



BOARD OF DIRECTORS

President

Kathleen Leibenguth

Immediate Past President

Will Rumbold

Treasurer

Kate Meisenzahl

Secretary

Amy Button

Vice Presidents

Jim Battaglia

Jen Morey

Mary Manard Reed

William Schoff

DIRECTORS

Traci Adolph

Kathy Burke

Renee Desrosiers

Sandra DiLuglio

Elaine Lennox

Heather Menchel

Alina Nadir, Esq.

Mike Rockwell

Jennifer Schauerma, Esq.

Katie Titus

Larry Yovanoff

April 17, 2017

Dear *Camp Open Arms* Counselor,

We are looking forward to another great year at *Camp Open Arms* July 10th – 21st!!! We hope you will be able to join us this year. You make the difference for our campers.

Your application, camp guidelines/rules and permission slip are enclosed. Please look over these papers carefully and return them to Gilda's Club no later than **FRIDAY JUNE 2nd**.

MAIL RETURN TO:

Gilda's Club Rochester / Camp Open Arms

255 Alexander Street

Rochester, NY 14607

Attn: Jennifer Johnson (JJ)

***Fax #: 585-423-9072

There will be an orientation for new counselors. The date and time are not yet set. We will keep you informed, once we receive your application.

For all counselors, new and returning, there will be a mandatory meeting on July 10th, the first day of camp, at 8am. It is especially important that you attend this meeting as we will be reviewing medical and camp information. If you have any questions, please call Jennifer Johnson (JJ) at (585)423-9700 ext. 315 or email jjohnson@gildasclubrochester.org

Sincerely,

Mike Walker
Camp Director

Mary Casselman
Camp Director

Special thanks to Platinum Sponsor

ROCHESTER
REGIONAL HEALTH

**CAMP OPEN ARMS 2017
COUNSELOR APPLICATION
JULY 10th - 21st DUE: JUNE 2nd**

CONFIDENTIAL INFORMATION
Minimum age requirement is 16 yrs
Please Print in Pen only or Type

1. Full Name: _____

Date of Birth ____/____/____ Sex: *circle:* M or F Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

2. Shirt size: *Please circle:* S M L XL XXL XXXL

3. Who should we notify in case of an emergency: (*Please give two names*)

Name: _____ Phone: _____

Name: _____ Phone: _____

4. Please list two people to serve as a reference:

Name: _____ Name: _____

Email: _____ Email: _____

Relationship: _____ Relationship: _____

5. Have you been a Camp Open Arms counselor before? *Please Circle:* Yes or No

If no, how did you hear about camp? _____

What interest and/or skills could you bring to Camp Open Arms?

Briefly describe your experience with children. (Age groups, organizations, education, leadership, etc.) _____

Are you a lifeguard? Yes or No

6. Have you previously been convicted of a felony or misdemeanor? Yes or No

If yes, please indicate on a separate sheet the convictions, dates, and circumstances.

7. Have you ever been arrested for child abuse or a sexual offense? Yes or No

8. "I hereby authorize the appropriate police agencies to release information on any file record in my name pertaining to child physical or sexual abuse."

(Signature of applicant)

Date

COUNSELOR HEALTH HISTORY

Important: Please indicate if you have been exposed to **any communicable disease** three weeks prior to camp attendance.

10. IMMUNIZATION HISTORY:

1. Tetnus Shot *Date:* _____ 2. Tuberculin Test *Date:* _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical/Hospital insurance carrier and policy number _____

Current Medications: _____

Physical Handicap: _____

Food/Drug Allergies (*please list*): _____

11. IN THE EVENT OF AN EMERGENCY:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp health director in the event I cannot be reached in an emergency to order X-rays, routine tests, hospitalize, secure proper treatment, and to order injections and/or anesthesia and/or surgery for my child as named above. I also give permission to administer over-the-counter medications to my child at the discretion of the medical staff.

Participant forever waives, releases, and holds harmless Gilda's Club Rochester, and its agents, employees, successors, and assigns (the "Releasees") from any loss or causes of action of any kind, and any and all injuries, illness, death, or property damage which may be sustained by the Participant as a result of participation in Camp Open Arms, even if arising from the negligence of the Releasees, to the fullest extent permitted by law, except in cases of the Releasees' willful, intentional, or gross negligence. Participant understands and acknowledges that this Release fully discharges the Releasees from any liability or claim that Participant may have against the Releasees with respect to injuries, illness, death, or property damage which may be sustained by the Participant as a result of participation in Camp Open Arms. Participant further agrees to defend, indemnify, and hold harmless the Releasees for any costs, expenses, or losses, including attorneys' fees, in the defense of any suit arising hereunder.

I HAVE CAREFULLY READ AND REVIEWED THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT MAY OTHERWISE EXIST.

Signature of Applicant: _____ Date: _____

Parent Signature (if under 18 yrs old) _____ Date: _____

12. Please **CIRCLE** dates you will be available to volunteer at Camp Open Arms:

First Week

July: 10th, 11th, 12th, 13th, 14th

Second Week

July: 17th, 18th, 19th, 20th, 21st

PLEASE NOTE...

CELL PHONE USE & TEXTING

CELL PHONES NEED TO BE OFF & AWAY DURING CAMP

IF A CAMPER OR COUNSELOR NEEDS TO BE REACHED FOR
AN URGENT MATTER, THEY CAN BE REACHED BY
CALLING MARY CASSELMAN'S
CELL PHONE @ 585-750-5264

USE OF A CAR DURING CAMP HOURS

SCHOOL BUS TRANSPORTATION IS PROVIDED FOR ALL
CAMP FIELD TRIPS. AT TIMES, SOME COUNSELORS MAY
NEED TO LEAVE EARLY FROM A FIELD TRIP FOR AN
APPOINTMENT/JOB.

THIS IS THE ONLY TIME A PRIVATE CAR WILL BE USED
DURING CAMP HOURS.

PRIVATE CAR USE NEEDS TO BE APPROVED BY THE
CAMP DIRECTOR.

ONLY THE DRIVER WILL BE GIVEN PERMISSION TO BE IN
THE CAR. NO OTHER COUNSELOR WILL BE ALLOWED TO
RIDE ALONG.

COUNSELOR RULES

Camp Open Arms strives to create a safe environment for campers to build comradery, provide support and enjoy summer recreational activities. **Remember** the focus of the camp is on the CAMPER and enhancing their camping experience. To accomplish this, the following rules are expected to be followed by all campers and counselors:

- Exhibit behavior that promotes a safe experience for all campers.
- Be respectful of others
- Must wear appropriate dress including the Camp Open Arms T-shirts at all times
- No swearing or using profane language
- No hitting, fighting, physical or verbal confrontations
- No stealing or damage to property
- Must follow the rules/directions given by head counselors and Camp Directors
- Do not carry campers unless the camper is ill and needs medical attention
- Stay with your group and assigned campers
- Assigned campers must be with you at all times or arrangements made for the camper to be supervised by another counselor with permission of head counselor
- Discuss any problems you may have with a camper or another counselor with the group's head counselor

Failure to follow any of the rules above or other unacceptable behavior may result in the counselor's dismissal from camp. I have read, understand and agree to follow the rules above.

Counselor signature

PUBLICITY RELEASE FORM

Camp Open Arms

To help Gilda's Club spread the word about its service so that others may benefit, I give my permission to this local nonprofit to allow Gilda's Club Roc. and the media to:

Please "X" box if you agree to:

- I agree to be photographed
- I agree to be interviewed
- I agree to be videotaped (video may be shown on TV, in schools, and elsewhere in the community to promote this program)

My involvement will support Gilda's Club's promotional, educational and support efforts.

Signature: _____ Date: _____

Cell Phone #: () _____ *(not for release)*

**GILDA'S CLUB APPRECIATES YOUR HELP AND
COOPERATION!**