



# CAMP GRIZZLY

*21st Annual Deaf and Hard of Hearing  
Summer Leadership Camp*

## **STAFF APPLICATION**

*July 31 – August 8, 2020*

**DEADLINE: June 1st, 2020 or Until filled**

**NorCal Services for Deaf & Hard of Hearing**

4044 N. Freeway Blvd., Sacramento, CA 95834

916-349-7500 TTY/Voice \* 916-993-3048 VP \* 916-349-7580 Fax

[campgrizzly@norcalcenter.org](mailto:campgrizzly@norcalcenter.org)

[www.campgrizzly.org](http://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 forty employees at its Sacramento headquarter office and four outreach offices throughout northeastern California. Contact [info@norcalcenter.org](mailto:info@norcalcenter.org) for more information.

## Camp Grizzly

Camp Grizzly offers a week-long Youth Leadership program for promoting Deaf Culture, self-esteem, enhancing socialization and leadership 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, drama, camp olympics, 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!

## Diversity Statement

Diversity, equity and inclusion are part of NorCal Services for Deaf and Hard of Hearing's overall mission and are integral to Camp Grizzly's achievement of excellence in camp experience. Our commitment to diversity, equity and inclusion, as demonstrated by our staff and the agency and Board of Directors align well with our "Of, by and For Deaf" philosophy. Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to fully participate, with respect to their cultural, ethnic and religious practices.

## 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 1<sup>st</sup> 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 31 – Aug 2, 2020**) and volunteer for the full term of camp (**Aug 2 – 8, 2020**).

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

4044 N. Freeway Blvd.  
Sacramento, CA 95834  
(916) 349-7500 Voice and TTY  
(916) 993-3048 VP  
(916) 349-7580 FAX  
[CampGrizzly@NorCalCenter.org](mailto:CampGrizzly@NorCalCenter.org)  
[www.campgrizzly.org](http://www.campgrizzly.org)





# 2020 CAMP GRIZZLY VOLUNTEER STAFF APPLICATION

(Minimum 18 years of age)

**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? [ ] Yes [ ] No Gender: [ ] Male [ ] Female

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, other Languages?:

No [ ] Yes [ ] If yes, please comment: \_\_\_\_\_

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

## **CERTIFICATIONS**

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

1<sup>st</sup> Aid:\_\_\_\_ Archery:\_\_\_\_ CPR:\_\_\_\_ Interpreter:\_\_\_\_ Lifeguard:\_\_\_\_ Registered Nurse:\_\_\_\_

**Note:** All applicants must complete and pass livescan fingerprint background check prior to the start date of camp in order to participate. Clearance required for DOJ California, FBI and Child Sex Offender Registration.

## **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:** [ ] Preferred age group? \_\_\_ 7-9 \_\_\_ 10-12 \_\_\_ 13-15 \_\_\_ 16-18

\*Camp Nurse: [ ] \*Archery: [ ] \*Lifeguard: [ ] Sports Leader: [ ] Arts & Crafts: [ ]

Drama: [ ] Lead Counselor: [ ] Interpreter: [ ]

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

**REFERENCES:** Give names and addresses of two persons (not relatives) having knowledge of your character, experience, work habits, and ability.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ VP/V/Text Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ VP/V/Text Email address: \_\_\_\_\_



# 2020 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: \_\_\_\_\_ City, State: \_\_\_\_\_

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: \_\_\_\_\_ City, State: \_\_\_\_\_

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: \_\_\_\_\_ City, State: \_\_\_\_\_

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, 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: \_\_\_\_\_

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

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

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

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5. What leadership qualities do you possess? \_\_\_\_\_

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6. What do you hope to gain from your experience volunteering with Camp Grizzly?

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# 2020 CAMP GRIZZLY STAFF MEDICAL HISTORY FORM



**Please print:**

Applicant's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M [ ] F [ ] Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ HR: \_\_\_\_\_ Temperature: \_\_\_\_\_

**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? \_\_\_\_\_

Do you require a special diet?: [ ] Vegetarian [ ] Gluten Free [ ] Religious/Cultural [ ] Diabetic [ ] Other: \_\_\_\_\_

Please describe: \_\_\_\_\_

**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 Last Booster:	TB Test Date: [ ] Skin [ ] Chest Xray [ ] 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:** \_\_\_\_\_

# 2020 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: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Text : \_\_\_\_\_

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.**



# 2020 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, social/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