



# Camp C.O.P.E. Staff Application Ft. Sam Houston/BAMC

## WHAT IS CAMP C.O.P.E.®?

Our camp is designed to help our young heroes to better cope with the effects of war, deployments and the sacrifices they are asked to make every day.

Children of deployed and injured service members are more likely to struggle emotionally. Some common reactions observed in children in these circumstances include, but are not limited to: depression, anxiety, withdrawal, anger, hyper-vigilance and somatic illness.

At Camp C.O.P.E. ® children are provided age-appropriate therapeutic interventions in small groups of their peers, who have had similar experiences. The interventions are both direct and indirect, according to their comfort level, and are tailored to help them cope better emotionally.

## TYPE OF APPLICATION

(Please check the one that applies)

**LEAD COUNSELOR**

- Fully licensed and insured counselor will be responsible for facilitating the group and teaching the curriculum.
- Must have completed Camp C.O.P.E. Level 1 Training and have participated with Camp C.O.P.E. previously.
- Must arrive on Friday September 16th, 2011 before 1pm.

**COUNSELOR ASSISTANT**

- Will assist the lead counselor in the group process.
- Has counseling or classroom management experience but does not meet requirements to be a lead counselor.
- Must complete Camp C.O.P.E. Level 1 Training on Friday September 16<sup>th</sup>, 2011. Training will be held at Robert G. Cole High School 2pm-4pm

**GENERAL VOLUNTEER**

- Will have general volunteer duties to assist in the operations of camp.
- Specific area of work preferred: \_\_\_\_\_
- Please circle your availability: (all that apply)

Friday, September 16 <sup>th</sup>	4:00 p.m. - 6:00 p.m.	
Saturday, September 17 <sup>th</sup>	7:30 a.m. – 12:30 p.m.	12:30 p.m. – 4:00 p.m.

**PERSONAL INFORMATION**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 In the event of an emergency, whom should we contact?  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

**Accommodations/Transportation/ Meals**

*(FOR CAMP COPE APPROVED LEAD COUNSELORS, COORDINATORS AND PRESENTERS ONLY)*

If you are traveling from out of town with Camp C.O.P.E. a hotel room will be provided for you.

- Please indicate the nights that you will require a room:

Friday Sep 16 <sup>th</sup>	Saturday Sep 17 <sup>th</sup>
YES	YES
NO	NO

- If you are assigned a roommate, who is your preference?: \_\_\_\_\_
- If arranging your own, when should we expect you to arrive? \_\_\_\_\_
- Who will you be arriving with? \_\_\_\_\_
- Camp COPE will be reimbursing gas for travel groups of 3 per car minimum.

While at Camp C.O.P.E. the following meals will be provided to our out of town staff members: If you are staying at the hotel, breakfast will be provided by the hotel.

- Friday : Lunch and Dinner
- Saturday: Lunch and Dinner
  - If you will not be utilizing the meals provided by Camp C.O.P.E., kindly advise us by the Monday before camp.

**GROUP PARTICIPANT WAIVER**

I, \_\_\_\_\_ have agreed to participate in Camp C.O.P.E.® as a group counselor, assistant or volunteer by my own free will. I understand the counseling I will be providing or experiencing might lead me to feel upset and/or possibly emotionally overwhelmed.

I understand that Camp C.O.P.E. ® will provide group debriefing with the counselors and staff after camp and it will be my choice to attend or not to attend.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NON-COMPETE AGREEMENT**

For good consideration and as an inducement for Camp C.O.P.E. to employ or allow participation \_\_\_\_\_ (Contract Employee or Volunteer), the undersigned Contract Employee or Volunteer hereby agrees not to directly or indirectly compete with the business of the Company and its successors and assigns during the period of employment and for a period of 5 years following termination of employment or voluntary participation and notwithstanding the cause or reason for termination.

The term "not compete" as used herein shall mean that the Employee/Volunteer shall not own, manage, operate, consult or to be employee in a business substantially similar to or competitive with the present business of the Company or such other business activity in which the Company may substantially engage during the term of employment/participation.

The Employee/Volunteer acknowledges that the Company shall or may in reliance of this agreement provide Employee/Volunteer access to trade secrets, customers and other confidential data and good will. Employee/Volunteer agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

CAMP C.O.P.E. ® \_\_\_\_\_  
Organization

\_\_\_\_\_  
Employee/ Volunteer

\_\_\_\_\_  
Date

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**MENTAL HEALTH LICENSURE**  
**(LEAD COUNSELOR ONLY)**

Highest Degree Earned: \_\_\_\_\_

Type of License Held: \_\_\_\_\_ License Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ NPI Number (if applicable): \_\_\_\_\_

Experience in Working with Children: \_\_\_\_\_

Attach a copy of your professional license  
 Current copy is on file

Attach a copy of your resume  
 Current copy is on file

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**LIABILITY INSURANCE**  
**(LEAD COUNSELOR ONLY)**

Name of Company Insured with: \_\_\_\_\_

Type of Insurance Held: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Attach a copy of your Insurance  
 Current copy is on file

**MEDIA RELEASE**

In consideration of my attendance at Camp C.O.P.E. ®, upon the terms herewith stated, I, \_\_\_\_\_ hereby give to Camp C.O.P.E. ® legal representatives and assigns, those for whom Camp C.O.P.E. ® is acting, and those acting with his/her authority and permission:

- a) the unrestricted right and permission, without further compensation, to copyright and use, re-use, publish, and republish photographic portraits or pictures of me, sound clips or video clips, in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I also permit the use of any printed material in connection therewith.
- c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I am under the age of (18), and the signature of my parent/legal guardian below affirms this release in its entirety. I certify that I am the parent/legal guardian of the above named individual, and agree to all terms set forth in the above document on behalf of that same individual. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DRIVER RESPONSABILITY AGREEMENT**

Event: Camp C.O.P.E. at FSH/BAMC      Event Date: September 16<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup>, 2011  
 Responsible Driver Name: \_\_\_\_\_ State And Drivers License #: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to **NOT** drive while attending this event but as a  **rider**  I understand that Camp C.O.P.E.® does not provide any insurance to cover my participation in this program and that in the event of an accident Camp C.O.P.E.® and any of their agents are not held liable.

\_\_\_\_\_ I wish to serve as a **Responsible Driver** for this event. I will responsibly drive other staff members, counselors or volunteers in a rental car that will be paid for by Camp COPE and I DO have my own insurance.

**As a Responsible Driver, I agree to the following:**

- I am a licensed driver and will be the one of the operators of the rented vans.
- I have Automobile Liability and Collision Insurance.
- I will drive in a safe manner and obey all traffic laws.
- I will not consume alcohol on the date of the event for which I am a Responsible Driver.
- I will not transport any alcohol, controlled or illegal substances in my vehicle.
- I will require that all passengers wear a seat belt and will not transport more passengers than there are working seat belts in the vehicle.
- I will abide by all state laws.
- I understand that Camp C.O.P.E.® does not provide any insurance to cover my participation in this program and that in the event of an accident; my only source of insurance protection is my own Auto Insurance.

I will be solely responsible for the operation of the rented vehicle, and hereby release and agree to indemnify the Camp C.O.P.E. ®, the officers, employees, board members and agents from any liability for any personal injury or property damage arising out of my serving as Responsible Driver/Rider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH HISTORY AND PRIVACY STATEMENT**

Your Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check all of the illnesses/injuries/conditions that have occurred in the past 6 months:

Asthma  Diabetes  
 Allergies  Heart Defect/Disease  
 Bleeding/clotting disorder  Seizures

Please provide explanations for any checked boxes: \_\_\_\_\_  
\_\_\_\_\_

Are there any other medical conditions that we should be aware of?: \_\_\_\_\_  
\_\_\_\_\_

**Allergies-** Please list all known and describe reaction:

Allergies to medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergies to food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Other Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Have you required an "epi" pen in the past? \_\_\_\_\_

**Medications-** Medications to be taken during camp need to be brought to camp in their original container accompanied by signed instructions from parent/guardian including dosage and time taken.

**Please list medications being taken on a regular basis and the reason.**

Prescription Medications: \_\_\_\_\_

Over the Counter Medications: \_\_\_\_\_

**My signature below indicates:**

I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission for myself to receive emergency medical treatment as needed. All information given is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PARTICIPATION AGREEMENT**

\*\*Please Initial each line and sign at the bottom of the page.

_____	I agree to work at Camp C.O.P.E. ® and be prompt to all activities, I will also follow by the expectations given to me by the volunteer or counselor coordinators.													
_____	I agree to give Camp C.O.P.E. ® 30 days notice if I am unable to participate. If airfare has been purchased I will be responsible for the cost of my airfare (payable to Camp COPE within 30 days of cancellation.)													
_____	I understand that I will be representing Camp C.O.P.E. ® and in doing so I will represent the organization in a positive way and will treat all families, children and service members with the upmost respect, courtesy and kindness.													
_____	I understand that as a counselor or assistant I will need to attend Level 1 Training before camp. If I have already attended training, I will review the updated curriculum and bring it with me to camp. Additional copies for Camp C.O.P.E.® lead counselors will be provided at a cost of \$35.													
_____	I understand that if I am in a group I will be trained in the curriculum developed by Camp C.O.P.E. ® and will provide or assist with the therapeutic interventions and activities to the children.													
_____	I understand that a 3 <sup>rd</sup> party will be performing a background check on me and I will fill out the form at the back of this packet and submit it to Camp C.O.P.E.®. Your social security number is needed on here and we will keep the forms secure.													
_____	I understand that I need to direct all media questions, interviews and other media to Sarah Bravo and Elizabeth Reep.													
_____	I understand I will have the option to attend the debriefing provided by Camp C.O.P.E.® on Sunday, Time and Place TBD.													
_____	I understand that I am will be representing Camp C.O.P.E. ® and I will not use this time to promote my own personal items or services.													
_____	I understand that the identity of the children who attend camp is confidential and I will respect the privacy of the children involved.													
_____	I will be provided with one Camp C.O.P.E. ® shirt to wear while conducting sessions. Shirts can be worn with jeans, pants, long bermuda shorts or capris, and we recommend comfortable shoes.													
Please circle the size shirt you will need:														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align:center;">Small</td> <td style="width:20%; text-align:center;">Medium</td> <td style="width:20%; text-align:center;">Large</td> <td style="width:20%; text-align:center;">Extra Large</td> <td style="width:20%; text-align:center;">2 Extra Large</td> </tr> </table>					Small	Medium	Large	Extra Large	2 Extra Large					
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Please circle your top 3 age preferences:														
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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## BACKGROUND CHECK

### EMPLOYMENT INQUIRY RELEASE FOR CONSUMER REPORTS

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE CONCERNING BUT NOT LIMITED TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE.

I ALSO UNDERSTAND THAT YOU WILL BE REQUESTING THIS INFORMATION FROM FEDERAL, STATE, LOCAL AND PRIVATE AGENCIES. I UNDERSTAND THAT THE INFORMATION REQUESTED WILL INCLUDE BUT NOT BE LIMITED TO MY CRIMINAL HISTORY, DRUG SCREENING, CIVIL COURT HISTORY, MOTOR VEHICLE RECORDS, PROFESSIONAL LICENSE CHECK, EDUCATIONAL HISTORY, PREVIOUS EMPLOYMENT, WORKERS COMPENSATION HISTORY AS WELL AS OTHER REPORTS AND/OR REFERENCES.(BOTH PUBLIC AND PRIVATE)

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY, AGENCY OR AGENCY REPRESENTATIVE CONTACTED BY THE BELOW NAMED EMPLOYER, HIS AGENT OR AGENCY REPRESENTATIVE TO OBTAIN AND FURNISH THE ABOVE MENTIONED INFORMATION OR REPORTS.

I HEREBY CONSENT TO YOUR OBTAINING THE ABOVE MENTIONED INFORMATION AND REPORTS THROUGH YOUR AGENT, ACCURATE INFORMATION SYSTEMS, INC. AND AGREE TO INDEMNIFY AND HOLD HARMLESS, YOU OR YOUR AGENT, ACCURATE INFORMATION SYSTEMS, INC. , THEIR AGENT OR THEIR AGENCY REPRESENTATIVE FOR RECORD CONTENT, ERRORS OR OMISSIONS. FURTHER, I AGREE THAT THIS RELEASE FOR INFORMATION MY BE USED IN DUPLICATE (COPY FORM) AND MAY AT ANY TIME BE USED TO RECHECK MY BACKGROUND WHILE EMPLOYED WITH THE BELOW NAMED EMPLOYER.

{FOR CALIFORNIA EMPLOYEES OR APPLICANTS ONLY: (1) YOUR EMPLOYER SHALL PROVIDE YOU WITH A WRITTEN NOTICE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT SOUGHT AND A COPY OF CALIFORNIA CIVIL CODE 1786.22; AND (2) IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THE BOX AND THE C.R.A OR YOUR EMPLOYER, WHERE REQUIRED BY STATE LAW, WILL PROVIDE YOU WITH A COPY OF THE REPORT}.

{ FOR MINNESOTA OR OKLAHOMA APPLICANTS OR EMPLOYEES ONLY, IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THIS BOX}

EMPLOYER: Camp C.O.P.E.

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR LEVEL CRIME ? \_\_\_\_\_  
Conviction does not necessarily bar you from employment with our company.

APPLICANT NAME:(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INTIAL) \_\_\_\_\_

OTHER FORMER NAMES \_\_\_\_\_

ADDRESS: (CURRENT) \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? \_\_\_\_\_ YEARS/MONTHS

Please list all addresses for past 7 years below

PAST ADDRESSES: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ YEARS

\_\_\_\_\_ HOW LONG? \_\_\_\_\_ YEARS

PLEASE INCLUDE APPLICABLE CITY, STATE, PROVINCE OR TERRITORY

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

(Required for criminal record verification only)

DRIVERS LICENSE: PROVINCE OR STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE