



## Summer Camp Counselor Application

Thank you for your interest in being a counselor with Whiskeytown Environmental School summer programs!

Counselors play a very important role in making summer “the best summer ever!” for the kids who participate in our programs. We do not charge an enrollment fee to counselors to participate; but we do screen and limit our applicants so that we can create the best team possible.

We have Summer Camp Counselors and Counselors in Training (C.I.T.). The counselors have already been summer camp counselors or have similar experience, and are generally going into 10<sup>th</sup> grade or higher in the fall. Generally CITs are any counselors going into 9<sup>th</sup> grade, or counselors who have not yet volunteered at summer camp in previous years. CITs will be paired with an experienced counselor. Counselors will have the opportunity to work with kids of various ages, develop leadership skills, receive regular feedback on performance, and be evaluated by program staff. They can also accrue community service hours.

### **Qualities that make a great summer counselor:**

- Positive Attitude
- Love working with/ being around children
- Love and enjoyment of the outdoors
- Sense of humor
- Ability to communicate well with various ages of people
- Team Player
- Ability to follow directions and safety protocols
- Able to ensure safe and nurturing environment for kids

### **Counselor/ CIT Interviews and Training**

All counselors must attend an interview prior to training.

**Summer Camp Counselor Training Dates: June 14<sup>th</sup> and 15<sup>th</sup>**

Each day is 9 am – 5 pm. Please bring a bathing suit and a sack lunch. Please indicate which weeks you are available to volunteer on the next page.

Thank you for applying to be an important part of summer camp!

Kate Bates

Summer Camp Coordinator

Whiskeytown Environmental School

530-225-0332 office

937-631-2649 cell

[kbates@shastacoe.org](mailto:kbates@shastacoe.org)

Name:

Age:

Please indicate which weeks you are available, and if you can stay overnight on Thursday.

- Week 1: June 18-22, 2018  Thursday  
 Week 2: June 25-29, 2018  Thursday  
 Week 3: July 2-6, 2018 (no camp on 4<sup>th</sup>)  Thursday  
 Week 4: July 9-13, 2018  Thursday  
 Week 5: July 23-27, 2018  Thursday  
 Week 6: July 30-August 3, 2018  Thursday

Address:

City/Zip Code:

Phone:

Email

School:

Grade in coming fall:

Have you ever been a counselor at a camp before?  Yes  No

What qualities do you have that would make you a good counselor?

  

Are you physically able to walk at least two miles up and down hills?  Yes  No

Do you know any outdoor survival skills or how to make any arts and craft projects? If so, please explain.

  

List any experience you have had that applies to this position (organizations, clubs, etc):

  

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Permission For Special Activities Form** (All forms to be filled out by legal guardian)

**Edible Plants:** As part of the activities at WES, we give the students and cabin counselors the choice of tasting some of the wild edible plants in the area (i.e., manzanita berries, wild onions, and Douglas fir needles). Some parents have expressed that they are not comfortable with this. Please indicate your preference.



- I DO** want my son/daughter to participate in the activities of tasting wild, edible plants, if he/she wishes.
- I DO NOT** want my son/daughter to participate in the activity of tasting wild, edible plants.

**Swimming:** The activities at WES summer camps included swimming and being around water.

Does your child know how to swim?



- YES,** my child knows how to swim and I give permission for swimming
- NO, I DO NOT** want my son/daughter to participate in swimming or my child doesn't know how to swim.

**PERMISSION FORM TO DRIVE TO  
WHISKEYTOWN ENVIRONMENTAL SCHOOL**

I, \_\_\_\_\_, give permission for  
(parent/guardian's name)

\_\_\_\_\_ **to drive** him/herself to  
(son/daughter's name)

Whiskeytown Environmental School. I understand that I assume all responsibility and liability.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**PERMISSION FORM TO DRIVE TO RIDE TO  
WHISKEYTOWN ENVIRONMENTAL SCHOOL**

I, \_\_\_\_\_, give permission for  
(parent/guardian's name)

\_\_\_\_\_ **to ride** with  
(son/daughter's name)

\_\_\_\_\_  
(name of individual driving)

to Whiskeytown Environmental School. I understand that I assume all responsibility and liability.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# CABIN COUNSELOR HEALTH INFORMATION FORM

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip Code

School: \_\_\_\_\_ Week of Attendance: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Guardian: \_\_\_\_\_  
Last First  
\_\_\_\_\_  
Home Phone Business Phone Cell Phone

Guardian: \_\_\_\_\_  
Last First  
\_\_\_\_\_  
Home Phone Business Phone Cell Phone

### **In case of emergency, when a parent or guardian cannot be reached, notify:**

\_\_\_\_\_  
Name/Relationship Phone

The following information is necessary for your protection and care:

1. Approximate date of your last tetanus shot? \_\_\_\_\_
2. Do you have an illness or condition (such as diabetes, asthma, reaction to bee stings) which will require special attention? If yes, please explain on back.  Yes  No
3. Know allergies? \_\_\_\_\_
4. Do you take medication? (If it were necessary to take you to a doctor, this information would be required).  
 Yes  No

Medication(s)	Dosage	Frequency
_____	_____	_____
_____	_____	_____

**NOTE:** Cabin Counselors under 18 years of age must have "The Request for Medication to Be Taken During School Hours" completed by their physician (Page 9).

4. Are you allergic to any medication?  Yes  No If yes, please list below:

\_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**SPECIAL HEALTH CONCERNS:** Do you have any of the following health conditions? Please note: high school students or any cabin counselor under 18 years of age with health conditions needing specialized care may be required to have a parent/guardian or designee accompany them during their stay at WES.

**Diabetes**  Yes  No

If yes, do you monitor your own insulin levels? Do you administer your own medication?

Instructions for staff: \_\_\_\_\_

**Bee Sting Reaction**  Yes  No

Do you use an Epi-Pen? If so, do you administer your own medication?

Instructions for staff: \_\_\_\_\_

**Asthma**  Yes  No

Do you take medication for it? If so, how often?

Instructions for staff: \_\_\_\_\_

**Allergies**  Yes  No

Do you take medication for them? If so, how often?

Instructions for staff: \_\_\_\_\_

Other health conditions (i.e., migraines, heart condition, seizures, recent injury or illness. Include any information which may require special attention or need a program of limited activity to be followed.

Does your condition require medication? If so, do you administer it?

Special instructions for staff: \_\_\_\_\_

## ***Authorization for Medical Treatment***

I hereby authorized the Shasta County Office of Education to provide first aid, medical, nursing, or surgical care, including care through the facilities of the nearest physician or hospital, for any emergency which may arise while I am in attendance at Whiskeytown Environmental School. I will assume full financial responsibility for all medical, nursing, or surgical care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High school students or anyone 18 years of age require parent or guardian signature)

Are you covered by medical insurance?  Yes  No

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

# SCHOOL MEDICATION AUTHORIZATION FORM

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School \_\_\_\_\_ Phone: \_\_\_\_\_ FAX#: \_\_\_\_\_

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

**Medication must be in the container. No medication (including over-the-counter medication and supplements) will be given at school without a current "School Medication Authorization Form" completed by a California licensed physician.**

**PHYSICIAN'S ORDER** (To be completed by health care provider) ***Only one medication per form***

Name of medication / strength of tablet, capsule or liquid \_\_\_\_\_

This medication is a controlled substance       yes       no

Dosage: \_\_\_\_\_ How Often? \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Route to be given: \_\_\_\_\_

Reason for medication/Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

- Student has been instructed by physician in self-administration and may carry the inhaler with them
- Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments: \_\_\_\_\_

*It is necessary for this medication to be taken during the school day at the time(s) indicated above.*

\_\_\_\_\_  
Print Name of Licensed Physician      Signature of Licensed Physician

\_\_\_\_\_  
Address      Phone      Date

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**TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR**

I request that my child, \_\_\_\_\_, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request.

\_\_\_\_\_  
Parent/Guardian Signature      Date      Phone (home)      Phone (emergency)

**Name of medication to be given at school** \_\_\_\_\_ **Time to be given at school** \_\_\_\_\_

**Checklist of What to Bring To  
Whiskeytown**

Please be prepared for all weather conditions.

**Shoes:** It is important to bring hiking or tennis shoes that provide adequate support since you will be hiking everyday on rocky trails. Open toed shoes/sandals are not allowed on the trails. Flip-flop sandals are not allowed to hike in!

**Appropriate Dress:** **Skimpy shorts, halter or midriff tops, two-piece bathing suits, or inappropriate logos, etc. are not allowed.** All staff, students, and cabin counselors are required to wear a shirt at all times, except when swimming. If you only have a two-piece bathing suit a T-shirt can be worn over it. **Shirts and tank tops must cover bra-straps, midriffs, and not show cleavage.**

Things to Bring:	Things NOT to bring to WES:
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Water bottle (refillable)</b></li> <li><input type="checkbox"/> <b>Bathing suit/towel</b></li> <li><input type="checkbox"/> <b>Sleeping bag/blankets</b></li> <li><input type="checkbox"/> <b>Extra socks and clothes</b></li> <li><input type="checkbox"/> <b>Swimming suit</b></li> <li><input type="checkbox"/> <b>toothbrush/toothpaste and soap</b></li> <li><input type="checkbox"/> <b>flashlight</b></li> <li><input type="checkbox"/> <b>watch/alarm clock</b></li> <li><input type="checkbox"/> musical instruments</li> <li><input type="checkbox"/> cap or hat</li> <li><input type="checkbox"/> shorts</li> <li><input type="checkbox"/> deodorant/personal items</li> <li><input type="checkbox"/> small day pack/fanny pack</li> <li><input type="checkbox"/> sunscreen/chapstick</li> </ul>	<ul style="list-style-type: none"> <li>Hairspray/mousse</li> <li>Curling irons</li> <li>Blow dryers</li> <li>Stereos/radios</li> <li>Firearms</li> <li>Tobacco</li> <li>Pagers</li> <li>Jewelry</li> <li>Alcohol</li> <li>Knives of any kind (including pocket and fishing)</li> <li>Candy/gum/soda or any other food</li> <li><b>NO AEROSOL SPRAY CANS</b></li> </ul>

*Revised 3/14/18*