



# CAMP GRIZZLY

*11th Annual Deaf, Hard of Hearing and Koda  
Summer Leadership Camp*

## **STAFF APPLICATION**

*July 29 – August 7, 2010*

**DEADLINE: April 30, 2010**

**NorCal Services for Deaf & Hard of Hearing**  
4708 Roseville Road, Suite 111, North Highlands, CA 95660  
916-993-3048 VP \* 916-349-7500 TTY/Voice  
[campgrizzly@norcalcenter.org](mailto:campgrizzly@norcalcenter.org)

## Who, What & Where?

### NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing, founded in 1977, is a non-profit, community-based organization with a mission to:

- **EMPOWER** deaf and hard of hearing individuals to live independently and productively
- **EDUCATE** family members, service providers, employers and the general public of the unique communication needs, abilities and accomplishments of deaf and hard of hearing children and adults, and
- **ADVOCATE** for equal access and opportunities for deaf and hard of hearing people in our society.

NorCal provides an array of services and programs for deaf and hard of hearing individuals, their families and the general public. NorCal has over fifty employees at its Sacramento headquarter office and four outreach offices throughout northeastern California. If you would like more information about our organization, please call (916) 349-7500 v/tty or check out our website at [www.norcalcenter.org](http://www.norcalcenter.org).

### Camp Grizzly

Camp Grizzly offers a week-long Youth Leadership program for promoting self-esteem, enhancing socialization and teaching team-building skills in a FUN & SAFE environment! Campers leave with many new friends and memories to last a lifetime. Activities include: field games, archery, swimming, nature walks, arts & crafts, rope courses, skits at nightly campfire and more!

Camp Grizzly campers are between 7 to 17 years of age who are:

- Deaf or Hard-of-Hearing
- Hearing with deaf or hard-of-hearing parent/s
- Hearing with deaf or hard-of-hearing sibling/s

### An Unforgettable Volunteer Job

Camp Grizzly is looking for volunteers who are ethical, flexible, enthusiastic, and patient with a sense of humor. If you feel you meet the above criteria, Camp Grizzly would like to hear from you! To ensure your acceptance to Camp Grizzly, please send in your application as soon as possible. Camp positions fill up quickly!

### Camp Location

Camp Grizzly is at Grizzly Creek Ranch, a new, fully ADA accessible camp and retreat facility near Portola, California, just an hour north of Truckee.

## Join the Team!

### Volunteer Requirements

To qualify, you must meet the requirements below:

- Over 18 years of age, recommended over 21 years of age.
- Good character and leadership qualities.
- Respected and in good standing in the community.
- Familiar with deaf/hard of hearing culture.
- Fluent in sign language.
- Prior experience working with youth.
- Willing to live and work within a community of caring individuals.
- **NO** Misdemeanor or Felony conviction involving a child or adult.
- 1<sup>st</sup> Aid certification required before camp begins

### To Apply

- Complete the staff application & medical history forms.
- Enclose a current COLOR photo of yourself.
- Enclose a photocopy of both sides of your healthcare insurance card.
- Provide current fingerprint report.  
(Information to be provided later)
- Be available to attend the mandatory pre-camp staff orientation (July 29 - 31, 2010) and volunteer for full term of camp. (August 1 - 7, 2010)

All camp positions are on a volunteer basis only (NO PAY). Lodging, 3 meals & snacks each day, a Camp Grizzly T-shirt & FUN provided at camp!

### Transportation

Staff are responsible for arranging their own transportation needs. Carpool upon request can be arranged.

### Contact Information

For more information, contact:

#### Camp Grizzly

4708 Roseville Road, Suite 111  
North Highlands, CA 95660  
(916) 349-7500 TTY/Voice  
(916) 993-3048 VP \* (916) 349-7580 FAX  
CampGrizzly@NorCalCenter.org  
[www.norcalcenter.org](http://www.norcalcenter.org)





# 2010 CAMP GRIZZLY VOLUNTEER STAFF APPLICATION

(Minimum 18 years recommend age 21 and up)

\*\*\* Deadline: April 30th, 2010 \*\*\*

## COLOR

Picture  
Required  
2.5 x 3 inches  
minimum

Please print:

Returning Staff (complete pg. 3, 6, 7 & 8 only)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Are you at least 18 years of age or older? \_\_\_Y \_\_\_N Gender: \_\_\_M \_\_\_F

Deaf \_\_\_\_\_ Hard of Hearing \_\_\_\_\_ Hearing \_\_\_\_\_

SS# \_\_\_\_\_ (required)

Daytime phone: \_\_\_\_\_ V/TTY/VP Evening Phone: \_\_\_\_\_ V/TTY/VP

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

Please rate your fluency in American Sign Language: (Beginner)      (Fluent)

Are you fluent in other forms of sign language, such as: PSE, SEE, CUED, etc? Yes No

If yes, please comment: \_\_\_\_\_

Please **circle** your Adult T-shirt size: Small Medium Large X-Large XX-Large

Have you ever been convicted of a misdemeanor/felony in which a child/adult was a victim or involved?  Yes  No (If yes please attach separate letter of explanation)

## CERTIFICATIONS

Please circle and attach a copy of the following certifications you have: Registered Nurse

Archery CPR First aid Interpreter other: \_\_\_\_\_

## VOLUNTEER POSITIONS

Please select two positions with 1 being your first preference. Although we try to honor your preferences, we will match you with a position based on your experience, skills and the availability of such positions.

Camp Nurse \_\_\_\_\_ Archery \_\_\_\_\_ Sports \_\_\_\_\_ Arts & Crafts \_\_\_\_\_ Interpreter \_\_\_\_\_

Counselor; \_\_\_\_\_ (What age? \_\_\_\_\_) Leadership Presenter; \_\_\_\_\_ (What topic? \_\_\_\_\_)

## REFERENCES

Give the names and addresses of 2 people not related to you who have known you for at least one year.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ V/TTY Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ V/TTY Email address: \_\_\_\_\_

\*\*\* Deadline: April 30th, 2010 \*\*\*

# 2010 CAMP GRIZZLY Staff Application

## Part Two

### EMPLOYMENT HISTORY:

Please list 3 past employers starting with the most recent.

1. Company: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone #: \_\_\_\_\_ V/TTY

Reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone #: \_\_\_\_\_ V/TTY

Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone #: \_\_\_\_\_ V/TTY

Reason for leaving: \_\_\_\_\_

### CAMP EXPERIENCE:

Please list your residential camp experience starting with the most recent.

1. Camp name: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Director's name: \_\_\_\_\_ Director's phone #: \_\_\_\_\_ V/TTY

What did you like most about this camp? \_\_\_\_\_

What did you like least about this camp? \_\_\_\_\_

2. Camp name: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Director's name: \_\_\_\_\_ Director's phone #: \_\_\_\_\_ V/TTY

What did you like most about this camp? \_\_\_\_\_

What did you like least about this camp? \_\_\_\_\_

3. Camp name: \_\_\_\_\_

Dates worked: Start: \_\_\_\_\_ End: \_\_\_\_\_ Job title: \_\_\_\_\_

Director's name: \_\_\_\_\_ Director's phone #: \_\_\_\_\_ V/TTY

What did you like most about this camp? \_\_\_\_\_

What did you like least about this camp? \_\_\_\_\_



# QUESTIONNAIRE

**Please complete the following questions:**

1. Write a brief biography sketch, including specialized training in camping and experience or training in other fields, which might have a bearing on the position/s for which you are applying: \_\_\_\_\_

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2. What have you done during your lifetime thus far that has made you to feel the most proud of yourself?

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3. Why do you want to participate in Camp Grizzly's leadership program? \_\_\_\_\_

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4. What form of 'discipline' do you feel works best with most children? \_\_\_\_\_

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5. What leadership qualities do you possess? \_\_\_\_\_

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- If you need more space to answer any of the questions above, you may attach additional paper

# 2010 CAMP GRIZZLY

## Staff MEDICAL HISTORY FORM

**Please print:**

Applicant's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

.....  
**General Questions on HEALTH HISTORY**

Frequent Ear Infection	___ Yes ___ No	Asthma	___ Yes ___ No
Cardiovascular Disorders	___ Yes ___ No	Chicken Pox	___ Yes ___ No
Epilepsy/Convulsions	___ Yes ___ No	Measles	___ Yes ___ No
Diabetes	___ Yes ___ No	German Measles	___ Yes ___ No
Clotting Disorders	___ Yes ___ No	Mumps	___ Yes ___ No
Allergies	___ Yes ___ No	Hepatitis A	___ Yes ___ No
High Blood Pressure	___ Yes ___ No	Hepatitis B	___ Yes ___ No
Tuberculosis	___ Yes ___ No	Hepatitis C	___ Yes ___ No

**If yes, explain:** \_\_\_\_\_

Date of last Tuberculin test? \_\_\_\_\_ Result? \_\_\_ Positive \_\_\_ Negative

Date of last Tetanus shot? \_\_\_\_\_

Ever had surgeries? \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_

Have a Chronic or recurring illnesses? \_\_\_\_\_

Any recent injury, illness or infectious diseases? \_\_\_\_\_

Loss of consciousness, convulsions, or concussion? \_\_\_\_\_

Ever had seizures? \_\_\_\_\_

Any known allergies (describe reaction and management of the reaction)? \_\_\_\_\_

Dietary requirements or restrictions? \_\_\_\_\_

Please list current medications. Please attach instructions for each medication to be administered at camp and specific dosage information: \_\_\_\_\_

Are all immunizations current? \_\_\_ Yes \_\_\_ No (Please provide a copy of updated immunization record)

**To be completed by Licensed Medical Personnel:** I examined this individual on \_\_\_\_\_ (date). In my opinion, the above applicant [ ] is [ ] is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions: \_\_\_\_\_

Recommendations and Restrictions at Camp: (treatment, medications, limitations/restrictions, or any additional information for health care staff at the camp) \_\_\_\_\_

**Signature of Licensed Medical Personnel:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2010 Camp Grizzly MEDICAL RELEASE FORM

Camp Grizzly personnel will make every effort to contact your *Emergency Contact* individuals in the event of an emergency or need for professional medical care.

- In the event that I am in a condition of which I am unable to consent to medical treatment, I hereby authorize Camp Grizzly Health Care Supervisor or Camp Director to consent to any X-rays, routine tests, hospitalization, injection, anesthesia, surgery and/or any other treatments as ordered by the physician at the local medical facility.
- I understand that any medical expenses will be billed directly to my insurance carrier. In the event that my insurer does not pay for the medical service, the medical facility will bill me directly for payment.
- I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, subcontractors and volunteers from any and all liability for bodily injury, cost of medical treatment or injury incurred as a result of the administration of emergency treatment.

This form may be photocopied for use offsite from camp for the purposes described herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate any known allergies or special instructions \_\_\_\_\_

**\*\* ALL address, phone numbers and insurance information must be filled out COMPLETELY \*\***

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

Full Address: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMERGENCY NOTIFICATION

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

**Full** Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ALTERNATIVE EMERGENCY NOTIFICATION:

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

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance \_\_\_\_\_ Contact/Group No. of Primary Insurance: \_\_\_\_\_

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

Name of Insured \_\_\_\_\_

Other Insurance \_\_\_\_\_ Contact/Group No. of Primary Insurance: \_\_\_\_\_

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

Name of Insured \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## REQUIRED ATTACHMENTS:

Attach photocopy of both sides of health insurance card; applications will **NOT** be processed without this attachment.



# 2010 CAMP GRIZZLY RELEASE FORMS

**\*\*\* Deadline: April 30th, 2010 \*\*\***

## Consent to Participate

I understand and certify that my participation in the Camp Grizzly program is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, rope courses, archery and other outdoor activities.

I acknowledge that although Camp Grizzly/NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal Services for Deaf & Hard of Hearing cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for my safety and the safety of camp participants.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Release of Claims

I understand that my participation in Camp Grizzly can expose me to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge Camp Grizzly/NorCal Services for Deaf & Hard of Hearing, its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that I may suffer while participating in the activity, including but not limited to, any claims arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of or conduct of any activity, whether planned or unplanned.

I specifically agree to release and hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, officers, agents, employees and volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Notice re: Photograph and Video:

I understand photos, video footage or voice recordings may be captured or taken of me while at Camp Grizzly. Therefore I consent to the use of my photo or artistic likeness and or voice or footage of me while at camp for promotional materials, media coverage, press releases and fundraising projects for NorCal and Camp Grizzly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize NorCal Services for Deaf & Hard of Hearing to thoroughly investigate my references, work records, and other matters related to my ability for volunteer work. I further authorize the references I have listed to disclose to NorCal any information related to my character, experiences, and ability. In addition, I hereby release NorCal Services for Deaf & Hard of Hearing, individuals listed as references, and all other persons, corporations, and associations from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I hereby certify that the answers given by me are true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances to volunteer as a camp staff member. I further certify that I have personally completed this application. I understand that my application may be rejected or that I may be discharged from serving as a volunteer in the event that any omission or misstatement of material fact is discovered on this application or on any document used to secure a volunteer position at Camp Grizzly, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date