



UNITING STUDENTS TEACHERS AND COMMUNITY
THROUGH SHARED OUTDOOR EXPERIENCES

CABIN LEADER APPLICATION

Name _____ Email _____

Cell Phone _____ AGE _____ Grade _____ School _____

Address _____ Zip _____

Have you: Attended Environmental Camp as a student? _____ Attended as a Cabin Leader? _____

Elementary school you attended _____

T-shirt size (*circle*) S M L XL XXL

Please feel free to attach pages if you wish.

1. Why do you want to be an outdoor school cabin leader?

2. How will you be an effective role model for the students you supervise?

3. Please list your experience working with elementary age students.

4. What do you enjoy doing for fun, hobbies?

5. Please indicate your experiences and interests in the outdoors.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause of disqualification. Please list the nature of the offense, the date of the offense, and surrounding circumstances and the relevance of the offense to the position applying for: _

Parents/Guardians:

I understand that my student is applying as an outdoor education cabin leader. My child has the maturity and ability to supervise children in the fifth and sixth grade. I understand that if selected, my child will miss school during the camp session.

Parent/Guardian signature _____ Date _____

Thank you. You will be receiving more information. If you have questions, please contact Unite at info@unitecamps.net or 530-406-9027



CABIN LEADER TEACHER PERMISSION FORM

I, _____, have applied for the position of cabin leader with Unite Camp. Unite is a non-profit organization that is partnering with North State Schools to provide an overnight environmental camp experience for 5th and 6th grade students. An extremely important role in the program is filled by high school students who volunteer as cabin leaders. Acting as role models, cabin leaders are responsible for the care and wellbeing of 7-10 5th or 6th grade students on a 24-hour-a-day basis, ensuring students are working together as a team and getting to meals and hikes prepared and on time. Cabin leaders gain valuable leadership and communication skills, community service credit, and references for college or job applications. **In order to serve as a cabin leader, I must have approval from teachers, a school administrator, and the attendance office.**

Teachers, please sign your name below indicating your agreement that serving as a cabin leader would be a good opportunity for me.

"I support the above-named student to be a cabin leader for outdoor school. I understand that if this student is chosen he/she will be absent for classes and will have to make up all missed work."

Students, please print the class and teacher's name. You will need at least two teacher recommendations to serve. You must also get signatures from the attendance office as well as a school administrator.

CLASS	TEACHER	TEACHER'S SIGNATURE

Administrator's signature: _____

Attendance office: _____

**Please return forms by sending to info@unitecamps.net or mailing to Unite Camp, 3300 Bridger Dr. Redding CA 96002
THANK YOU FOR YOUR SUPPORT OF THE ENVIRONMENTAL EDUCATION PROGRAM.**

UNITE CAMP HEALTH AND ACTIVITY RECORD

Please complete, sign, and date this form for all campers. **Do not mail. Do not fax. Form must be turned in upon arrival.**
 (If form is incomplete, parents or guardian will be called) *Please Print*

LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	MALE	FEMALE	DATES ATTENDING CAMP	
		<input type="checkbox"/>	<input type="checkbox"/>		
Group Information:					
School attending with				Teacher/Classroom	
Parent or Guardian	Full Name:			Telephone Numbers With Area Codes	
				Home ()	
	Address			Work ()	
	City		State		Zip code
	Email:				
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLY RELATIVES)				Telephone Numbers With Area Codes	
Name				()	
Name				()	
Family Health Insurance Information	Name of Company			Policy/Group Number	
	Contact Person			Telephone Number	
				()	
	Parent/Guardian Name				
SPECIAL MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS:					
LIST MEDICINES? (STATE LAW REQUIRES THAT ALL MEDICATIONS, INCLUDING VITAMINS, TYLENOL, ETC, BE GIVEN TO THE CAMP NURSE. ALL MEDICATIONS <u>MUST</u> IN THEIR ORIGINAL CONTAINERS.)					
MEDICATIONS ALLERGIC TO AND OVER THE COUNTER MEDICATIONS YOUR CAMPER MAY NOT HAVE:					
<input type="checkbox"/> No Known Allergies <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Other (insect stings, hay fever etc.)					
IS CHILD TROUBLED WITH BED-WETTING? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain.					

IF CAMPER HAS HAD ANY OF THE FOLLOWING PLEASE CHECK THE BOX AND INCLUDE YEAR OCCURRED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chorea | <input type="checkbox"/> Chronic Intestinal Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Insulin | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Non-Insulin | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Infectious Jaundice/
Hepatitis | <input type="checkbox"/> Inflammatory Bowel Disease | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Malaria | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Otitis Media |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Polio Myelitis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Rubella (German) | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Speech Defect | <input type="checkbox"/> Tuberculosis or TB Contact |
| | <input type="checkbox"/> Whooping Cough | |

Proof of immunization, required by law, must contain SPECIFIC REFERENCES to those diseases, dates and doses. Immunizations must be updated if not in accordance with state regulations.

- **Proof of Measles** means two doses of measles vaccine on or after your first birthday and at least 30 days apart (preferably three months), and/or a physician-documented history of the disease or serologic evidence of immunity.
- **Proof of Rubella** means one dose of rubella vaccine on or after your first birthday or serologic evidence of immunity.
- **Proof of Mumps** means one dose of mumps vaccine on or after your first birthday, a physician-documented history of the disease, or serologic evidence of immunity.

THE SCHOOL HAS MY CHILDS IMMUNIZATION RECORD ON FILE.

OR

I AM ATTACHING MY CHILDS CURRENT IMMUNIZATION RECORD.

The schools copy of immunization records is current.

Parent/Guardian _____ Date _____

The health and immunization history are correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which include but are not limited to hiking, playing sports or general physical activity, except as noted by me and the examining physician and has permission to leave the camp grounds for camp related outings and purposes. I realize that my campers' picture and/video may be used in the camp photo/video made available online.

Unite Camp is a non-profit charitable organization. Those who use Unite Camps' facilities and /or engage in related activities waive and release Unite Camp from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage.

Illegal drugs, weapons and similar items are not permitted at camp. Unite Camp reserves the right to search for and remove such items from anyone suspected of possessing them. I understand that all medications, vitamins, etc must be given to the camp nurse upon arrival and that they must be in the original containers.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my son/daughter. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I hereby give permission for the camp nurse to administer over the counter medications to my child per manufacturers guidelines except as noted above.

Campers wishing to leave early must be picked up by parent(s) guardian(s) who sign this health form. Anyone other than the parent must have written permission signed by the same parent/guardian who has signed this form. The camp reserves the right to refuse dismissal without proper identification.

Signature of Father/Guardian(s): _____ **Date:** _____

Signature of Mother/Guardian(s): _____ **Date:** _____