

CAMP F.L.E.A. FAMILY LIFE ENRICHMENT ADVENTURE

2024 STAFF REGISTRATION FORM

Camp F.L.E.A. will be held from Tuesday, July 9, 2024 to Friday, July 12, 2024

Volunteer

Staff Name: _____ (please print) DOB: _____

Address: _____

E-mail: _____ Cell Phone: _____
Phone: _____

T-Shirt size requested: _____ **(otherwise you may not receive the correct size)**

Clearances:

Because of the new Child Protective Service Laws, Camp F.L.E.A. will be able to use clearances obtained for Camp F.L.E.A. 2019 for Camp F.L.E.A. 2024.

I was a volunteer at Camp F.L.E.A. in 2019 Yes No Don't Know

If **YES**, Camp F.L.E.A. has a copy of my 2019 clearances: Yes No Don't Know

If you were a volunteer during 2016 and mark No or Don't Know, Camp staff will check their records and notify you if they have a copy of your clearances.

If **NO**, in accordance with the Child Protective Services Law, current copies of my PA criminal histories and child abuse records are required (FBI history clearances are required if I have not been a PA resident for the past ten years). I will provide current clearances and/or the information required for Camp F.L.E.A. to obtain such documents.

If you have been a resident of Pennsylvania for the last 10 years, please fill out the Volunteer Declaration in this packet if you have not had been convicted of any of the crimes listed there, even if you signed one for Camp F.L.E.A. previously.

Volunteer Staff Signature: _____ Date: _____

Please return applications to:

Bradford County CYC, 220 Main Street, Unit 1, Towanda, PA 18848 or

Sullivan County CYC, 9219 Rte. 487 Suite D, Dushore, PA 18614.

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Team Leaders: The team leaders (usually three to a team) are responsible for supervising the campers. These responsibilities include getting campers up and ready for the day's activities, checking tents for neatness, making sure campers are at meals and programs throughout the day. Overall team leaders are there to help their camper enjoy their time at camp and to model appropriate behaviors. Team Leaders are also needed to spend the night to assist campers in getting settled down, warm and safe.

Tuesday Team Leader AM/PM

Wednesday Team Leader AM/PM

Thursday Team Leader AM/PM

Friday Team Leader AM/PM

Support Staff: The support staff are persons who help the director and assistant director with the operation of the camp. This includes photographer, office help and anyone else who might be able to help do odd jobs as necessary (this might include putting fishing poles together).

Tuesday Support Staff AM/PM

Wednesday Support Staff AM/PM

Thursday Support Staff AM/PM

Friday Support Staff AM/PM

Servers: The food this year will be brought to camp therefore kitchen staff is not needed. However, will need help with serving lunch for three days and dinner on the fourth day.

Tuesday Kitchen Lunch

Wednesday Kitchen Staff Lunch

Thursday Kitchen Staff Lunch

Friday Kitchen Staff Lunch Dinner

2024 Camp F.L.E.A. STAFF HEALTH STATEMENT

Volunteer Staff Name: _____	DOB: _____
	Age: _____
<hr/>	
Emergency Contact: _____	Cell Phone: _____
Address: _____	Home Phone: _____
Relationship: _____	

Emergency Authorization

I understand that first aid will be available at the camp and that if a serious illness/injury develops, medical and/or hospital care will be given. However, Camp F.L.E.A. staff is not responsible in case of accidental injury/illness.

I hereby give permission to the Camp F.L.E.A medical personnel to administer or secure medical tests/treatment for me in the event I am unable to sign for my own care in an emergency.

Volunteer Staff Signature: _____ **Date:** _____

List below any physical conditions you may have so that the Camp F.L.E.A. medical staff will be aware. This information is in case of a medical emergency were to occur and emergency medical treatment administered.
(Note: All information will be kept confidential by Camp F.L.E.A. Staff)

Immunization History

Date of last Tetanus vaccination
(DTAP): _____

Please check all that apply

Assistance Devices:	Type:
<input type="checkbox"/> Eye glasses or contacts	_____
<input type="checkbox"/> Hearing aids	_____
<input type="checkbox"/> Teeth (braces, partials)	_____
<input type="checkbox"/> Other (specify)	_____

Medical Conditions

- Allergies (please specify): _____
 - Asthma _____
 - Bleeding/Clotting disorder _____
 - Diabetes _____
 - Epilepsy or convulsions _____
 - Heart Condition _____
 - Hernia _____
 - Dislocation/Strain/Injury _____
 - Other (specify) _____
-

Name of Primary Physician: _____

Address: _____

Phone: _____

1. Are you receiving medical treatment? Yes No
If yes, describe condition(s): _____

2. Are you **currently** on any medications prescribed by your doctor? Yes No

Name of Medication	Amount	Frequency	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you on any medically prescribed diet or dietary restrictions? Yes No
If yes, describe: _____

Volunteer Staff Signature: _____ Date: _____

**2024 CAMP F.L.E.A.
STAFF CODE OF CONDUCT**

As a volunteer staff member of CAMP F.L.E.A., I understand my significant role in keeping children safe and promoting their self-esteem and positive development. I understand my responsibility to provide quality supervision and positive guidance to the child campers. To be positive and healthy for the campers, I agree to:

1. Model positive coping skills and behavior.
2. Supervise the children in my charge at all times.
3. Ensure the child campers adhere to all CAMP F.L.E.A. rules.
4. Follow all written and stated rules of CAMP F.L.E.A.
5. Communicate in a respectful manner with all campers and other staff.
6. Not strike, physically discipline or use the threat of physical discipline toward child campers.
7. Encourage campers to participate in all activities and to have fun.
8. Be enthusiastic.
9. Refrain from using alcohol while in camp or within 8 hours of returning to camp.
10. Refrain from using any substance not specifically prescribed by my physician.
11. Not bring any banned or illicit material into camp.
12. Refrain from using profanity, obscene gestures, sexually explicit speech, or any expression that is not culturally sensitive.
13. Not use tobacco anywhere on the Camp F.L.E.A. grounds (smoking can only be done outside of the perimeter of Camp Brule).
14. Bring concerns to the attention of the Camp Director immediately for resolution.
15. Not leave or enter camp without first checking in or out.
16. Take time-outs as needed to ensure my own mental and physical health (using designated "floater" staff to relieve my duties per Camp F.L.E.A. protocol).
17. Resolve conflicts in a respectful and healthy manner.
18. Not wear jewelry or body piercing (small jewelry studs as approved).
19. Ask for clarification if I am not certain.

I understand that if I fail to comply with this code of conduct, I may be asked to leave the camp.

Volunteer Staff Signature: _____

Date: _____

2024 CAMP F.L.E.A.
VOLUNTEER DECLARATION

In accordance with 23 Pa.C.S. § CHAPTER 63 (CHILD PROTECTIVE SERVICES LAW) § 6344.2, I, _____, swear and affirm:

- I am applying for an unpaid position as a volunteer responsible for the welfare of a child or having direct contact with children;
- **I have been a resident of this Commonwealth during the entirety of the previous ten-year period;**
- I am not disqualified from service pursuant to section 6344(c) and have not been convicted of an offense similar in nature to those crimes listed in section 6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth:
 - Chapter 25 (relating to criminal homicide).
 - Section 2702 (relating to aggravated assault).
 - Section 2709.1 (relating to stalking).
 - Section 2901 (relating to kidnapping).
 - Section 2902 (relating to unlawful restraint).
 - Section 3121 (relating to rape).
 - Section 3122.1 (relating to statutory sexual assault).
 - Section 3123 (relating to involuntary deviate sexual intercourse).
 - Section 3124.1 (relating to sexual assault).
 - Section 3125 (relating to aggravated indecent assault).
 - Section 3126 (relating to indecent assault).
 - Section 3127 (relating to indecent exposure).
 - Section 4302 (relating to incest).
 - Section 4303 (relating to concealing death of child).
 - Section 4304 (relating to endangering welfare of children).
 - Section 4305 (relating to dealing in infant children).
 - A felony offense under section 5902(b) (relating to prostitution and related offenses).
 - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
 - Section 6301 (relating to corruption of minors).
 - Section 6312 (relating to sexual abuse of children)

- I have not been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the past five-year period.

I understand that in accordance with 6344.2 (relating to volunteers having contact with children), if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under this chapter, or named as perpetrator in a founded or indicated report, I must shall provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification of being listed as a perpetrator in the Statewide database. I understand that willfully failing to disclose information required by subsection (g)(1) is a misdemeanor of the third degree and termination or denial of my volunteer position.

I will provide PA State Police Criminal Record Check and PA Child Abuse History Clearances and/or the information required to allow the organization to secure record checks.

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____