

2012 ALL SAINTS CAMP



Staff Application

**All applications are to be submitted to:
Holy Trinity Cathedral
1973 E. Maryland Avenue, Phoenix, AZ 85016
602.264.7863**

BEFORE TURNING IN ALL SIX PAGES OF THIS APPLICATION (WITH THIS PAGE INCLUDED), PLEASE MAKE SURE THAT ALL OF THE FOLLOWING ITEMS ARE COMPLETED:

Page 2 (The Staff Information Page) is filled out in its entirety.

-If you are selected for a staff position, your camp cost will be covered by All Saints Camp. We will inform you within two weeks of your acceptance.

-Don't forget to mark your tee size! Those who DO NOT want to be placed on an Olympic team should mark "neutral."

Page 3 (The Medical Information Page) is completed, signed and dated.

Page 4 (The Transportation Page) is completed for both GOING TO and COMING BACK from All Saints Camp and is signed and dated.

Page 5 (The Code of Conduct Page) is initialed, signed and dated. ALL ASC STAFF (Directors, Priests, Presbyteras, Counselors, and Staff) MUST HAVE A BACKGROUND CHECK CLEARANCE.

-If you have a current clearance (such as from a school district), attach a COPY of the clearance form or card (front and back.)

-If you were cleared for the 2010 ASC, check the box and we will confirm within two weeks if the clearance is still in effect.

-If you do not have a current clearance, ASC will pay to have one completed. ASC is only interested in Federal offenses and arrests, not in traffic tickets. All care will be taken in respecting privacy. The All Saints Camp Directors will only get a "cleared" or "not-cleared" summation. If a person is "not-cleared", that person will be contacted privately. For the Background Check, please be prepared to give your full name, a copy of your driver's license, your Social Security Number, and your residing address (no P.O. boxes.)

Important: ASC will contact you with confirmation within two weeks. If you do not receive a confirmation email or phone call within two weeks, contact the Directors immediately:

Kathy Clarke- 602.757.1025, email- kathyclarke@cox.net Kristen Vasilarakos- 602.332.8809, email- kvasilarakos@cox.net

Staff Application

Date Received _____

**All Saints Camp- Pan Orthodox Summer Camp,
June 4, 2012 - June 9, 2012**

RETURN TO:

**All Saints Camp (ASC), c/o Holy Trinity Cathedral, 1973 E. Maryland Avenue,
Phoenix, AZ 85016.**

Application must be returned to Holy Trinity's office by Tuesday, **April 24, 2012**

Staffers who are assigned full-time duties will have their camp costs covered by All Saints Camp. All applicants will be notified, within two weeks of receipt of application, whether they have been accepted as a Staff Team member. A staff position will then be assigned to the applicant. If the applicant is not accepted, any enclosed payment will be returned. Staff Team members are suggested to be at least 21 years of age by June 1, 2012. Assistants, if selected, may be between 18-20 years of age.

Camp Costs

Option 1 If selected, **All Saints Camp will cover my costs.**

Option 2 In limited situations, a parish may request an adult attend who is not selected as a regular staff member.

My home parish is covering my camp cost.

Parish: _____ Priest: _____

Full payment of \$275.00 must be included. Please make checks payable to "ALL SAINTS CAMP."

Office use: Check # _____

I am providing my own camp cost.

Parish: _____ Priest: _____

Full payment of \$275.00 must be included. Please make checks payable to "ALL SAINTS CAMP."

Office use: Check # _____

Staff

Last Name: _____ First Name: _____ Male Female

Street Address: _____

City, ST, Zip: _____

Contact Phone: (____) _____ Alternate Phone: (____) _____

Contact email: _____

Home church: _____ Home priest: _____

Is the staff member a baptized Orthodox Christian? Yes No

Staff Team Position

Please identify the Staff Team position that you are applying for. If your application is accepted, we will accommodate your requests on a first come, first served basis or at the determination of the All Saints Camp directors and Priests.

_____ Cabin Counselor/Assistant _____ Activities (ex. Arts & Crafts, Sports, Olympics, Campfire) _____ Medical

Explain experience relative to requested position:

Choose one:

Camp Tee Shirt (included in camp cost) (Olympic Team color) **OR** (adult sizes) Sm Med Lg XLg 2Xlg

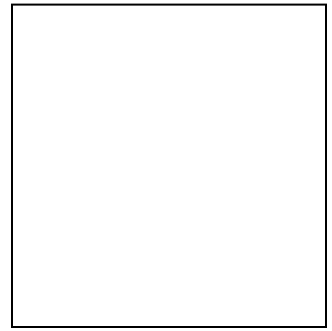
Staff "Neutral" Shirt (included in camp cost) (non-Olympic Team color) (adult sizes) Sm Med Lg XLg 2Xlg

Medical Information

Staffer Name: _____

Emergency Contact Number of Someone OTHER Than You: (_____) _____

Contact Name: _____ Relationship: _____



Please identify any medical condition that the ASC First Medical Team should be aware of if you were to become incapacitated:

MEDICAL INSURANCE INFORMATION

Company Name of Staffer's Medical Insurance Coverage: _____ Policy #: _____

Insurance Contact Phone:(_____) _____ Group #/ID #: _____

Name of Policy Holder: _____ Employer: _____ City: _____ ST: _____

Waiver- required

**ALL SAINTS CAMP PAN-ORTHODOX SUMMER CAMP
June 4, 2012 -June 9, 2012**

Staff Team Applicant:

In case of an emergency involving myself, **in which I am incapacitated**, I, _____, fully authorize an adult staff member of the ALL SAINTS CAMP to consent to any X-ray, anesthetic, medical surgical or dental diagnosis or treatment and hospital care, to be rendered under the general or special supervision and on the advice of any physician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I agree to assume all liability, risks and hazards incidental to my participation, including transportation to and from camp, and do hereby waive, release, absolve, and agree to hold harmless the camp, supporting Churches, camp grounds, directors and participants for any claims arising out of any accident, loss, injury or illness I incur.

Further, should it be necessary for me to return home prematurely due to medical reasons, disciplinary actions or otherwise, I hereby assume all transportation costs.

The information provided in this ALL SAINTS Camp STAFF TEAM Application is true to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Transportation

There is no additional charge for bus transportation from either St. Katherine's Church or Holy Trinity Cathedral.

St. Katherine's Church: 2716 N. Dobson Road
Chandler, AZ 85224
480.899.3330

Map: www.st-katherine.org

Holy Trinity Cathedral: 1973 E. Maryland Avenue
Phoenix, AZ 85016
602.264.7863

Map: www.holytrinityphx.org

Check the appropriate boxes:

The camper is riding on the bus TO ASC
departing from St. Katherine's Church.
Check-in time:
2:00pm on Monday, June 4, 2012

The camper is riding on the bus TO ASC
departing from Holy Trinity Cathedral.
Check-in time:
2:30pm on Monday, June 4, 2012

The camper is riding on the bus FROM ASC
back to St. Katherine Church.
Bus departing Prescott on
Saturday, June 9, 2012,
arriving approximately at **2:00pm to St. Katherine's
parking lot.**

The camper is riding on the bus FROM ASC
back to Holy Trinity Cathedral.
Bus departing Flagstaff on
Saturday, June 9, 2012,
arriving approximately **at 1:30pm to Holy
Trinity Cathedral's parking lot.**

Or

I am supplying my own transportation. Directions to Pine Summit Campground can be found at www.pinesummitcamp.com.

Describe: _____:

TO All Saints Camp.

Orientation begins **at 5:15pm on Monday, June 4, 2012.**

Check-In is with **Kathy Clarke**, Co-Director.

Cell phone/contact number: (____) _____

FROM All Saints Camp.

Pick-Up time is 10:00am on Saturday, June 9, 2012.

Check out is with **Kathy Clarke**, Co-Director.

Signature: _____ Date _____

Code of Conduct for the Protection of Children and Youth

Read and initial each item to signify your agreement to comply with this Code of Conduct:

____ I agree to do my best to prevent abuse of children and youth involved in All Saints Camp.

____ I agree to not physically, sexually or emotionally abuse or neglect a child or youth.

____ In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations to the All Saints Camp directors and/or to appropriate state authorities as may be required by law, and as otherwise may be required under the Archdiocese Policy.

____ I specifically acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance to Policy and applicable law.

____ I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

____ I understand that I am an at-will volunteer and can be removed from my position at any time and for any reason, or no reason, in the sole discretion of the All Saints Camp program.

____ I am aware that the Archdiocese has published a **Youth Protection Manual** that can be found at:

www.goarch.org/
Departments and Ministries/
Youth and Adult Ministries/
Child and Youth Protection

____ I have gone to the above site and have reviewed the material provided.

____ I am aware that a hard copy of the Archdiocese **Youth Protection Manual Policies and Procedures for the Protection of Children and Youth Participating in Archdiocesan Camps & Retreats** is available for review at any time and is located with the All Saints Camp Directors.

____ I have attached a copy of a clearance from an Authorized Background Check (such as a school district provides to their employees.) IF YOU DO NOT HAVE A CURRENT BACKGROUND CHECK CLEARANCE, ASC WILL PAY FOR A BACKGROUND CHECK. MORE INFORMATION WILL BE PROVIDED AT THE ASC STAFF MEETING. REFER TO THE FRONT PAGE.

____ I understand that I will need to complete an online program regarding material and situations in relation to Youth Protection Policies and Procedures, sponsored by the Greek Orthodox Archdiocese. The online program can be completed on my own time on my own computer, or at one of the two classes conducted by the ASC Directors and representative clergy, dates to be announced.

Print Name: _____

Signature: _____ Date _____