

CAMP VISTA COUNSELOR / VOLUNTEER APPLICATION

Camp Vista, N3398 Chapel Heights Rd, Campbellsport, WI 53010, ph. 920 533 4258, campvista@outlook.com, www.campvista.org

Please mail or e-mail this form to Camp Vista by March 11, 2022

Please note that sending this form back to us does not guarantee employment/voluntary service at Camp Vista.

We will respond to you no later than April 15, 2022

Participant's name: _____ <small>imię i nazwisko uczestnika</small>	DOB: _____ / _____ / _____ <small>data ur. miesiąc / dzień / rok</small>
Parent (guardian) name: _____ <small>imię i nazwisko jednego z rodziców / opiekuna</small>	Tel 1: (_____) _____ Tel 2: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
E mail: _____	
Family Doctor Name _____ Phone (_____) _____	
Physical conditions that event organizers should be aware of _____ <small>choroby i dolegliwości, o których organizatorzy powinni wiedzieć</small>	

Medical insurance:	
<input type="checkbox"/> participant's agency name and policy#: _____ <small>nazwa agencji ubezpieczeniowej i numer ubezpieczenia</small>	
<input type="checkbox"/> purchased for the time period of the event* from: _____ to: _____ Insurance name: _____ <small>ubezpieczenie wykupione na czas wyjazdu od do nazwa ubezpieczenia</small>	
<input type="checkbox"/> none (bez ubezpieczenia)	

What church/parish/youth group/organization are you a member of: _____

State the reasons why you would like to serve as a volunteer or counselor at Camp Vista: _____

POSITION - you are applying for:

Volunteer (17 and older, \$175 /week) OR **Counselor** (18 and older)

WEEKS of service: Jun 26-Jul 1, July 3-8, July 10-15, July 17-26 (10 days), July 31-Aug 5

Have you ever served in any position at Camp Vista? Other Camps? When? _____

What qualities in YOU would make you a GREAT leader/volunteer? _____

Have you had first aid training? _____ If so, expiration date of certification: _____ / _____ / _____

Have you had CPR training? _____ If so, expiration date of certification: _____ / _____ / _____

Have you had lifeguard training? _____ If so, expiration date of certification: _____ / _____ / _____

Special Talents/Passions/Certifications: _____

Please answer the following questions:

1. Have you ever been arrested or convicted for any offense other than a minor traffic violation? ___Yes ___ No
If yes, provide details on separate sheet of paper.
2. Have you ever been accused, arrested, or convicted for any sexually related crimes? ___Yes ___ No
If yes, provide details on separate sheet of paper.
3. Are there any other circumstances or issues that could call into question your ability to work with children and youth? ___Yes ___ No
If yes, provide details on separate sheet of paper.
4. Have you ever finished VIRTUS training or similar trainings? ___Yes ___ No
If yes, please attach a copy of a certificate to this application form.
If no, please complete it after being chosen to serve as a counselor/volunteer at Camp Vista.
(more info at www.virtus.org)
5. If accepted as a counselor/volunteer for Camp Vista, I **promise** to abide by the rules and policies of Camp Vista. ___Yes ___ No
6. Have you ever been a group leader before? ___Yes ___ No
If yes, what would you change/improve in yourself to become a better leader? _____
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Community/personal standards for Camp Vista Programs

Recognizing that my personal rights may need to be put aside in order to accommodate the regulations/limitations of the camp site and the protection of its witness and atmosphere:

- Respect each other's space and person – "Stop"; No Abuse (emotional, physical, sexual or spiritual).
- Talk to people, not about them – try to use Biblical confrontation
- Be at all required meals and meetings/chapel sessions on time
- Cell phones may be used by people over 18 in important cases only
- Personal computers, laptops, or portable music players are not allowed at the camp
- Music – No secular music on camp grounds – except some events organized by camp leaders
- Video – No videos are allowed at camp unless used as a part of the program.
- No guys in girls' housing and vice versa
- No fireworks/firearms (BB, pellet, airsoft, guns, knives etc.)
- No swimming when a lifeguard is not present – no night swimming

Personal Standards

- Because of the Christian nature of our camp, please: wear modest clothing/swimwear: one-piece bathing suits, no short shorts, no revealing cleavage. No earrings allowed for boys.
- No use of non-prescription drugs, alcohol, tobacco.
- No PDA (Public Displays of Affection) – model appropriate guy/girl relationships.
- Language – be sensitive to inappropriate words and jokes



signature of Participant (or parent/ guardian if participant is under 18 years old)

_____/_____/2022

Release, Indemnification and Hold Harmless Agreement

PARTICIPANT (*volunteer, leader/worker*) **NAME:** _____ **(please PRINT)**

IDENTIFICATION AND ACKNOWLEDGEMENT OF RISKS

I understand, that Vista Christian Retreat (commonly known as Camp Vista) program primarily conducted in the outdoors. Program activities such as, but not limited to, swimming, soccer, basketball, volleyball fishing, using air guns, horseback riding, rock climbing, wilderness travel, ropes course activities, lake/river activities, skiing, climbing walls, biking, backpacking, hiking, airplane rides, transportation to and from the activity site, and many others may result in property damage or fatal injury. Dangers also inherent to lakes & rivers, forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may cause an accident or serious injury. I understand that although Camp Vista has taken reasonable precautions to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee totally negligence free environment, absolute safety against illness, injury, or loss resulting from participation. I acknowledge the risk inherent in camp program and agree to assume that risk.

ASSUMPTION OF PERSONAL RESPONSIBILITY

I certify, that participant have no communicable diseases. I will notify Camp in writing of any medical or emotional condition that may restrict safe participation in the program. I inform, that above-named participant (if under the age of 18) will not have any telecommunication devices like cell phones, 2-way radios etc. I acknowledge that participant failure to adhere to safety rules established by Camp Vista Staff may result in being asked to discontinue participation in the program. If participant is barred from further participation, or if I and/or participant voluntarily refrain from participation, or if I and/or participant leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Camp Vista and its representatives.

AUTHORIZATION FOR MEDICAL TREATMENT

In case of an emergency, I hereby give permission to Camp Vista representatives and/or group leaders of organization who organize the event:

- to secure medical treatment that might include hospitalization,
- to release any records necessary for insurance purposes,
- to dispense medications according to your recommendation
- to provide or arrange necessary related transportation for participant named above.

I also certify that my insurance company or myself will cover all accidental, medical and transportation costs.

Please note, that during KOLONIE weeks there are at least 3 lifeguards, CPR and First Aid persons trained by ARC. As of right now there is no doctor or nurse present at the camp. Travel time to the closest clinic is about 20 min, and 35 min to the nearest hospital.

CONSENT WAIVER AND RELEASE

In consideration of participating in any activities in any event organized by Camp Vista, I hereby agree to release and discharge from liability Camp Vista and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate. Consequently, I waive, release, and discharge any and all claims for any personal injury or damages, death, or property damage/loss, which I may have as a result of participation. I understand that Camp Vista shall not be liable for any delay or accidents of means of transportation arranged by Camp Vista, any and all acts of a third parties, or any other cases beyond their control. Camp Vista reserves the right to cancel, change, or substitute any service because of weather, safety condition of activity places/equipment, insufficient number of participants or other reasons. My registration provides Camp Vista the authorization to use photos and videos of me or registered participants for promotional purposes without further consent or compensation.

INSURANCE

I am aware, that I am responsible for paying all participant's medical expenses and related costs for any injuries that may occur during participation in the event. I agree to maintain throughout my participation, sufficient medical and accidental insurance (insurance should be valid in the State of Wisconsin. In case of Hiking Camp or other events - it must be valid in the States where the events occur).

I understand that this is my sole responsibility to release all persons and entities from providing this coverage for participant. *Camp Vista strongly recommends purchasing a TRAVEL INSURANCE or other insurance to protect against the risk of medical expenses, death, travel delays, current virus issues, war or natural disaster issues, trip cancellation, any damage, loss of baggage or personal belongings, etc.*

**I understand and accept all terms and conditions presented to me in the English language.
(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim)**

 _____
signature of Participant (or parent/ guardian if participant is under 18 years old)

_____/_____/2022

For more information visit www.campvista.org

Assumption of the Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, is contagious and is believed to spread mainly from person to person contact. Camp Vista (CV) has put in place preventative measures to reduce the spread of COVID-19, however, Camp Vista cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending summer program at Camp Vista could increase your risk and your child(ren)'s risk of contracting COVID-19.

I hereby willingly choose to participate in CAMP VISTA activities and abide by CAMP VISTA COVID-19 prevention procedures which include the following:

- a. I understand that if CAMP VISTA determines that a camper / volunteer/ staff member needs to go home, I as the parent am responsible to pick up that person within 6 hours of being notified.
- b. I understand that camp will do its best to offer as many activities as possible, but that programs and procedures will look different (often interrupted by social distancing requirement) from past years - before COVID-19 pandemic
- c. I understand that CAMP VISTA faces additional costs related to COVID-19, and CAMP VISTA will not issue any refunds for providing own transportation to camp, for the program possibly ending on Friday evening instead of Saturday morning (in case we have to do this because of the current virus), or for any other costs to parents related to COVID-19
- d. I understand that I will secure transportation
 - For check-in at the camp on - Sunday 1:00PM or before
 - For check-out from the camp on Saturday 11.00AM or after (for volunteers - Friday evening)
 - Week #4 – check out – Wednesday (July 26, 2022) at noon
- e. I acknowledge and understand that the circumstances regarding COVID-19 are changing “from day to day”, and these changes might not be adopted immediately by CAMP VISTA. I accept responsibility for familiarizing myself with the most recent updates at www.campvista.org website.

By signing this agreement, I acknowledge the contagious nature of COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by attending CV, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CV may result from the actions, omissions, or negligence of others, including, but not limited to, CV employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or child(ren) may experience or incur in connection with my child(ren)'s attendance at CV or participation in CV program. On my behalf and of my children, I hereby release, covenant not to sue, discharge, and hold harmless CV, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of CV, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CV program.



signature of Participant (or parent/ guardian if participant is under 18 years old)

_____/_____/2022