



**High School Staff Fee is \$50.00**

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

*Application Deadline: March 15, 2018*

**2018 HIGH SCHOOL STAFF APPLICATION**  
(PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

*If you will be over 18 by camp time, complete the Adult Application.*

**HIGH SCHOOL STAFF CONTACT INFORMATION**

Staffer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Email (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Male  Female

Grade Next School Year: 10  11  12  College

Parish Name: \_\_\_\_\_ City of Parish: \_\_\_\_\_

Pastor: \_\_\_\_\_

Chose Your T-Shirt Size: Adult: S M L XL 2XL 3XL 4XL

**CAMP SESSION I WOULD LIKE TO VOLUNTEER**

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 ONLY sessions that you CAN attend.**

**Sessions at Fredericktown**

	1F	June 10-15		2F	June 24-29
	3F	July 8-13			

**Sessions at Cassville**

	1C	June 24-29		4C	July 15-20
	2C	July 1-6		5C	July 22-27
	3C	July 8-13			

**PARENTS/GUARDIANS**

Name of Mother/Guardian: \_\_\_\_\_

Mother/Guardian Cell/Work #: \_\_\_\_\_

Mother/Guardian Email-REQUIRED: \_\_\_\_\_


Name of Father/Guardian: \_\_\_\_\_

Father/Guardian Cell/Work #: \_\_\_\_\_

Father/Guardian Email-REQUIRED: \_\_\_\_\_

**STAFF POSITIONS**

Number positions for which you are applying in order of preference.  
Descriptions for each position are available on the camp page at [www.dioscg.org](http://www.dioscg.org)  
or scan the image to the right.



	Assistant Counselor		Cook Assistant		Nature Assistant (Cassville Only)
	Religious Formation Assistant		Crafts Assistant		Sports Assistant
	Music Assistant		Waterfront Assistant		

**EXPERIENCE AND/OR QUALIFICATIONS**

Have you been to Camp Re-NEW-All before? Yes  No

Last year attended: \_\_\_\_\_

Previous Positions Held: \_\_\_\_\_

\_\_\_\_\_

Indicate your previous experience in children's programs (scouting, PSR, etc.): \_\_\_\_\_

\_\_\_\_\_

Please list your special skills or talents (Red Cross, Jr. or Sr. Lifesaving, certified CPR, certified Life-guard, skilled in music, art, drama, etc.): \_\_\_\_\_

\_\_\_\_\_

What experience have you had in the area for which you are volunteering?  
\_\_\_\_\_

Have you received the Sacraments of:  
 Baptism  Reconciliation  Eucharist

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

\_\_\_\_\_

\_\_\_\_\_

**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 that my/our child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I/we want to be called.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ My/our child is taking medication at present: (List all medications your child will bring to camp, the condition for which they are prescribed, and the directions for their use.)

Medication	Condition	Directions for Use

Over the Counter Medications (Tylenol, Advil, Aspirin, Antibiotic Ointments, Anti-Itch Ointments, Cold Medicine, etc.) must be turned into the nurse at check-in.

*If a child needs to carry an asthma inhaler or epi pen with them at all times, we need a signed note from the physician stating that this medication is needed and that the child has been instructed in the correct self-administration of those medications.*

**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 the emergency contact listed below.  
**Parent/Guardian Initial here to indicate consent:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

## MEDICAL HISTORY

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

**NOTE: We do our best to include every child at camp so that as many children as possible may have this wonderful experience. However, we are not equipped to handle all serious medical conditions. The camp schedule includes many hours of outdoor recreational activities, including swimming and other water activities, and at times, in extreme heat conditions. Please consider the nature of this camp when registering your child.**

Date of last Tetanus (DPT) Immunization (REQUIRED): \_\_\_\_\_

Allergic reactions (medicines, food, plants, insects, etc): \_\_\_\_\_

Does your child have a medically prescribed diet? \_\_\_\_\_

If your child has a food allergy or specific dietary need, please clearly detail foods that your child definitely must avoid and suggestions for some foods they will eat within their dietary needs. If you would like to discuss specific food needs, please call the Camp office at 417-866-0841 so we can accommodate your child, if possible.

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

Before attending camp as a volunteer, all High School Staff Members, with their parents or guardians, must read, sign, and return to the camp office, a "**Code of Conduct for Minors**" which can be found on the *Child and Youth Protection* page at [www.dioscg.org](http://www.dioscg.org).

I, (name of Participant) \_\_\_\_\_, hereby agree to abide by all pertinent rules and regulations as established by Camp Re-New-All and the Diocese of Springfield-Cape Girardeau. 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: \_\_\_\_\_  
*This form may not be signed electronically. Please print, sign and submit.*

I/we agree that my/our child shall abide by all pertinent rules and regulations as established by Camp Re-New-All and the Diocese of Springfield-Cape Girardeau. I/we agree that if my/our child fails to abide by the code of conduct 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 is required).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*This form may not be signed electronically. Please print, sign and submit.*

## PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER

Participant's Name: \_\_\_\_\_

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, 2018 and August 1, 2018**. 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.

I/we 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: \_\_\_\_\_  
*This form may not be signed electronically. Please print, sign and submit.*

## ARRIVAL & DEPARTURE AT CAMP

All Staff members at Camp Re-NEW-All in **Cassville** should plan to arrive by **3:00PM** on Sunday of their camp week for **MANDATORY** training and preparation and must remain at Camp through Friday until their responsibilities are completed (around noon). Additionally, they will be **REQUIRED** to attend a **MANDATORY** all-day training on either Saturday, June 9th or Saturday, June 16th at the Catholic Center in Springfield (10:00am-6:00pm).

All Staff members at Camp Re-NEW-All in **Fredericktown** should plan to arrive by **10:00AM** on Sunday morning of their camp week for **MANDATORY** training and must remain at Camp through Friday until their responsibilities are completed (around noon).

\* It is extremely important that camp staff members arrive and depart camp at the designated times. Please keep this in mind when selecting the dates you are available to serve at camp. If you have an emergency circumstance which is going to cause you to arrive late or leave early from camp, please notify camp directors.

\* Younger siblings of Staff Members may not arrive at camp before Monday morning unless the parent of the camper is also serving on staff.

\* Parents, please do not arrive earlier than the specified time on Friday to pick up your staffer. The camp gates will be closed and, especially in Fredericktown, there is no safe place to park along the road.

***DID YOU KNOW? The Diocesan Development Fund (DDF) covers over \$60,000 of the costs for Camp Re-NEW-All. That's why our camp fees are so affordable!***

## APPLICATION CHECK-LIST

As part of this application to volunteer at Camp Re-NEW-All, I agree to the following (**please read and initial each statement**):

- \_\_\_\_\_ Volunteering at Camp is a privilege. Staff members are placed at the Camp Director's discretion, based on previous experience, references, and needs for the camp program.
  - \_\_\_\_\_ High School Staff Fee is \$50.00 per staffer, per week (if applicable). Payment must be mailed to the Camp Re-NEW-All Office, 601 S Jefferson Ave., Springfield, MO 65806. Payment will not be accepted at Camp. **Applications must be received by March 15, 2018.**
  - \_\_\_\_\_ Applications can be mailed to the above address, faxed to 417-866-1140, or scanned and emailed to [knewton@dioscg.org](mailto:knewton@dioscg.org). The application must be signed by hand (not electronically).
  - \_\_\_\_\_ Notice of cancellation is required 10 business days before the start of camp for a refund to be given (refunds are processed after July 31).
  - \_\_\_\_\_ Staff members in **Cassville** are required to attend a **MANDATORY** all-day training on either Saturday, June 9th or Saturday, June 16th at the Catholic Center in Springfield (10am-6pm).
  - \_\_\_\_\_ Staff members in **Cassville** should arrive at 3:00pm Sunday afternoon of their week of Camp. Staffers may depart on Friday afternoon after their responsibilities are completed (around noon). Roaring River State Park, Camp Smokey, 12716 Farm Rd 2239, Cassville, MO.
  - \_\_\_\_\_ Staff members in **Fredericktown** should arrive at 10:00am Sunday morning of their week of Camp and depart on Friday afternoon after their responsibilities are completed (around noon) : Camp St. Vincent, 6523 Highway E, Fredericktown, MO 63645.
  - \_\_\_\_\_ It is extremely important that camp staff members arrive and depart camp at the designated times. Please keep this in mind when selecting the dates you are available to serve at camp. If you have an emergency circumstance which is going to cause you to arrive late or leave early from camp, please notify camp directors.
  - \_\_\_\_\_ Once camp begins, we do not allow visitors on camp grounds during the week.
  - \_\_\_\_\_ Cell phones should not be used at camp. Staff members are expected to bring a watch and an alarm clock, and to not rely on their phones for this purpose. Staff sets example for campers!
  - \_\_\_\_\_ Campers and staff members will not be able to receive phone calls at camp. Camp directors will call parents if an emergency arises.
  - \_\_\_\_\_ A camp roster will be distributed at the end of each camp session. We will include the following information for each camper and staff member unless you specifically tell us differently: First and Last Name, Parish, Phone Number, Birth Date (not year)
  - \_\_\_\_\_ All staff members and campers will be photographed and photos will be shared with other campers and the diocesan Communications Office to be used for the purpose of promotion, video, web site or publications of the diocese.
  - \_\_\_\_\_ There will be absolutely no tolerance for bullying, including: name-calling, hitting, shoving, etc. Parents of minors will be called and offenders may be sent home immediately for any infraction.
- \* Please make a copy of the application paperwork for your records.

FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ SESSION \_\_\_\_\_

FEE PAID \_\_\_\_\_ # \_\_\_\_\_ GRADE \_\_\_\_\_

CR REF \_\_\_\_\_