

**CAMP NEEKAUNIS
TEEN STAFF APPLICATION FORM**

If you are under eighteen years of age, the Camp NeeKauNis Committee has responsibility for you while you are at Camp. The information that is requested on this form is not intended to invade your privacy, but to aid us in fulfilling that responsibility and to ensure that you, as well as other campers, share a joyous and rewarding Camp experience. It also helps us to select the most appropriate staff. NOTE: There are 4 pages in this form.

Please note that if you are under eighteen, parts of this form **require** the signature of a parent or guardian.

A: IDENTIFICATION

Name: _____

Address: _____

Phone: _____ e-mail: _____

Age: _____ Date of birth: _____

Do you attend a Quaker (Friends!) Meeting? _____

If so, which one? _____

B: CAMP EXPERIENCE

Have you attended Camp NeeKauNis before? _____

If so, please list the appropriate information for the most recent occasions:

Camp	Year	Director(s)	Staff or camper?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Position, camp, and dates for which you are applying: _____

Experience or qualifications: _____

Are you applying to work in any other Camp programme(s)? If so, which, and for what position?

C. PERSONAL CONTACTS

Please give the name, address and phone number of a parent, guardian or other responsible adult to be contacted in case of emergency. (Those eighteen and over are encouraged, but not required, to complete this section.)

Name: _____

Address: _____

Phone(s):(home) _____ (business) _____ e-mail: _____

Relation to applicant: _____

D. HEALTH

Health plan name and number*: _____

If a short-term traveler's
plan, agent and date: _____

Personal physician: Name: _____

Phone: _____

Allergies or health problems: (Include a more detailed note if necessary)

Prescription Medication: _____

*For out-of-country applicants, we strongly advise taking out Visitors' Blue Cross, or a similar insurance plan.

E. TRAVEL ARRANGEMENTS

Please provide, on a separate page if necessary, a brief explanation of your travel arrangements for reaching Camp.

**For applicants under eighteen not traveling with parents, please note that you should have with you a letter, signed by your parent or guardian (and in the case of out-of-country applicants, notarized by a lawyer), giving you permission to travel to Camp, and covering such possibilities as border-crossings.

Passport/visa number where applicable: _____

F. CAMP VEHICLES

**Parents/guardians of applicants under eighteen are requested to read and complete the following:

During various Camps, and especially during interim breaks between Camps, staff frequently and naturally request permission to travel with teen drivers. While the Committee hopes that all staff and campers will behave responsibly, on and off the Camp property, staff under the age of eighteen require parental consent to travel with a teen driver.

_____ has my/our permission to travel with a teenaged driver under the following circumstances:

- | | |
|---------------------------------|--------------|
| a. an organized Camp outing | yes___ no___ |
| b. a personal outing | yes___ no___ |
| c. an interim off-site outing | yes___ no___ |
| d. a Camp errand | yes___ no___ |
| e. a medical emergency | yes___ no___ |
| f. at the director's discretion | yes___ no___ |

This permission covers the following dates: _____ and is subject to the following restrictions (distance, time of day, destination, etc.):

(signature)

OR

_____ does not have my/our permission to travel with a teenaged driver while he/she is the responsibility of Camp NeeKauNis.

(signature)

G. PARENTS NOTE Please indicate here anything else you would like us to know about your child - needs, restrictions, etc.

H. MEDICAL EMERGENCIES

**Parents/guardians of applicants under eighteen are requested to read and complete the following:

In case of emergency, I hereby give permission to the physician selected by the Director of the camp to secure proper treatment, including hospitalization, drugs, injections, anaesthesia, surgery, for my child as named above:

(signature)

relationship

date)

I. SPECIAL NEEDS

Please indicate if you have any other special of which directors or cooks should be aware.

J. SMOKING

Do you smoke? ____yes ____no

K. APPLICANTS ARE TO READ THE FOLLOWING SECTION CAREFULLY, AND SIGN ONLY IF YOU ARE SERIOUS IN YOUR COMMITMENT TO CAMP.

I agree that in coming to Camp NeeKauNis I will

- regard myself, as a member of Staff, as a positive example for other campers and regulate my behaviour according to Friends' beliefs and principles;
- respect Meeting for Worship by worshipful attendance (or by maintaining quiet if it is not possible to attend);
- attend meals, including breakfast;
- consider the needs and feelings of other campers;
- fulfill my job description to the best of my ability;
- care for my own health, including observing curfew if applicable and getting enough sleep to preserve my physical and mental capabilities.

I agree that I will not

- bring non-prescription drugs to Camp or use them;
- bring alcohol to Camp or use it there;
- smoke inside any Camp building, or at other than a designated smoking area, nor smoke at all if I have stated that I do not smoke;
- leave Camp property at any time without first informing the Director.

I recognize that a Camp programme is a unique and wonderful community which may be damaged by the development of a relationship which excludes others; therefore I will not involve myself in an exclusive or romantic relationship with a camper or other staff during the programme period.

I understand that if I fail to uphold this agreement, I may be required to leave Camp.

The information I have given on this form is true to the best of my knowledge.

(signature)

(date)

For office use only

I have accepted this person's application for a staff position at Camp NeeKauNis and have informed her/him that she/he has been accepted.

(signature of director)

(date)