

We do not charge a fee for adults (over 18) who volunteer at Camp Re-NEW-All. Thank you for sharing your time and talents with the young Church!
Application Deadline: March 15, 2018

2018 ADULT STAFF APPLICATION

(PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

ADULT STAFF CONTACT INFORMATION

Staff Member's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____

Email (REQUIRED): _____

Date of Birth: _____ Present Age: _____ Male ☐ Female ☐

Status: Single ☐ Married ☐

College Student ☐ Seminarian ☐ Religious ☐ Priest ☐

Parish Name: _____

City of Parish: _____ Pastor: _____

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

CAMP SESSION I AM AVAILABLE 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			

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 or scan the image to the right.



	Counselor		Cook		Nature
	Religious Formation		Liturgy		Sports
	Music		Crafts		Waterfront
	Maintenance Staff (Fredericktown only)		Medical Professional (Nurse, Physician, EMT)		

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 Lifeguard, skilled in music, art, campfire activities, 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: _____

PERMISSION FOR EMERGENCY CARE

I give permission to receive such emergency care as is necessary by the physician chosen by the Directors of Camp Re-NEW-All and agree to be responsible for all bills over and above those covered by camp insurance, which is secondary coverage.

Initial here if you agree: _____

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!

STAFF MEDICAL INFORMATION

Because our diocesan insurance covers all participants at Camp, we request that staff members fill out this form.

Your Name: _____

Name of Emergency Contact: _____

Relationship: _____

Emergency Contact Home Phone: _____

Cell Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Health Plan Carrier: _____

Policy #: _____

MEDICAL HISTORY

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

Date of Last Physical: _____

Date of last Tetanus (Required within the last 10 years): _____

Food or drug allergies: _____

List any medical conditions that might prevent participation in camp activities: _____

List all medications you will bring to camp, the condition for which they are prescribed, and the directions for their use.

Medication	Condition	Directions for Use

SAFE ENVIRONMENT AND BACKGROUND SCREENING INFORMATION

In compliance with diocesan policy, **PRIOR** to going to camp, all adults who volunteer for Camp must:

- 1) Attend the VIRTUS SAFE ENVIRONMENT TRAINING,
- 2) Complete the DIOCESAN BACKGROUND SCREENING, and
- 3) Sign the DIOCESAN CODE OF CONDUCT

The Code of Conduct must be signed each year; however, you are only required to complete the other two requirements once. If you are not sure, call the camp office at 417-866-0841.

Background Disclosure and Authorization and Code of Conduct forms are available at your parish office or at www.dioscg.org. Return the completed forms to your parish office and fill in the background screening section on your Virtus Account - this can precede your camp application.

Go to www.virtus.org to register for a safe environment training at which time you may complete the Code of Conduct and Background Authorization (a paper copy of this form still needs to be turned into your parish office.)

Attended a VIRTUS Safe Environment Training: Yes ☐ No ☐

Background Check Completed: Yes ☐ No ☐

Completed Current Code of Conduct: Yes ☐ No ☐

CAMP CODE OF BEHAVIOR

I 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.

Initial here if you agree: _____

MEDIA RELEASE

I hereby release to the diocese of Springfield-Cape Girardeau the rights of my 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.

CAMP ROSTER

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).

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.

CAMP IS NON-SMOKING

Our Diocesan Code of Conduct states that ministry leaders and volunteers may not use tobacco products in the presence of minors. If you must smoke or use tobacco products, you will have to leave the camp grounds and go to a designated location.

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**):

_____ Staff members are placed at the Camp Director's discretion based on previous experience, references, and needs for the camp program.
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. The application must be signed by hand (not electronically).

_____ 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 (10:00am-6:00pm).

_____ 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 plan to 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.

APPLICATION CHECK-LIST, continued

_____ 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.

_____ Camp Re-NEW-All is a non-smoking area. Adults must leave the campgrounds and go to a designated location to use tobacco products, including chews, vapors, and cigarettes, etc.

_____ All adults (18 and older) must be in compliance with Diocesan Safe Environment policies before the start of camp, preferably by the end of May, for paperwork to be processed.

_____ 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 examples for campers!

_____ Staff members will not be able to receive phone calls at camp. Camp directors will call your Emergency Contact 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.

CONSENT

By signing below I hereby warrant that to the best of my knowledge the information provided above is correct and I agree to the statements and terms contained herein.

This form may not be signed electronically. Please print, sign and submit.

Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ SESSION _____

FEE PAID _____ # _____ GRADE _____

CR REF _____