

**PHILANTHROPY CAMP 2017**  
**Teen Volunteer (Assistant) Application**  
**Rising grades 10, 11, 12, college freshman to 18 years old**

**Camp Date:** July 23-27, 2018

**Time:** 8:30 a.m. to 4:45 p.m. daily

**Location:** First Church of the Nazarene/Jewish Cultural Center  
5455/5461 North Terrace Road, Chattanooga, TN 37411

**Compulsory Training Sessions – Four hours Wednesday (July 18) 4-8 pm,  
Four hours Thursday (July 19) 4-8 pm and  
Four hours Friday (July 20) 10-2pm  
Meals included**

**Philanthropy Camp** is a one-week day camp designed to provide elementary-age children with opportunities to give back to others, and to understand the positive differences they can make in their own community. Through hands-on-activities campers will explore the concept of and the relationship between philanthropy, faith, family, and community. Philanthropy Camp is a joint program of Chattanooga First Church of the Nazarene and the Jewish Federation of Greater Chattanooga.

Teen volunteer registration forms will not be accepted after 5:00 p.m., Friday, April 21. **In-person interviews will take place during the months of May and June. The interview itself is not a guarantee of acceptance. All acceptances are at the discretion of the Directors. All volunteers 18 years and older will be asked to submit information for a background check.**

**All volunteers, without exception, must be in attendance at the training sessions listed above, unless otherwise excused by the Program Director.** Meals are included during training.

Teen volunteers are responsible for their transportation to and from camp, and are expected to be at camp for the entire day, every day. Training and camp are no cell phone zones.

# PHILANTHROPY CAMP TEEN VOLUNTEER APPLICATION 2018

This application must be completed in its entirety. If a section does not apply please indicate with N/A.

## Teen Volunteer Applicant Information:

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female \_\_\_\_ Male \_\_\_\_

Grade entering in the fall 2017 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Licensed driver? Y N Will you be driving to and from camp? Y N

**If you drive to camp, you agree that your car will remain in the parking lot until the end of the camp day. You will not be permitted to leave the camp site for lunch or other breaks.**

**T-shirt Size** (circle one): Adult Small Adult Medium Adult Large Adult XL

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## Parent/Guardian 1 Information:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Parent/Guardian 2 Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Teen Volunteer Application Questionnaire:**

The following questionnaire must be completed in full. If you require additional space, please use a separate sheet of paper, and staple it to your application.

- **Have you ever attended camp?** \_\_\_ YES \_\_\_NO If so, which camp? List your favorite camp experiences and why.
  
- **Have you worked with young children before?** \_\_\_ YES \_\_\_NO If yes, when and in which capacity?
  
- **Have you had any prior leadership training and/or camp counselor experience?** \_\_\_YES \_\_\_NO If yes, please state where and when.
  
- **List any special skills/talents/certification or other personal accomplishments.**
  
- **Is there any information about yourself that you would like the selection committee to know that we have not asked?**

On a separate sheet, please give a thoughtful response (limit 250 words) to the following:

- **Share with us your ideas of what you think philanthropy is.**
- **Why do you want to be a teen volunteer for Philanthropy Camp? What do you hope to contribute, and gain from being a teen volunteer?**

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**Please include at least two reference letters and contact information from a non-parent adult such as a teacher, rabbi, minister, or other.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Working with children in a summer camp environment requires a high standard of care, and a strong sense of responsibility.**

**Teen Volunteer Expectations/Behavior Contract:**

1. Policy and procedures have been put in place for the safety of all. Teen assistants are expected to follow all directions as given by the Camp Director, Program Director, Teen Leader, and others deemed to be in a supervisory position.
2. Always speak with an adult staff member if you have a question or a problem during camp. Every situation is a learning opportunity, and the adults on staff are here to help and guide you.
3. Always conduct yourself in a respectful manner. Consider your attire, personal habits and attitude. You are a role model. Young children admire and follow teen actions.
4. Always be kind, courteous and helpful. Your helping hands and positive presence will aid in the development and promotion of the camp's philanthropic experiences.
5. Pay close attention to the young campers under your direction.

**Cell phones are strictly prohibited during camp hours. Your full attention is required at all times.**

6. Assist with all parts of camp which include, but are not limited to, activity set-up and clean-up, and camper supervision. Teen volunteers are expected to participate in all activities.
7. Arrive promptly at 8:30 a.m. for set-up. Leave after 4:40 p.m. following clean-up.

**Teen volunteers who drive to camp are not permitted to use his/her car during camp hours.**

Remember, you are the face of Philanthropy Camp, The First Church of the Nazarene, and the Jewish Cultural Center. Your actions and behavior should always promote positive attitudes for positive outcomes.

The teen volunteer recognizes that his/her actions can positively or negatively impact the camp community. The teen volunteer must follow the above expectations, and comply with the general rules set out by Philanthropy Camp. All teen volunteers will work diligently to create a safe and enjoyable environment so all may enjoy the benefits of a healthy and happy summer camp atmosphere.

Should a teen volunteer demonstrate inappropriate behavior, the following steps will be taken:

1. The Camp Directors and/or another staff person will discuss the behavior issue with the teen volunteer.
2. If inappropriate behavior continues, the teen volunteer may be reassigned or asked to leave the camp.

I have read and understand the Philanthropy Camp Behavior Contract.

Signature of Teen Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The following must be completed by the teen volunteer's parent/guardian.**

**Additional Emergency Contact** *if parents cannot be reached*

Name \_\_\_\_\_ Relation to teen \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list other adults to whom your teen **may** be released or who may provide transportation. \_\_\_\_\_

Is there anyone who **may not** pick up your teen? \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION - RELEASE**

I am the parent or legal guardian of \_\_\_\_\_ (the "Participant"), who has my permission to participate in all programs and activities in Philanthropy Camp. I recognize and acknowledge that participation in the camp necessarily involves the risks of accident, personal injury and/or property damage. I consent to the Participant's participation in the camp and assume all these risks in connection with the camp. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself. Accordingly, in consideration for Chattanooga First Church of the Nazarene and the Jewish Federation of Greater Chattanooga (hereafter called the organizations) allowing the Participant to participate in the camp, I hereby release both organizations, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities allegedly caused by any negligent act or omission of the organizations, arising out of or relating to participation in the camp. Additionally, in consideration of the organization's allowing the Participant to participate in the camp, I hereby agree to indemnify and hold harmless the organizations for any and all costs, losses, damage, or expense, including attorney's fees, arising out of any claim for personal injuries allegedly caused by any negligent act or omission of the organizations, arising out of or relating to participation in the camp. I agree that Participant is attending the camp voluntarily and for purely recreational purposes.

Additionally, I agree to allow the organizations to use pictures of my teen for promotional and news purposes. I agree to allow the organizations to transport my teen to and from program activities by licensed adults over the age of 18, in private or the organizations vehicles or in the event of an emergency.

Parent/Guardian

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

## MEDICAL INFORMATION FOR EACH TEEN VOLUNTEER

Teen Volunteer Full Name: \_\_\_\_\_

Physician Name \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Dates when teen last received the following shots: MMR \_\_\_\_\_ Tetanus \_\_\_\_\_

Does your teen have any allergies (such as food allergies or bee stings) that we should be aware of?

Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_  
List any conditions that have been diagnosed by a physician, psychologist or psychiatrist:

\_\_\_\_\_  
Does your teen have any learning or behavior challenges?

\_\_\_\_\_  
Does your teen have any special conditions not already addressed? If so, please describe:

\_\_\_\_\_  
Will your teen be taking any medication, including over-the-counter, during summer camp?

Yes \_\_\_ No \_\_\_

*This includes medicines taken before arriving and after departing summer camp.*

Will the organizations staff be required to administer the medication for the teen?

Yes \_\_\_ No \_\_\_

Will your teen be taking any medications beyond their expiration date? Yes \_\_\_ No \_\_\_

*The organizations staff cannot administer expired medication.*

If you answered yes above, you must provide the medications and complete the information below.

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Special activities to be encouraged or restricted

\_\_\_\_\_  
Special dietary regimen to be followed (e.g. vegetarian, lactose intolerant)

\_\_\_\_\_  
Does your teen carry an Epi-pen? Yes \_\_\_ No \_\_\_ (*See Doctor's Authorization below*)

If the organizations staff needs to administer an Epi-pen, you must obtain the prescribing physician's authorization:

### DOCTOR'S AUTHORIZATION

Doctor's Name \_\_\_\_\_ (please print)

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL AUTHORIZATION

I authorize the Organizations staff to give the medications listed to my teen: over the counter, prescribed, emergency medicines – Epi-pen etc. I authorize the organizations staff to give permission for medical treatment of my child in the event of an emergency. I also certify that the personal and medical information contained herein is true and correct to the best of my knowledge.

Parent/Guardian

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