



2010 FIRST-TIME BUDDY APPLICATION

Please complete the front and back of each page. Please print clearly.

Full Name _____

SESSION SELECTION

Please check ONLY ONE of the following:

- I would like to apply as a buddy for Session One (July 25-30, 2010)
- I would like to apply as a buddy for Session Two (August 1-6, 2010)
- I would be willing to work at either session. Please place me as you see fit.
- I would like to apply as a buddy for both sessions of camp.

APPLICATION GUIDELINES

Please check each of the following boxes, then sign below, to signify your understanding of the application guidelines:

- At the time of camp, I will have completed Grade 11 or beyond.
- I am willing to live and work at camp for the duration of my session.
- I am willing to abide by Camp Hope's rules and regulations as stated within.
- I have the willingness and ability to work as a member of a group.
- I will provide references upon request.
- I understand that all positions within Camp Hope are volunteer positions, and that I will receive no compensation for any services rendered.
- I understand that my completion of this application does not guarantee me a position on the Camp Hope summer staff. I also understand and agree that an interview may be required before being selected to a position.
- I understand that Camp Hope may be required to conduct a background check, and I agree to submit all necessary information if requested.
- If I am selected to the Camp Hope summer staff, I will attend the following training session:
 - SATURDAY, JULY 17, 2010 from 9:00 a.m. – 2:00 p.m.
(Note: this date and time are subject to change based on availability.)

I have read the above Application Guidelines, and my signature below signifies my understanding of and agreement to these guidelines.

Signature

Date

SECTION ONE :: YOUR INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Height _____ Weight _____ T-Shirt Size _____

Age (at time of camp) _____ Email Address _____

School you attend _____

How did you hear about Camp Hope? _____

May we use your name and address to include you on a mailing list for campers and other buddies to keep in touch with you? _____ Yes _____ No

SECTION TWO :: YOUR PARENTS' or GUARDIANS' INFORMATION

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Person to Call in Case of Emergency (Other than Parent or Guardian)

Name _____ Phone _____

SECTION THREE :: MEDICAL & INSURANCE INFORMATION

Name of Insurance Company _____

Policy # _____ Group # _____

Social Security Number of Insured (child) _____

Name and Social Security number of Policy Holder _____

Authorized Physician _____

Telephone # of Authorized Physician _____

Health History

Pre-existing or present medical condition(s) _____

Please list the name and dosage of any medications that are currently being taken, or will be taken through the duration of Camp Hope:

- 1. _____
- 2. _____
- 3. _____

Please list any allergies _____

Please list any food allergies _____

Please list any allergies to medications _____

Estimated Date of Last Tetanus Shot _____

Do you have any dietary, swimming, or physical activity restrictions? [] Yes [] No

If yes, please explain _____

SECTION FOUR :: PERSONAL ASSESSMENT

Please answer the following to the best of your ability. Please attach additional pages if necessary.

- 1. Why are you interested in being a buddy at Camp Hope?

- 2. I think I will be a good buddy because

- 3. What talents, skills, and/or special training do you possess that will benefit Camp Hope?

- 4. Are there any disabilities that you feel you cannot deal with? If yes, explain.

- 5. Are you a certified lifeguard? _____ If yes, please attach copy of certification.
- 6. Do you know sign language? _____ If yes, how well? _____

SECTION FIVE :: CAMP RULES & DISMISSAL

Camp Rules

1. Never leave camper unattended.
2. No physical or verbal abuse of campers.
3. Do not leave the camp facility at any time without permission. A map outlining the boundaries of the camp facility will be posted.
4. No use of drugs, including alcohol.
5. Smoking or any use of tobacco is not permitted at any time.
6. No sex or any other inappropriate display of affection.
7. Telephone usage is permitted only during the hours arranged by the on-site director. Compliance with telephone usage times is required.
8. Always have another buddy or staff member present when changing your camper's clothing or diaper, or when toileting and/or showering.
9. No visitors from outside the camp are permitted at any time.
10. **All personal medications** (including both prescription and "over the counter" non-prescription) must be given to the Camp Nurse before camper check-in time. You will have access to these medications whenever you need them.
11. No girls are permitted in the boys' area and no boys are permitted in the girls' area at any time.
12. Curfew is midnight and all buddies will be in bed by 12:30 a.m.
13. Additional rules may be added as necessary.

Dismissal

I will be dismissed immediately for any of the following infractions:

1. Leaving the camper to whom I have been assigned unattended.
2. Physical or verbal abuse of any camper or buddy.
3. Leaving the camp facility without permission from the Camp Director.
4. Use of drugs, including alcohol.
5. Engagement in sex or in any other inappropriate display of affection.

I agree to abide by all of the above-mentioned rules and regulations including the grounds for dismissal.

Signature of Applicant

Date

SECTION SIX :: LEGAL AFFIDAVIT AND GENERAL RELEASE

IF YOU ARE UNDER 18 YEARS OF AGE, THIS FORM MUST BE COMPLETED BY YOUR PARENTS OR LEGAL GUARDIANS. IF YOU ARE 18 OR OVER THEN YOU MAY COMPLETE THIS FORM YOURSELF.

GENERAL RELEASE

For and in consideration of _____ (participant) being permitted to participate as a buddy at Camp Hope, the undersigned self, parent, guardian, or legal representative on behalf of the participant and the participant’s parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless Camp Hope, Anchored in Hope, Inc., the executive Board of Anchored in Hope, Inc./Camp Hope, and their personal representatives and assigns from any loss or damage on the account of any injury to the person or their personal property, or death of the participant while engaged as a participant in the camp activities. This release further applies to any claim whatsoever on account of first aid, treatment or service rendered to the participant during the Camp Hope session.

The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in that if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned self, parent, guardian or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the participant and the participant’s parents, personal representatives, assigns, heirs and next of kin.

Permission is granted to photograph the buddy and to use, publish and release for publication such photos relating to our programs. The name of such person photographed may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs used will conform to the standards of good taste.

GENERAL CONSENT

The undersigned, as parent/or guardian of the above named, does hereby consent and grant permission for the said person to attend Camp Hope. I hereby further give my consent for the buddy to take part in all camp activities including, but not limited to, athletic competition, crafts, swimming, music, movies, hay ride, etc.

I understand that the buddy’s stay at any program of Camp Hope is conditional upon his/her adjustment to the job requirements listed herein and to the adherence of camp rules. If the camp staff decides that the above named is not adjusting well to camp, or is in breach of camp rules, the parent will be notified to take the above named home.

Signature of Buddy or Parent, Guardian or Legal Representative of Buddy under age 18 *Date*

AFFIDAVIT

State of _____, County of _____

I hereby give permission to the Camp Director and Health Supervisor of Camp hope to medically treat or seek treatment for the Camp Hope buddy, _____. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director and Health Supervisor to hospitalize and secure proper treatment for this buddy.

Signature of Buddy or Parent, Guardian or Legal Representative of Buddy under age 18 *Date*

I certify that all information provided in this registration and description is true and complete to the best of my knowledge and that my signature in each preceding required area represents my acceptance of the terms, conditions or understandings covered in that area.

Signature of Buddy or Parent, Guardian or Legal Representative of Buddy under age 18 *Date*

Camp Hope Buddy Interest Questionnaire

The answers to the following questions will help us help you during your week at camp.

Name _____

Favorite Candy _____

Favorite Snack _____

Favorite Sports Team _____

Favorite Book or Author _____

Favorite Magazine _____

Favorite Meal _____

Favorite Musician _____

Favorite Non-Alcoholic Beverage _____

Favorite TV Show _____

Favorite Sport _____

In my free time, I like to _____

An interesting fact about me that no one knows (or very few people know) is

What will you miss the most this week, being away from home?

What do you think will be the biggest challenge you face while at Camp Hope?
