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# 2019 MIDDLE SCHOOL DAY CAMP COUNSELOR APPLICATION

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## **ABOUT THE CAMP COUNSELORS**

Although the day camp is run by adults, high school students serve as counselors throughout the week to help with the activities. All counselors will step into a role of leadership for the camp, which includes the responsibility to be a good Christian role model for the campers. This high-energy camp is filled with fun games, service activities, small group discussions, time for prayer, and a trip to a water park. Camp counselors will be expected to lead small groups, coordinate and participate in activities for the youth, welcome the youth, lead games, and, as needed, give a short talk.

## **WHO CAN APPLY TO BE A CAMP COUNSELOR?**

Rising 11<sup>th</sup> grade, 12<sup>th</sup> grade, or college freshman are eligible to apply to be a counselor.

## **HOW MANY MEETINGS DO COUNSELORS ATTEND?**

Camp Counselors must attend one mandatory training session. This training session will happen in the afternoon on the Sunday before camp week begins at the camp location.

## **WHAT ARE OTHER REQUIREMENTS FOR CAMP COUNSELORS?**

All camp counselors must be able to meet the following expectations:

- Attend the entire week of Middle School Day Camp.
- Arrive to the camp 30 minutes before the start of camp (8:30 am) and stay 30 minutes after the end of camp (4:30 pm) each day.
- Camp counselors who have turned 18 must be in compliance with the Diocesan Safe Environment Policies, which includes completing the following:
  - Screening One Volunteer Form (every 5 years)
  - VIRTUS training (once)

## **WHAT ARE THE DATES AND LOCATIONS OF MIDDLE SCHOOL DAY CAMP**

This year, the camp will be held in three locations across the Diocese:

Location	Dates	Hours
<b>Richmond</b> Our Lady of Lourdes 8200 Woodman Rd Henrico, VA 23228	Monday, July 15 to Friday, July 19, 2019	9:00 am to 4:00 pm
<b>Peninsula / Hampton Roads</b> Our Lady of Mount Carmel 100 Harpersville Road Newport News, VA 23601	Monday, July 29 to Friday, August 2, 2019	9:00 am to 4:00 pm

## **QUESTIONS?**

Contact the Office for Evangelization at the Catholic Diocese of Richmond via phone at 804-622-5159 or via email at [evangelization@richmonddiocese.org](mailto:evangelization@richmonddiocese.org).

RETURN THIS APPLICATION NO LATER THAN JUNE 21, 2019  
TO YOUR YOUTH MINISTER

## 2019 MIDDLE SCHOOL DAY CAMP COUNSELOR APPLICATION

Select the camp you will attend:

\_\_\_ July 15-19: Richmond    \_\_\_ July 29-August 2: Newport News

### CAMP COUNSELOR INFORMATION

Name: \_\_\_\_\_

First Name for Nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Name:	_____	_____
	(Father)	(Mother)
Cell Phone:	_____	_____
	(Father)	(Mother)
Email:	_____	_____
	(Father)	(Mother)

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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## Medical Information and Release Form

*All information is kept private and confidential.*

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions?

☐ YES ☐ NO

Select any restrictions that apply to this participant:

☐ **Gluten-free**    ☐ **Peanut-free**    ☐ **Vegetarian**

List any other dietary restrictions (i.e. allergies)

Is the participant allergic to anything?

☐ YES ☐ NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

☐ YES ☐ NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

☐ YES ☐ NO

List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

### RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

☐ YES ☐ NO Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CAMP COUNSELOR CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each counselor is expected to adhere to the following principles while at the Middle School Day Camp.

### SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

### SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the week.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the week. Appropriate swim wear may be worn on the water park day.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

### SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No outside or unregistered visitors at the camp will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Any damages caused by the participant will be charged to the participant

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### CAMP COUNSELOR CONTRACT

I understand that Camp Counselors are expected to attend a counselor training session. Counselors are expected to attend each day of the Middle School Day Camp. Counselors are expected to maintain a positive attitude, be on time, show patience with all campers, and share their faith. Counselors are expected to conduct their behavior appropriately at all times at camp and when socializing as a group.

***I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Middle School Day Camp.***

Counselor Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_