



JUNIOR LEADERS 2010

APPLICATION FORM (COMPLETE ONE PER TEEN)

Jr. Leader's Name: _____ **Date of Birth:** _____
Parent(s) Name(s): _____ **Home Ph.:** _____ **Cell Ph.:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Jr. Leader's Email: _____ **Jr. Leader Cell Ph.:** _____
School: _____ **T-Shirt Size:** Adult S Adult M Adult L Adult XL Adult XL
How did you hear about Jr. Leaders? Previous Camper Friend Camp Guide/Mailing Internet School Other: _____

Training Session

Application Deadline: Friday, June 18, 2010

Return completed application packet to the Gymnasium Front Desk. Packets must be complete to be accepted and should include:

1. Application form
2. A Letter of Recommendation (written by a teacher, coach, school counselor or other adult)
3. Letter of Interest

Accepted teens will receive notification of acceptance into the program and instructions for the training session via email

Select one of the below weeks. Training sessions are Monday-Friday; 8:00 a.m. – 4:00 p.m. daily. Successful completion of the training program includes satisfactory completion of at least 40 hours of volunteer service, preferably during 1 week. Please ensure you are able to commit to the entire training session plus initial volunteer week prior to submitting an application.

- Week 2 (June 28 - July 2)
 Week 5 (July 19 - 23)

Volunteer Sessions & Availability

(Please check all sessions you are interested in)

Session	Availability	Session	Availability
<input type="checkbox"/> Week 2 (June 28 - July 2)	_____	<input type="checkbox"/> Week 7 (August 2 - 6)	_____
<input type="checkbox"/> Week 3 (July 5 - 9)	_____	<input type="checkbox"/> Week 8 (August 9 - 13)	_____
<input type="checkbox"/> Week 4 (July 12 - 16)	_____	<input type="checkbox"/> Week 9 (August 16 - 20)	_____
<input type="checkbox"/> Week 5 (July 19 - 23)	_____	<input type="checkbox"/> Week 10 (August 23 - 27)	_____
<input type="checkbox"/> Week 6 (July 26 - 30)	_____	<input type="checkbox"/> Week 11 (August 30 - Sept. 3)	_____

Special Notes:

ACKNOWLEDGEMENT OF JR. LEADER CODE OF CONDUCT

I agree to participate in the functions and activities of The Salvation Army and to cooperate with the leaders and other young people. I promise to respect myself, respect other persons, and to respect the property, equipment, and environment around me. I understand that my continued participation in The Jr. Leaders program depends on my support of this agreement, as well as all other expectations outlined during the training session.

As a Salvation Army RJKCCCC Volunteer (Jr. Leader), do you agree to observe all guidelines and policies regarding working with youth & children?

Yes _____ No _____

Signature of Jr. Leader Applicant

Date



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ASSUMPTION OF RISK & LIABILITY AND HEALTH HISTORY FORM (COMPLETE ONE PER TEEN)

Current Immunization dates must be on file with RJKCCC. Please complete the section below or attach a copy of the child's immunization record. If you submitted records for previous camps in 2009 AND shots have NOT been updated since that time, please initial: _____.

(Name of Minor/Jr. Leader: Please Print)

IMMUNIZATIONS	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Most Recent
Tetanus, Diphtheria, Pertussis (DTaP) or (TdaP)							
Tetanus booster							
Mumps, measles, rubella (MMR)							
Polio (IPV)							
Haemophilus influenzae type B (HIB)							
Pneumococcal (PCV)							
Hepatitis A							
Hepatitis B							
Varicella (chicken pox)	<input type="checkbox"/> Had Chicken Pox					Date: _____	
Meningococcal Meningitis (MCV4)							
Tuberculosis (TB) test	<input type="checkbox"/> Negative					Date: _____	
Signature required for those who do not have immunizations due to religious reasons:							
Signature: _____ Date: _____							

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require 3 emergency contacts other than the parents listed. If you would like to authorize your teen to sign in and out of the training without an adult, please write his or her name below. Otherwise, a parent, guardian, or authorized adult must sign-out each day.

People **AUTHORIZED** to pick-up my teen:

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

People **NOT AUTHORIZED** to pick-up my teen:

Name: _____

Name: _____

Information Required by State Law

Health Insurance: Yes No

Company: _____

Policy Number: _____

Family Doctor: _____

Doctor's Phone: (____) _____

Doctor's Address: _____

Signature: _____ Date: _____

The information provided below will assist our staff in providing the best care for your teen. Check if applicable or allergic:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Carries Epi-Pen |
| | <input type="checkbox"/> Carries Inhaler | <input type="checkbox"/> Behavioral Challenges |

Other _____

Dietary Restrictions: _____

Operations / Serious Injuries / Diseases / Restrictions on Physical Activity _____

Name and purpose of any medication _____
(Complete "Medical Information Sheet" for medications to be administered during camp day):

Please list anything else that may affect your child's experience at camp, (i.e.: moving to new home, divorce): _____

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost Incurred for medical care.

The Salvation Army Ray and Joan Kroc Corps Community Center and any of our partner organizations may use the above listed participant's photo for promotional purposes.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

Parent or Legal Guardian's Name (printed): _____

Signature _____ Date: _____