



## 2017 CAMP SUSQUEHANNA COUNSELOR APPLICATION

Wednesday, June 21 - Sunday, June 25, 2017 (PLEASE PRINT)

***New counselors and those with only one year of experience at Camp Susquehanna are required to be present at camp at 4pm on Wednesday June 21<sup>st</sup>. All other counselors are required to be present at 6pm on June 21<sup>st</sup>. All volunteers will be required to stay at camp until Sunday, June 25<sup>th</sup> at 2pm. EXCEPTIONS WILL NOT BE MADE.***

Name: \_\_\_\_\_ Nickname (if any) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Place of employment: (or full-time student information) \_\_\_\_\_

Title: \_\_\_\_\_ Brief Job description: \_\_\_\_\_

Please explain your personal and professional experience with working with children: \_\_\_\_\_

\_\_\_\_\_

What special interests or talents do you have that would benefit our camp? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering at Camp Susquehanna? \_\_\_\_\_

\_\_\_\_\_

Are you interested in being involved on the Program Committee (developing and facilitating games and activities?)

Yes  No

Are you a Burn Survivor?

Yes  No

If you are a burn survivor, please tell us about your experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CBC\_\_\_\_\_ CAC\_\_\_\_\_ APP Rec'd\_\_\_\_\_

Please circle which age group you prefer to work with: 6-9 year olds 10-13 year olds 14-17 year olds

Indicate your (unisex) T-shirt Size:

**MEDICAL INFOMRATION:**

Please list anything that may restrict your participation in programming and/or activities (include condition(s), illness Or other injury, any allergies, any prescription medications being taken.)

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**CLEARANCES:**

All counselors are required to have a criminal background check and child abuse clearance completed within the last 3 years. Please indicate your current status:

- \_\_\_\_\_ Currently applied for both Criminal Background Check and Child Abuse Clearance, I am waiting to receive results
- \_\_\_\_\_ Current Criminal Background Check and Child Abuse Clearance Attached
- \_\_\_\_\_ I have previously submitted both Criminal Background Check and Child Abuse Clearance to Camp in the past 3 years

*\*PLEASE NOTE AS OF 1/2015 Pennsylvania State Law now requires volunteers who do not live in PA or have not lived in PA continuously for the past 10 years to ALSO complete an FBI clearance (and fingerprinting). PLEASE SEE OUR WEBSITE FOR ADDITIONAL INFORMATION.*

Have you lived in Pennsylvania for ten consecutive years? \_\_\_Yes \_\_\_ No

**AT CAMP SUSQUEHANNA**, we want you to feel safe, comfortable and supported. Is there any other information about yourself that would be helpful for us to know?

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How did you hear about us? \_\_\_\_\_

***I understand that I will be serving as a camp counselor without compensation. I attest that the above information that I provided is true and understand that untrue, or omitted information herein may result in dismissal, regardless of the time of discovery. I also understand that I will have to undergo a child abuse clearance check and criminal background check in order to be considered for a counselor position. Finally, I understand that I will be required to sign a behavioral contract and if I violate the terms of the contract at any time, it will result in my immediate dismissal.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Email to: [campsusquehanna@gmail.com](mailto:campsusquehanna@gmail.com) Fax: 610-402-8868 Phone: 717-945-2623  
Mail: Burn Prevention Network 236 North 17<sup>th</sup> Street Allentown, PA 18104**

**Deadline to apply is 4/1/2016. Applications will be reviewed and acceptance letters will be sent Mid May.**

## 2016 Additional Application Section for New Counselor Applicants

(PLEASE PRINT)

**NEW COUNSELORS ONLY TO COMPLETE:**

References: Please give the complete addresses and telephone numbers of the **three** people (outside of your immediate family ) who know your character, experience, and ability to relate to children.

Name of Reference #1 \_\_\_\_\_

Relationship to you \_\_\_\_\_

Email address (please print clearly)\_\_\_\_\_

Telephone # \_\_\_\_\_

Name of Reference #2 \_\_\_\_\_

Relationship to you \_\_\_\_\_

Email address (please print clearly)\_\_\_\_\_

Telephone # \_\_\_\_\_

Name of Reference #3 \_\_\_\_\_

Relationship to you \_\_\_\_\_

Email address (please print clearly)\_\_\_\_\_

Telephone # \_\_\_\_\_



### **Camp Susquehanna Counselor Release and Consent Form**

Print Counselor Name\_\_\_\_\_

It is expressly understood and agreed that The Burn Prevention Network and Camp Susquehanna will not be responsible or legally liable for any losses of personal property or for any bodily injury, or the results thereof, incurred and suffered by the applicant in connection with any activities or programs. I am willing and desire to participate in the activities at Camp Susquehanna. I understand that reasonable measures will be taken to safeguard the health and safety of all participants.

Signature \_\_\_\_\_ Date\_\_\_\_\_

### **Camp Susquehanna Photo Consent Form**

I hereby authorize the Burn Prevention Network and Camp Susquehanna Volunteers to photograph me and publish the photographs for use in promotional materials such as displays, presentations, or publications about Camp Susquehanna, or for advertising purposes, including media advertisements. I also give my permission for news media representatives to photograph me for publication in newspapers, or television news broadcast.

The Burn Prevention Network is hereby released for any liability that may arise from the release of the photograph and any information I have provided.

PLEASE NOTE: There will be no monetary compensation for the use of your photograph. Any photographs taken during Camp Susquehanna will become property of Camp Susquehanna.

Signature \_\_\_\_\_ Date\_\_\_\_\_

### **Camp Susquehanna Transportation Release Form**

I, hereby authorize the Burn Prevention Network and their delegates, to provide for my transportations during, and from Camp Susquehanna (if applicable).

Signature \_\_\_\_\_ Date\_\_\_\_\_

## **Refreshing Mountain Camp Facility Activities Release and Waiver Form**

### **Description of Activities**

Refreshing Mountain Camp, Inc (hereafter RMC) provides structured activity opportunities for environmental education and adventure recreation. The following list, though not necessarily comprehensive, lists elements/activities that may possibly be included in the Participant's event at RMC, dependent upon the schedule arranged (either by the Sponsoring Organization or Group Leader):

***A detailed description of these activities can be obtained by visiting [www.refreshingmountain.com/activities.cfm](http://www.refreshingmountain.com/activities.cfm) or by calling 1-888-353-1490.***

### **Challenge By Choice**

Participants in events will be encouraged to participate in activities that may challenge them to push past their perceived fears and comfort, but at no time will a participant be coerced into participating in something that he/she wishes to decline. All activities are "Challenge by Choice" and at any time, a participant may choose to remove himself/herself from the activity.

### **Medical Concerns**

Participants must be reasonably fit. Activities are designed for use by participants of at least average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, and other joint and musculo-skeletal problems and some psychological and psychiatric problems, may all increase the risks of the experience and cause the Participant to be a danger to himself/herself or others. If you are uncertain as to whether or not you are fit enough to participate, you should consult your doctor before doing so. Certain activities have weight, height, and age restrictions.

### **Inherent and Other Risks**

Serious injuries are uncommon in these activities, but the risk of injury certainly exists, by reason of falls, contact with other participants and fixed objects, moving about the grounds on which the activities are initiated and conducted, and otherwise. A number of risks are inherent to the activities. These are risks that cannot be eliminated without changing the essential nature and educational and other values of the activities. The emotional risks range from simple hurt feelings to panic and psychological trauma (fear of heights, for example). The physical risks range from small scrapes and bruises, to bites, stings, skin rashes, broken bones, sprains, neurological damage, and in extraordinary cases, even death. The property on which these activities are located includes uneven, rocky and wooded terrain, cliffs, ravines, springs, animal's holes, and hold potentially harmful plants and animals which may bite or sting. Injuries may be a natural consequence of the activity undertaken, a consequence of structural design or failure, as a result of environmental hazards (including terrain and weather), a result of errors of judgment or other negligence of staff or participants or otherwise; and may occur in spite of the reasonable efforts of staff to prevent them.

In all such cases, these inherent risks, and other risks which may not be inherent, must be accepted by those who choose to participate.

### **Activity Options**

Archery Campfire Canopy Tour\* Canopy Tour Run\*  
Climbing Wall\* Climbing Tower\* Giant's Ladder\* Giant Swing\*  
Group Initiatives Horse cart rides High Ropes\* Low Ropes  
Nature Studies Orienteering Paint Ball Challenge  
Course Physical Challenge Course  
Sling Shot Swimming Wobbly Log\* Zip Lines\*  
Repelling

\* indicates that this type of activity will involve safety equipment like harnesses, helmets, and fall-restraint devices, and participants will potentially be 10-60' above ground at various points of the activity.

**Activities Release and Waiver Form (Side B)**

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the described event(s) (as listed on Side A of this document) and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue RMC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify RMC for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OF THE RELEASED PARTIES FOR ANY INJURY RESULTING TO MYSELF, MY CHILD, OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN PLANNING OR CONDUCTING THE EVENTS.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by RMC's negligence or otherwise.

**Medical Emergency.** I understand that RMC may not have medical personnel available at the site of the activity. I understand and agree that RMC is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that RMC assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

\_\_\_\_Camp Susquehanna\_\_\_\_  
Group Name – Printed (optional)

\_\_\_\_\_  
Participant's Printed Name & Date

\_\_\_\_\_  
Signature of Legal Father, Mother, or Guardian if participant is under the age of 18      Date

**MEDICAL INFORMATION**  
Please list any/all of the following that may restrict participation of the individual in programming and/or activities: condition(s), illness or other injury, any allergies, any prescription medications being taken. If none, write NONE: