



2019 COUNSELOR APPLICATION

Mail Application To:
Camp M.A.S.H. Director
Michael Schultz
PO Box 850548
Mobile, AL 36685

Fax Application To:
Fax: (251) 473 - 1703
Attn: Michael Schultz

Email Application To:
Email: campmashmobile@gmail.com

Office Use Only

Date Rec'd: _____

Please provide
current photo here
(or include with
this application in
some way)

Camp M.A.S.H. 2019 Dates:
Sun., June 9 – Sat., June 15, 2019

****NOTE: COUNSELOR TRAINING WILL BE FRIDAY JUNE 7 AND SATURDAY JUNE 8, 2019. YOU MUST LET CAMP DIRECTOR KNOW ASAP IF YOU ARE NOT ABLE TO BE AT THE TRAINING. WE CAN WORK WITH YOU BUT WE NEED TO KNOW ASAP. PLEASE TALK TO CAMP DIRECTOR ABOUT ANY CONFLICTS OR QUESTIONS ABOUT THE SCHEDULE. WE CAN WORK WITH AND ARE WILLING TO WORK WITH A LOT OF SITUATIONS.**

Counselor Identifying Information

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: M or F Age: _____ Date of Birth: _____

Current Mailing Address: _____

Alternate Summer Address: _____

Phone Numbers: Main - _____ (If not cell, please indicate) Secondary #- _____

Texting: May we text you information? Y or N ****This has become primary way we communicate with counselors so please indicate if this is not a form of communication you use and we will note and contact you other ways.**

Email: _____ ****Please provide email you check; we send a lot of info via email.**

Emergency Contact Info: Name - _____ Phone - _____

Please circle your t-shirt size: YS YM YL S M L XL XXL XXXL

Have you been a counselor at this or any camp previously? YES or NO If YES, where? _____

How did you hear about Camp MASH? _____

Certifications/Special Skills/Experiences: (Circle all that apply; list additional in space provided if you have others)

Life Guard CPR/First Aid Registered Nurse Horses Archery

Photography Arts & Crafts Ropes Course Musical Instrument Other(s)

DEADLINE FOR APPLICATION IS May 15, 2019

Contact Camp Director Michael Schultz with any questions:

Phone: 251-599-5688

Fax: 251-473-1703

campmashmobile@gmail.com

Counselor References & Qualifications/Experience

References: List three (3) non-relative references, over the age of 21, who have knowledge of your qualifications, experiences, and/or character. Please provide accurate, current information for each reference because we will be contacting them about you.

<u>Name</u>	<u>Relationship</u>	<u>Phone</u> (Type [cell, home, work, etc.])	<u>Email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experiences: Please provide list of some (or all), of your past work/volunteering experiences. If you have camping experiences, please indicate those as well. If you need additional space, please attach a separate sheet of paper.

Short Answer: Please answer each of the following questions with brief answers, helping us get to know a little more about you.

Why do you desire to volunteer at Camp MASH? _____

What do you feel are areas of strength that you have that will help you in this position? _____

What are some characteristics that you consider important for someone in leadership? _____

How might this position help you in meeting some of your future goals? _____

Our camp is for campers at 7 to 17. What age range are you most comfortable with and why? (Keep in mind that you may not work with your first choice.)

Describe what an ideal day off would look like for you. _____

If you could pick anyone, alive or dead, to have lunch with who would you pick and why? _____

On a scale of 1 to 5, 1 being low or "not you" and 5 being high or "definitely me", rate the following:

Energy Level ____	Attention to detail ____	Comfort level on stage ____	Creativity ____
Morning Person ____	Night Owl ____	Enjoy conflict ____	Musical ____
Organized ____	Enjoy books ____	Sports Buff ____	Photographer ____

Counselor Medical Information

*****PLEASE FILL THIS OUT COMPLETELY AND SPECIFICALLY SO WE ARE AWARE OF ANY SPECIAL SITUATIONS.**

Medical History: (Circle all that apply)

Asthma Diabetes Hypertension Seizures Migraines ADHD Hepatitis Depression Anxiety Thyroid Cardiac Issues

Other If Other, please explain _____

Are your immunizations up-to-date? YES or NO Date of most recent Tetanus Shot: _____

Medicines: Please list any and all medications you are currently taking on a regular/routine basis (including over the counter): _____

Allergies: Please list any and all allergies, including food and drugs, and indicate typical reaction and action to be taken afterward: _____

Meals: Please indicate if you have any special dietary needs, such as gluten-free, vegetarian, etc. Also, if there are other meal or food related issues that we need to make our kitchen staff aware of please let us know. We will do our best to work with you to meet your needs, but note: **YOU MAY NEED TO PROVIDE SOME/ALL OF ANY SPECIFIC AND/OR SPECIAL FOODS THAT YOU REQUIRE/DESIRE TO EAT. WE CANNOT MEET EVERY NEED. PLEASE TALK TO DIRECTOR ABOUT THESE ISSUES ASAP!**

Additional Info: Please tell us if you have any additional, medical related issues/concerns that we might need to be aware of to help keep you and our campers safe and supported during your Camp MASH experience.

Counselor Insurance Information

Medicare or Medicaid # _____
(circle one)

Primary Insurance: _____ Policy #: _____ Group #: _____

Name of Insured: _____ Hospital of Choice (if local/known): _____

Primary Dr. Name: _____ Dr. Office Number: _____

Please list other medical professionals/specialists you would like for us to know, just in case: _____

Counselor Background Information

Please answer each of the following questions honestly to the best of your knowledge and memory.
****NOTE: We run a national criminal background check on all applicants.**

Full Legal Name: _____

Date of Birth: _____

Driver's License Number: _____

State DL Issued: _____

Has your name ever appeared on a sex offender registry? YES or NO

If YES, explain: _____

Have you ever been arrested, charged with, convicted of, YES or NO
plead guilty, plead no contest, or had an adjudication
withheld on ANY crime except a minor traffic offense?

If YES, explain: _____

Have you ever had your driver's license revoked/suspended? YES or NO

If YES, explain: _____

NOTE: If you answered YES to any of these questions, it does not automatically disqualify you, depending of circumstances and explanation.

Camp M.A.S.H. Agreement

I hereby apply for volunteer service myself at Camp M.A.S.H. (Make Arthritis Stop Hurting). As a condition of such enrollment, I hereby represent to the leadership and staff of Camp M.A.S.H. on behalf of myself my agreement with the general terms and conditions as follows:
(PLEASE PLACE YOUR INITIALS IN BLANK SPACE PROVIDED BY EACH AREA OF THIS AGREEMENT AS WELL AS SIGN, PRINT, AND DATE AT THE BOTTOM.)

☐ **Understanding of Risks:** I am aware that some camp activities, whether it be swimming, horseback riding, ropes course, or any other associated activities at camp, involve inherent risks and dangers to the participant, including serious injury or death.

☐ **Release of Liability:** I release the leadership, staff, & volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc.; the property owners, their owners, agents, employees, successors of assigns, lessors and joint ventures from any and all liability, claims, demands, actions, causes of action, expenses, and damages in any way resulting from personal injuries, conscious suffering, death or property damage sustained by myself or others arising out of my participation in camp activities. I hereby expressly waive all claims that I may have against the leadership, staff, & volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc.; the property owners, their owners, agents, employees, successors of assigns, lessors and joint ventures for each and all the foregoing.

☐ **Indemnity:** I will exert every effort to follow the rules and instruction I have received prior to or during camp activities. I hereby agree for myself, my heirs, personal representatives and assigns to indemnify, defend and hold harmless the leadership, staff and volunteers of Camp MASH, the ARTHRITIS FOUNDATION, SOUTHEAST REGION, INC., PROPERTY AND/OR BUSINESS OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES from and against any and all losses, claims, demands, actions or proceedings of any kind which may be initiated against any of the foregoing by any person and arising out of any action or inaction on my part or the part of the leadership, staff and volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc., or its owners, agents, employees, successors or assigns and in any way related to any of the activities described in the preceding paragraph or contemplated under this agreement.

☐ **Continuation of Terms:** I agree and acknowledge that the terms and conditions of this Agreement, including my assumption of risk (paragraph 1), release of liability (paragraph 2), and indemnity (paragraph 3) shall continue in full force and effect at all times during which I am engaged as a participant/volunteer at Camp, shall continue in full force and effect for the benefit of the leadership, staff, and volunteers of Camp MASH, the ARTHRITIS FOUNDATION, SOUTHEAST REGION, INC., PROPERTY AND/OR THE BUSINESS LAND OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES at all times after the termination of the activities contemplated by this agreement and shall be binding upon my heirs, personal representatives and the assigns of my estate.

☐ **Disputes:** This agreement shall be interpreted in accordance with the laws of the State of Alabama. Any dispute shall be litigated in Mobile County, Alabama.

☐ **Medical Release:** I hereby grant to the Camp MASH medical team/staff, including doctors and nurses, and their authorized representatives, permission to furnish or arrange the furnishing of such hospital and medical care as named above volunteer MIGHT REQUIRE DURING SUCH TIME AS HE/SHE IS A VOLUNTEER AT CAMP MASH. This medical care shall include, but not be limited to, examinations, treatment, immunizations, injections, anesthesia, surgery, and other procedures, etc. I understand that emergency contacts shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said volunteer. I also hereby grant permission for named volunteer to be transported to a medical facility or emergency shelter as deemed necessary or advisable by the medical staff and/or camp director.

☐ **Media Release:** I further grant permission for above named volunteer to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of Camp MASH.

☐ **Inspection:** I do hereby grant full permission and authority to Camp MASH to inspect my personal belongings, luggage, etc., if recommended by the Camp Director or representative.

I am of legal age and of my own free will acknowledge and have read and understand all of the terms of this agreement, including "General Terms". To induce the leadership and staff of Camp MASH, in conjunction with the Arthritis Foundation, Southeast Region, Inc. to enroll myself as a volunteer in camp and to allow me to participate in all camp activities. I agree to be bound by the general terms of this agreement and I hereby agree to indemnify, decent and hold harmless, the leadership, staff, and volunteers of Camp MASH, the Arthritis Foundation, Southeast Region, Inc., property and/or business owners, partners, agents, attorney, employees, successors, assigns and/or representatives from and against any and all liability or losses resulting from any suit against the leadership, staff, and volunteers of Camp MASH or the Arthritis Foundation, Southeast Region, Inc. by the myself the volunteer or otherwise resulting from a breach of agreement.

Counselor Signature

Counselor Printed Name

Date