



Youth Counselor Application

Thank you for your interest in volunteering with **2024 Reading Camp Harford**. Camp will take place August 5-9, 8:00 am – 4:30 pm at the St. Mary’s Episcopal Church parish house. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

If you have any questions about completing this form, please contact Camp Directors Bonnie Montalvo at ReadingCampHarfordMD@gmail.com or Pat Weaver at 410-459-7290.

Personal Details

Name: _____

Preferred Pronouns (circle one): she/her he/him they/them

Address: _____

Telephone: (Home) _____ (Cell) _____

E-Mail: _____

School: _____

Grade Completed in 2024: _____

Birthdate: _____
Day / Month / Year

T- Shirt Size: Adult: S ___ M ___ L ___ XL ___ XXL ___
Youth: S ___ M ___ L ___ XL ___ XXL ___

Y N Was the participant a Youth Counselor at Reading Camp Harford in 2023?

EMERGENCY HEALTH INFORMATION:

Allergies/ Health Concerns: _____

Are there any medications the participant will need to take during the week of camp? _____

If so, please list: _____

If an emergency arises during camp, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Cell) _____

Equal Opportunities

Maryland Reading Camp Harford is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, and age or membership affiliations. Reading Camp Maryland fully endorses a working environment free from discrimination and harassment.

Your Skills and Interests

Do you have any skills or experiences that you could use in your volunteer work?

What kind of volunteer work interests you?

- | | |
|--|--|
| <input type="checkbox"/> Morning Learning Session Helper | <input type="checkbox"/> Afternoon Activity Helper |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Outside Games |
| <input type="checkbox"/> Carnival Games | <input type="checkbox"/> Reading to or alongside campers |

3. Reading Camp runs from August 5-9, 8:00 am – 4:30 pm. When are you available to volunteer?

Totally Flexible Only specific times during the day: _____

Monday Tuesday Wednesday Thursday Friday

References

1. Name: _____ Relationship: _____

Place of Work: _____ Position: _____

(If applicable)

Telephone: (Home) _____ (Cell) _____

E-Mail: _____

2. Name: _____ Relationship: _____

Place of Work: _____ Position: _____

(If applicable)

Telephone: (Home) _____ (Cell) _____

E-Mail: _____

Is there any additional information you would like to share?

The next two questions apply only if the participant is aged 18 or older:

_____ I have had a background check within the last 5 years, and I will provide that documentation.

_____ I have taken Episcopal Diocese of MD training within the last 3 years, and I will provide that documentation.

Reading Camp Maryland is committed to standards of excellence in Child Protection practices. If you are required to complete a background check and EDoMD training, instructions will be provided.

_____ (initialed by participant) **By submitting this application, I agree to attend an orientation session at the camp site. The session will be held during the week prior to camp; date and time will be provided.**

I declare that the information I have provided is true. All my actions as a volunteer will reflect the care and respect everyone deserves, and I agree that being Child Centered will be central to my role.

Participant Signature _____ **Date** _____

Parent/Guardian Signature (if under age 18) _____

Please scan/photograph and email ALL FOUR pages of this application to
ReadingCampHarfordMD@gmail.com
by June 1st

**2024 Reading Camp Harford
Youth Counselor Medical and Transportation Form**

Parent or Guardian: Please provide complete information so that medical personnel can provide the best care for the youth counselor.

Youth Volunteer's Name: _____ Birthdate: ____/____/____

Home Address: _____

Preferred Pronouns (circle one): she/her he/him they/them

Best contact phone number: _____

Parent or Guardian Name: _____

Parent or Guardian Best contact phone number: _____

If not available in emergency, notify: _____

Relationship to participant: _____ Phone: _____

LIST ALLERGIES AND DESCRIBE REACTIONS

Medications: _____

Foods: _____

Other (insect stings, contact with specific allergens, etc.) _____

DIET AND NUTRITION

If the participant has special food needs, please describe: _____

MEDICATIONS

By law, no prescription medication will be given unless in the original labeled bottle with the participant's name, prescriber's name, name of medication, dosage, instructions for administration. Professional samples must have a prescriber label. **We must have a written doctor's note to accompany the medication.**

_____ This participant takes no medications.

_____ This participant takes following medications: _____

Please circle any of the following conditions that apply to the participant:

Asthma Recent Injury or Surgery Allergy Other

Please explain any circled answers: _____

EMOTIONAL AND BEHAVIORAL HEALTH

Y N Participant is under treatment for attention deficit disorder (ADD/ADHD) or anxiety.

Y N Participant is under professional treatment to address emotional/behavioral health concerns, including an eating disorder.

Is there anything you'd like us to know about the Participant?

EMERGENCY AUTHORIZATION

As the parent or guardian of this participant, I certify that:

- I understand that there are risks involved in any activity.
- A licensed nurse will be on-site the entire time that camp is in session.
- The health history is correct and complete as far as I know, and my child has permission to engage in all camp activities except as noted.
- I hereby give permission to the camp to provide routine first aid, administer prescribed medications and seek emergency medical treatment as deemed necessary.

TRANSPORTATION PERMISSION

As the parent/legal guardian of this participant I give permission for them to ride a bus to and from field trip sites under the supervision of Reading Camp Harford staff and adult chaperones. I hereby release the Episcopal Diocese of Baltimore, St. Mary’s Episcopal Church, Reading Camp Harford, staff members and adult chaperones from responsibility and liability from illness or injury they may sustain during trips. In case of an emergency, I authorize the designated chaperones or staff to authorize emergency treatment or administer first aid.

RELEASE AUTHORIZATION FOR PICK UP FROM CAMP

I authorize the following people to pick up my participant:

Name	Relationship	Phone

The following people DO NOT have my permission to pick up my participant:

Name	Relationship

_____ **The participant will drive themselves to and from camp.**

For your child’s safety, all authorized persons will be asked to show photo identification at their first pick up. Persons may be added to this list or removed at any time by calling a Camp Co-Director. Your child **WILL NOT** be released to anyone who is not authorized. If an issue arises, the Primary Parent/Guardian contact will be contacted, and the child will be kept safe and supervised until authorized pick up is completed. If you need someone not listed above to pick up your child at the last minute, notify the Reading Camp Co-Director by phone on the day of the change.

Participant signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____

Please scan/photograph and email ALL FOUR pages of this application to ReadingCampHarfordMD@gmail.com by June 1st