



## High School Staff Camp Fee is \$50.00

Camp fees must be mailed to  
Camp Re-NEW-All Office

FOR OFFICE USE ONLY	
DATE RECEIVED _____	SESSION _____
FEE PAID _____ # _____	
POSITION _____	
CR REF _____	

# 2017 HIGH SCHOOL STAFF APPLICATION

(High School –10<sup>th</sup>, 11<sup>th</sup> 12<sup>th</sup> under 18 years old during camp)

### CONTACT INFORMATION (PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

Name: _____			
Address: _____	City: _____	State: _____	ZIP Code: _____
Home Phone: _____	Email address for urgent communiqués <b>REQUIRED:</b> _____		
Date of birth: _____	Present Age: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Grade Next Year 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> College <input type="checkbox"/> Other: <input type="checkbox"/>			
Parish Name: _____	City of Parish: _____	Pastor: _____	

### T-SHIRT SIZE **REQUIRED**

### PARENTS/GUARDIANS

Name of Mother/Guardian: _____	Name of Father/Guardian: _____
Mother/Guardian Cell/Work #: _____	Father/Guardian Cell/Work#: _____

### STAFF POSITIONS

Number positions for which you are applying in order of preference (Qualifications for each position are given on a separate sheet)

<b>Counselor</b>	<b>Cook Assistant</b>	<b>Nature</b>
<b>Religious Formation</b>	<b>Crafts</b>	<b>Sports</b>
<b>Music</b>	<b>Waterfront</b>	

### CAMP SESSIONS I AM AVAILABLE TO WORK

SESSIONS AT FREDERICKTOWN:		Number your session preferences in square to left of session listing in order of preference. Ex. Place #1 by your first choice, #2 by second choice, etc. Mark <b>ONLY</b> sessions that you <b>CAN</b> attend. <b>NOTE:</b> Only indicating a first choice lessens the possibility of being accepted.	SESSIONS AT CASSVILLE:			
1F	June 11-16		1C	June 25-30	4C	July 16-21
2F	June 25-30		2C	July 2-7	5C	July 23-28
3F	July 9-14		3C	July 9-14		

### EXPERIENCE AND/OR QUALIFICATIONS

Have you been to Camp Re-NEW-All before? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Attended: _____	Previous Positions Held: _____
Indicate your previous experience in children's programs (scouting, PSR, etc)	
Please list your "special talents" (Red Cross, Jr. or Sr. Lifesaving, music, art, campfire activities, drama, etc.)	What experience have you had in the area for which you are volunteering?

**REFERENCE:** Name, Address & Phone of a person not related to you, whom you have know for at least one year

### MEDIA RELEASE

I hereby release to the diocese of Springfield-Cape Girardeau the rights of my child's photographs/audio/videos, for the purpose of promotion, video, web site or publications of the diocese. **THE DIOCESE RECOMMENDS THAT STAFF, VOLUNTEERS, AND PARENTS NOT POST TO SOCIAL MEDIA OR DISTRIBUTE PERSONAL IDENTIFIABLE INFORMATION, INCLUDING PICTURES OF ANY CHILD UNDER THE AGE OF 18, WITHOUT VERIFIABLE CONSENT OF A PARENT OR GUARDIAN.**

Parent/Guardian Signature: _____	Date: _____
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### IMPORTANT REMINDERS FROM THE CAMP OFFICE

<ul style="list-style-type: none"> <li>Application Deadline: <b>March 15</b></li> <li>Notification of acceptance mailed: <b>After April 15</b></li> <li><b>STAFF PLACEMENT IS AT THE CAMP DIRECTOR'S DISCRETION.</b></li> <li><b>10 business days notice of cancellation is required before refunds will be given</b> (Refunds processed after July 31)</li> <li>Applications online at: <a href="http://www.dioscg.org">www.dioscg.org</a> , Click on Offices/Ministries select Camp Re-NEW-All from drop down menu.</li> </ul>	<p>Applications may be mailed or faxed to the address or fax number below. <b>Payment of camp fees will not be accepted at camp.</b> Fees must be sent to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Camp Re-NEW-All</b> 601 S Jefferson Ave Springfield, MO 65806 FAX# 417-866-1140</p> </div> <div style="width: 45%;"> <p><b>You may also email completed applications to:</b> <a href="mailto:rfrancka@dioscg.org">rfrancka@dioscg.org</a></p> </div> </div>
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## Roman Catholic Diocese of Springfield-Cape Girardeau - Camp Re-NEW-All PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER

Participant's Name:

Birthdate:

I/we, (names of parents or guardian) \_\_\_\_\_, grant permission for my/our child whose name is listed above, to participate in a **designated session of Camp Re-NEW-All** to be scheduled between **June 1, 2017 and August 1, 2017**. This activity will take place under the guidance and direction of diocesan employees and/or volunteers. As parent(s)/guardian, I/we remain legally responsible for any personal actions taken by the above named minor (Participant).

I/we agree, on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Springfield-Cape Girardeau, its officers, directors, employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my/our child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its officers, directors, employees, agents and chaperones or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child.

**Parent/Guardian signature:**

**Date**

### EMERGENCY INFORMATION

In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for treatment by the hospital or doctor. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact:

**Parent/Guardian Initial here to indicate consent:** \_\_\_\_\_

Name:

Relationship to Camper:

Home Phone:

Work/Cell #:

Family Doctor:

Phone:

Family Health Plan Carrier:

Policy #:

### MEDICATION

(OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, **Parent/Guardian please initial ONLY those that are applicable**)

\_\_\_ In the event it comes to the attention of the diocese, its officers, directors, chaperones or representatives associated with the activity and my/our child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea; I/we want to be called.

\_\_\_ My/our child is taking medication at present: **(List all medications your child will bring to camp and the directions for their use)**

\_\_\_ No Medication of any type, whether prescription or non-prescription, may be administered to my/our child unless the situation is life-threatening and emergency treatment is required.

\_\_\_ I/we hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my/our child, if deemed advisable.

### MEDICAL HISTORY

(The diocese will take responsible care to see that the following information will be held in confidence)

**Tetanus (DPT) Immunization (REQUIRED)** Date of last Tetanus immunization:

**Allergic reactions** (medicines, food, plants insects, etc):

Does your child have a medically prescribed diet?

Any physical limitations, phobias, sleep walking, etc.?

Has your child been recently exposed to any contagious diseases or condition? If yes, date and describe condition:

You should be aware of these special needs or medical conditions of my/our child:

### CODE OF BEHAVIOR

I, (name of Participant) \_\_\_\_\_, hereby agree to abide by all pertinent Codes of Conduct. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any special rules given to me. I understand that failure to comply with these expectations may result in me having to leave the program.

**Participant signature:**

**Date:**

I/we agree that my/our child shall abide by all rules and regulations as established by Camp Re-New-All. I/we agree that if my/our child fails to abide by the code of behavior my/our child may be sent home immediately at my/our expense. I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature(s) required).

**Parent/Guardian signature:**

**Date**