteers who are ethical, flexible, enthusiastic, and patient with a sense of humor. If you feel you meet the above criteria, Camp Grizzly would like to hear from you! To ensure your acceptance to Camp Grizzly, please send in your application as soon as possible. Camp positions fill up quickly!

Camp Location

Camp Grizzly is located at Camp Lodestar, an ACA accredited camp and retreat center in **Wilseyville, Calaveras County, California**, just an hour east of Jackson. The 425 acres of meadow and woodlands of the Sierra foothills is rich in varied ecological environments and steeped in the history of the mother lode country. (<http://uccr.org/camp/camp-lodestar>)

Join the Team!

Volunteer Requirements

To qualify, you must meet the minimum requirements below:

- Over 18 years of age, have completed some college and/or have work experience with children.
- Good character and leadership qualities.
- Respected and in good standing in the community.
- Familiar with Deaf Culture.
- Fluency in sign language.
- Prior experience working with youth.
- Willing to live and work within a community of caring individuals.
- Pass a background check. Be Drug Free.
- Have completed 1st Aid prior to camp begins.

To Apply

- Complete the staff application entirely.
- Enclose a current COLOR photo of yourself.
- Enclose a photocopy of both sides of your healthcare insurance card.
- Be available to attend the mandatory pre-camp staff Orientation (**July 28 – 29, 2017**) and volunteer for the full term of camp (**July 30 – August 5, 2017**).

All camp positions are on a volunteer basis only (NO PAY). Camp Grizzly provides Lodging, 3 meals & snacks each day, a Camp Grizzly T-shirt & FUN provided at camp!

Transportation

Staff are responsible for providing their own transportation. Carpool is strongly encouraged and will be arranged with the Camp Program Manager.

Contact Information

For more information, contact:

Camp Grizzly

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2017 CAMP GRIZZLY VOLUNTEER STAFF APPLICATION

(Minimum 18 years, recommend age 21 and up)

COLOR
Picture
Required
2.5 x 3 inches
Minimum

Please print:

Returning Staff (complete pg. 3, 6, 7 & 8 only)

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ VP or Voice and Cell Phone: _____ Voice/Text/Both

Email address: _____

Are you at least 18 years of age or older? ___Y ___N Gender: ___M ___F

Deaf _____ Hard of Hearing _____ Coda _____ Hearing _____

Please rate your fluency in American Sign Language: (Beginner) (Fluent)

Are you fluent in other communication forms, such as: PSE, SEE, CUED, etc? Yes No

If yes, please comment: _____

Please **circle** your Adult T-shirt size: Small Medium Large X-Large XX-Large XXX-Large

Have you ever been convicted of a misdemeanor/felony in which a child/adult was a victim or involved? Yes No (If yes please attach separate letter of explanation).

CERTIFICATIONS

Please **attach a copy** of your 1st Aid Certificate and mark with an (X) any additional certification:

1st Aid: _____ Archery: _____ CPR: _____ Interpreter: _____ Lifeguard: _____ Registered Nurse: _____

VOLUNTEER POSITIONS

Please select at least two positions with **1** being your first preference. Although we try to honor your preferences, we will match you with a position based on your experience and skills and the availability of such positions.

Counselor: [] **What age group?** ___ 7-9 ___ 10-12 ___ 13-15 ___ 16-18 ***Camp Nurse:** []

***Archery:** [] **Sports Leader:** [] **Arts & Crafts:** [] **Interpreter:** [] **Drama Coach:** []

(*) Indicates you must have a State License or Certified to take this position.

REFERENCES

Give the names and addresses of **2** people not related to you who have known you for at least **five** years.

1. Name: _____ Address: _____

Phone: _____ V/TTY Email address: _____

2. Name: _____ Address: _____

Phone: _____ V/TTY Email address: _____



2017 CAMP GRIZZLY Staff Application

Part Two

EMPLOYMENT HISTORY:

Please list 3 past employers starting with the most recent.

1. Company: _____
Dates worked: Start: _____ End: _____ Job title: _____
Supervisor's name: _____ Supervisor's phone #: _____ V/TTY
Reason for leaving: _____

2. Company: _____
Dates worked: Start: _____ End: _____ Job title: _____
Supervisor's name: _____ Supervisor's phone #: _____ V/TTY
Reason for leaving: _____

3. Company: _____
Dates worked: Start: _____ End: _____ Job title: _____
Supervisor's name: _____ Supervisor's phone #: _____ V/TTY
Reason for leaving: _____

CAMP EXPERIENCE:

Please list your residential camp experience starting with the most recent.

1. Camp name: _____
Dates worked: Start: _____ End: _____ Job title: _____
Director's name: _____ Director's phone #: _____ V/TTY
What did you like most about this camp? _____
What did you like least about this camp? _____

2. Camp name: _____
Dates worked: Start: _____ End: _____ Job title: _____
Director's name: _____ Director's phone #: _____ V/TTY
What did you like most about this camp? _____
What did you like least about this camp? _____

3. Camp name: _____
Dates worked: Start: _____ End: _____ Job title: _____
Director's name: _____ Director's phone #: _____ V/TTY
What did you like most about this camp? _____
What did you like least about this camp? _____



QUESTIONNAIRE:

Please complete the following questions:

1. Write a brief biography sketch, including specialized training in camping and experience or training in other fields, which might have a bearing on the position/s for which you are applying: _____

2. What have you done during your lifetime thus far that has made you to feel the most proud of yourself?

3. Why do you want to participate in Camp Grizzly's leadership program? _____

4. What form of 'discipline' do you feel works best with most children? _____

5. What leadership qualities do you possess? _____

6. What do you hope to gain from your experience working with campers, CITs and staff from Camp Grizzly?

2017 CAMP GRIZZLY

Staff MEDICAL HISTORY FORM



Please print:

Applicant's Full Name: _____

Birth Date: _____ Gender: M ___ F ___ Color of Hair: _____ Color of Eyes: _____

Weight: _____ Height: _____ Blood Pressure: _____

General Questions on HEALTH HISTORY:

Frequent Ear Infection	___	Yes	___	No	Asthma	___	Yes	___	No
Cardiovascular Disorders	___	Yes	___	No	Chicken Pox	___	Yes	___	No
Epilepsy/Seizures	___	Yes	___	No	Measles	___	Yes	___	No
Diabetes	___	Yes	___	No	Meningitis	___	Yes	___	No
Clotting Disorders	___	Yes	___	No	Mumps	___	Yes	___	No
Allergies	___	Yes	___	No	Hepatitis (A,B,C)	___	Yes	___	No
High Blood Pressure	___	Yes	___	No	Head Injury	___	Yes	___	No
Tuberculosis	___	Yes	___	No	Skin (Rash, etc.)	___	Yes	___	No

If yes, explain: _____

Ever had surgeries? _____

Have you ever been hospitalized? _____

Have a chronic or recurring illnesses? _____

Any recent injury, illness or infectious diseases? _____

Loss of consciousness, convulsions, or concussion? _____

Dietary requirements or restrictions? _____

ALLERGIES: [] **FOOD** _____ [] **DRUG** _____

If yes, please describe reaction and management of the reaction: _____

Medications: (Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only. All medications must be in original container with Dr. Name and contact number and dosage instructions intact.)

Prescription:	Dosage:	Specific Times Taken:	Reason:

IMMUNIZATION REPORT: Please record the specific date (month/year) for TETANUS and TUBERCULOSIS Test.

Vaccine: Tetanus (DPT / TD / T)	Date of immunization:	TB Test Date: [] Negative [] Positive
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Are all other Immunizations current? ___ Yes ___ No (Please provide a copy of updated immunization record)

To be completed by Licensed Medical Personnel: I examined this individual on _____ (date). In my opinion, the above applicant: [] is [] is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions: _____

Recommendations and Restrictions at Camp: (treatment, medications, limitations/restrictions, or any additional information for health care staff at the camp) _____

Signature of Licensed Medical Personnel: _____

Printed Name: _____ **Title:** _____

Address: _____

Phone: _____ **Date:** _____

2017 Camp Grizzly Staff MEDICAL RELEASE FORM

Camp Grizzly personnel will make every effort to contact your *Emergency Contact* in the event of an emergency or need for professional medical care.

- In the event that I am in a condition of which I am unable to consent to medical treatment, I hereby authorize Camp Grizzly Health Care Supervisor or Camp Program Manager to consent to any X-rays, routine tests, hospitalization, injection, anesthesia, surgery and/or any other treatments as ordered by the physician at the local medical facility.
- I understand that any medical expenses will be billed directly to my insurance carrier. In the event that my insurer does not pay for the medical service, the medical facility will bill me directly for payment.
- I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, subcontractors and volunteers from any and all liability for bodily injury, cost of medical treatment or injury incurred as a result of the administration of emergency treatment.

This form may be photocopied for use offsite from camp for the purposes described herein.

Indicate any known allergies or special instructions _____

Signature of Applicant: _____ Date: _____

Print Name: _____

**** ALL address, phone numbers and insurance information must be filled out COMPLETELY ****

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Phone Number: _____

EMERGENCY NOTIFICATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Evening Phone: _____

FAX Number: _____ Email Address: _____

INSURANCE INFORMATION:

Primary Insurance _____ MR#: _____ Policy/Group#: _____

Address: _____ Phone: _____

Name of Insured _____

Other Insurance _____ MR#: _____ Policy/Group#: _____

Address: _____ Phone: _____

Name of Insured _____

Check here if you have **NO** health insurance.

Primary Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

REQUIRED ATTACHMENTS:

Attach photocopy of both sides of health insurance card; applications will **NOT** be processed without this attachment.



2017 CAMP GRIZZLY RELEASE FORMS

Consent to Participate

I understand and certify that my participation in the Camp Grizzly program is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, rope courses, archery and other outdoor activities.

I acknowledge that although Camp Grizzly/NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal Services for Deaf & Hard of Hearing cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for my safety and the safety of camp participants.

Signature

Date

Release of Claims

I understand that my participation in Camp Grizzly can expose me to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge Camp Grizzly/NorCal Services for Deaf & Hard of Hearing, its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that I may suffer while participating in the activity, including but not limited to, any claims arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of or conduct of any activity, whether planned or unplanned.

I specifically agree to release and hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, officers, agents, employees and volunteers.

Signature

Date

Notice re: Photograph and Video:

I understand photos, video footage or voice recordings may be captured or taken of me while at Camp Grizzly. Therefore I consent to the use of my photo or artistic likeness and or voice or footage of me while at camp for promotional materials, media coverage, press releases and fundraising projects for NorCal and Camp Grizzly.

Signature

Date

I hereby authorize NorCal Services for Deaf & Hard of Hearing to thoroughly investigate my references, work records, and other matters related to my ability for volunteer work. I further authorize the references I have listed to disclose to NorCal any information related to my character, experiences, and ability. In addition, I hereby release NorCal Services for Deaf & Hard of Hearing, individuals listed as references, and all other persons, corporations, and associations from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I hereby certify that the answers given by me are true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances to volunteer as a camp staff member. I further certify that I have personally completed this application. I understand that my application may be rejected or that I may be discharged from serving as a volunteer in the event that any omission or misstatement of material fact is discovered on this application or on any document used to secure a volunteer position at Camp Grizzly, regardless of the time elapsed before discovery.

Signature

Date