

2019 Camp KUDOS Staff Application

Location Change: Springfield Middle School

Dates: July 12th, 13th, and 14th, 2019
Application Deadline: April 22, 2019
Submit completed application to: KUDOS
P.O. Box 1112
Matthews, NC 28106

Application Guidelines:

1. **Please be sure to complete the entire application. Signature of Staff Member is required in Section IV AND Section V. Incomplete applications will be returned, which will delay processing.**
2. Applications will only be accepted by mail to the above address.

Camp Director: Katelyn Evans Katelyn.campkudos@gmail.com or 704-960-0594
Camp Registrar: Beth Theiling Campkudos@outlook.com or 704-589-3429

Section I

Date of Birth _____ Social Security Number: _____ Circle: Male Female

Name _____

First Middle Last Prefers to be called

Address _____

City, State, Zip Code _____

Phone: Day _____ Evening _____ Cell _____

If you do not have a T-Shirt from previous year or need another: (No shirt will be ordered if shirt size is not indicated)

T-Shirt Size (please circle) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L / Adult XL / Adult XXL

E-mail Address _____ Please send camp info to this address Yes ___ No ___

Special Diet Considerations During Camp: _____

Have you previously been a part of Camp KUDOS: ___ Yes ___ No

If yes, when and in what capacity: _____

I would like to serve as a: ___ Counselor ___ Clinical Staff ___ Staff Volunteer in _____

Camper Age Preferred: _____

Check dates you **are available** for camp (7:45 – 5:00 PM):

_____ Friday, July 12th _____ Saturday, July 13th _____ Sunday, July 14th

Are you at least 18 years of age? ___ Yes ___ No

Do you have any physical or mental disabilities that might prevent you from performing the essential functions

If YES, do you have specific suggestions as to how we could accommodate your mental or physical disability?
___ Yes ___ No Describe: _____

Section II

Please explain any prior experience with children: _____

Experience with Diabetes (personal and/or professional): _____

Have you ever worked with children with diabetes in a camp setting? ___ Yes ___ No

Is yes, when and where? _____

If applying for a clinical position, have you worked in a clinical setting at a diabetes camp before? ___ Yes ___ No

If yes, when and where? _____

Other pertinent information or skills you can offer to the camp experience:

Education:

Years	School	Major/Subjects	Degree

Employment (List past 2 Years)

Dates	Employer	Contact#	Position	Supervisor	Reason for leaving

Other relevant camp, volunteer, or child care experience:

Dates	Organization	Contact #	Supervisor	Position

References: Give names/contact information of 3 persons not related to you who have knowledge of your character, experience, and ability.

Name	Personal or Professional Connection	Contact Information

Section III

Certification/Training

What current certification or training (Standard First Aid, CPR, Emergency Water Safety, Lifeguard Training, etc) do you have that you believe might be useful to you in the position for which you are applying? Please attach copies of your current cards or certifications.

Licensure: (Please complete these questions if you are applying for a clinical position)

What license do you hold? _____

Please attach copy of your current license.

What states are you licensed in? _____

Has your license ever been revoked? ____ Yes ____ No

If yes, please explain: _____

Have you ever been accused of, convicted of, or had deferred adjudication on medical malpractice? ____ Yes ____ No

If yes, please explain: _____

Do you have malpractice insurance covering your service at camp? ____ Yes ____ No

****Please note:** It is advisable to contact your insurance carrier and verify that you are covered for your time at camp.

Section IV

Have you ever been arrested, charged with, convicted of, or received a deferred adjunction with respect to any felony or crime involving violence, sexual molestation or abuse, theft or child abuse? ____ Yes ____ No

If yes, described in detail (year, charge, and result): _____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee. I understand untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery by the camp. I certify there is no legal or ethical reason that I should not serve as a counselor/clinical staff/volunteer/role model to young people attending Camp KUDOS, and I will work cooperatively and responsibly with other volunteers to provide the best possible camp experience for the camper and volunteers. I understand that Camp KUDOS will perform background checks on volunteers to ensure the safety of the campers.

Applicant's Signature: _____ Date: _____

*****THERE IS A MANDATORY STAFF ORIENTATION ON THURSDAY, July 11th at Springfield Middle School FROM 6:00 PM TO 8:30 PM. DINNER WILL BE SERVED*****

Section V

Camp KUDOS Consent, Release and Waiver of Liability

***"Participant" refers to campers, volunteers, staff, counselors, nurses, etc. "Camp" refers to Camp KUDOS.

I am the camp Participant or the parent/guardian of the minor child participating in Camp KUDOS and am fully competent to sign this agreement. I understand that I have approved the Participant's request to participate in the 2019 session of Camp KUDOS.

I understand that the Camp involves various physical activities, including but not limited to (a) swimming; (b) transportation via bus, van, or motorized vehicles; and (c) walking/running/playing and that there is risk of injury or even death associated with such activities. I understand the nature of the camp and my or my child's participation in it; I have explained these things to the Participant and his/her participation in it is both willing and voluntary. The Participant is in good health and is physically and mentally capable of participating in all of the activities that will take place at the Camp, including but not limited to those set forth above. In addition, the Participant has adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of injury to the Participant.

In consideration of being permitted to participate in the Camp, the Participant and I assume all risks of such participation. Such risks include but are not limited to swimming, transportation, and walking/running/playing. I further agree that any and all persons associated with Camp KUDOS (including but not limited to any owner, employees, volunteers, nurses, and physicians) shall not be liable for any claims, demands, actions, or causes of action arising out of or in any way connected with the Participant's participation in the Camp, specifically including but not limited to, liabilities, claims, demands, actions, or causes of action relating to bodily injury and illness (including death), property damage or expense suffered by the Participant or me. Therefore, on my behalf, the Participant's behalf and the heirs and assignees of both of us, I do hereby forever release and discharge the Camp, as well as its owner, employees, volunteers, nurses, or physicians from all such liabilities, claims, demands, actions or causes of action.

With the Camp and its activities fully explained to me and all of my questions answered to my complete satisfaction, I consent to the Participant's participation in the Camp and accept the facilities, premises, supervision, and equipment used in connection therewith. I execute this Consent, Release, and Waiver of Liability for full, adequate and complete consideration, fully intending for the agreement to be binding on me, the Participant and the Participant's family, estate, heirs, administrators, personal representatives and assignees.

In addition, I do hereby grant the staff of Camp KUDOS the right to authorize emergency medical treatment for the Participant named below in the event that I or my designated representative cannot be reached. I understand the North Carolina Good Samaritan Law will apply. I understand that Camp KUDOS personnel will call 911 in a life-threatening situation and then contact the Participant's parents/guardians. In a non-emergency situation, I understand that Camp KUDOS will call the parents/guardians first, then emergency medical technicians and the Participant's physicians and will transport the Participant to an appropriate hospital emergency department. I agree to be responsible for the cost of such emergency medical care. I further grant permission for any medical examination, adjustments in diabetes regimen, treatment of illness or injury and emergency treatment of illness or injury as is deemed necessary by the Camp Medical Director. Further, I release Camp KUDOS, its owner and all employees, volunteers, nurses, and physicians from liability for any cause whatsoever and for any injuries or damages incurred during or after the Participant's participation in Camp KUDOS or its activities.

I also give permission for KUDOS to photograph, videotape, or televise the Participant for medical, educational, public relations, or fundraising purposes.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Signature if Participant is a Minor: _____ Date: _____

Participant Signature if Participant is Adult Staff Member: _____ Date: _____