



CAMP COUNSELOR APPLICATION / REGISTRATION

Job Description: Mountain Harmony Camp Counselor (Volunteer)

The Volunteer Camp Counselor reports to the Camp Director. She will be responsible for monitoring a group of 7-9 female campers, ranging in age from 13 to 24. She will reside with her group in their assigned cabin, be responsible for her group's adherence to Alliance Redwoods Camp guidelines (ex: safety, lights out, cleanliness, and quiet times). She will insure her students follow the Music Camp schedule, are on time for their classes and events, and attend with them. She will be a supportive and encouraging role model for her students, remembering at all times she is a representative of Region 12 and Sweet Adelines International. Camp Counselors will pay their own registration fee of \$100.00 which includes lodging for 2 nights and 5 meals.

Camp Counselors will receive:
 Access to all classes and educational materials, 1 hour of free time during Saturday classes, and camp T-shirt.

Name:	Birthdate:
Address:	Driver Lic #:
City, State, Zip:	

Contact #s	
Home phone:	Cell:
Email:	Fax:

Chorus Affiliation/s:	
List choruses you belong to:	Sweet Adeline Int'l Membership #:
List offices you may have held in your chorus or region:	How long have you been a member?

Employer	<input type="checkbox"/> If retired, check box and list last employer <input type="checkbox"/> Not employed
Company Name:	Job Title:
Address:	Phone:
City,State,Zip:	How long?

Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe below, the crime, and disposition of the case: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

References	Please list one SWEET ADELINE reference we may contact; (not a relative)
Name:	Relationship to you:
Address:	
City, State, Zip:	How long have they known you?
Phone #'s Home: Cell:	Their chorus:

References		Please list one PERSONAL reference we may contact; (not a relative)	
Name:		Relationship to you:	
Address:			
City, State, Zip:		How long have they known you?	
Phone #'s Home:			
Cell:			

Experience:

List any other skills or experience you have that may be useful for the position of Camp Counselor:

PLEASE INITIAL TO CONFIRM YOU HAVE READ AND UNDERSTAND THE FOLLOWING GUIDELINES

_____ Initial I understand that Alliance Redwoods is a camp setting with varied terrain. I realize I must walk on hilly paths to cabins, restrooms, and meeting rooms. I affirm that I am able to perform the essential duties of this job with only reasonable accommodations.

_____ Initial I understand I am responsible for the payment of my own Camper's Registration Fee of \$100.00, and my own transportation costs to and from camp.

_____ Initial I understand I must be a member in good standing with my chorus affiliations, Region 12, and Sweet Adelines International, to be covered by the International liability insurance umbrella.

_____ Initial I understand there is no alcohol allowed on the Alliance Redwoods campgrounds

_____ Initial I understand that Alliance Redwoods requires an on-line background check using my personal information, and I hereby authorize the Region 12 Mountain Harmony Camp Director to conduct this search, as well as contact my chorus leadership and/or my references to verify my application. I understand that all information obtained will be held in the strictest confidence. Note: Returning counselors may use their 2013 background check results.

_____ Initial I understand the expectations as a staff member are to be an encouraging role model and appropriate representative of Region 12 and Sweet Adelines International at all times.

Emergency Contacts

Contact #1 Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Contact #2 Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Circle your T-shirt Size: XLg Child Sm Adult Med Adult Lg Adult XLg Adult 1X 2X 3X

Medical Information		
Insurance Company:	Group #	Policy #:
Physician Name:	Physician Phone #:	
List any medical conditions emergency personnel should know about you:		
List any medications emergency personnel should know about you (including over the counter drugs):		
List All Allergies (including food or drug allergies):		
Do you require Gluten Free meals?		

Release of Claims
<p>I acknowledge that I am participating in Sweet Adeline International's, Region 12, Young Women in Harmony Program's, Mountain Harmony Camp, further known as (the Event), Nov. 21-23, 2014, at Alliance Redwoods Conference Center, Occidental, CA, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.</p>
<p>_____</p> <p>Participant's Signature (required) Date Birthdate</p>

Photo/Recording Release
<p>I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.</p>
<p>_____</p> <p>Participant's Signature Date Birthdate</p>

Applicants Signature
<p>I certify that the information provided in this application is truthful and accurate,</p>
<p>_____</p> <p>Signature Date</p>

Please return to our Camp Director:

- Three pages of this Application / Registration Form
- Registration Fee of \$100.00 - make checks payable to: Pacific Shores Region 12

Mail to: Cyndi Sharp
4125 Modoc Ct.
Concord, CA 94521

email .pdf to: sharpadeline@aol.com
Fax to: 925-676-6729

For questions: feel free to email, or call: 925-671-9895