



Pine Lake Camp Chaperone Forms



Chaperone Information

Name: _____
(first and last name)

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Skills

- | | |
|---|---|
| <input type="checkbox"/> Work well with others | <input type="checkbox"/> Team building activities |
| <input type="checkbox"/> Creative ideas | <input type="checkbox"/> Tenting |
| <input type="checkbox"/> Computer knowledge | <input type="checkbox"/> Geocaching/orienteering |
| <input type="checkbox"/> Enjoy working with children/youth | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Experience supervising children/youth | <input type="checkbox"/> Familiar with local flora & fauna |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Digital photography/photo journaling |
| <input type="checkbox"/> Enthusiastic about camp ministry | <input type="checkbox"/> Games |
| <input type="checkbox"/> Passion for mentorship of young people | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Well connected to a Ministry Unit | <input type="checkbox"/> Guitar |
| <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Observant/perceptive | _____ |
| <input type="checkbox"/> Encouraging/positive attitudes | _____ |
| <input type="checkbox"/> Natural ability to engage young people | _____ |
| <input type="checkbox"/> Life skills coaching | _____ |



Pine Lake Camp Chaperone Forms



Code Of Conduct Agreement

I, _____, understand and agree to
(first & last name)

abide by the following Pine Lake Camp Chaperone Code of Conduct:

- I agree to cooperate with and support other camp staff and volunteers.
- I agree to be available to the campers for their spiritual, emotional, and physical needs.
- I agree to be on time for and participate in all activities with the campers as required.
- I agree to not use tobacco, drugs, or alcoholic beverages.
- I agree to store and use my cell-phone and other electronic devices in the Canteen or The Palms **only** for the duration of my time at camp.
- I agree to wear clothing that is modest.
- I agree to not use profanity or engage in inappropriate conversations.
- I agree to not place myself in compromising situations with any other staff, volunteer, or camper.
- I agree to write down and report to the Program Director any and all disclosures made to me by campers or staff/volunteers of self-harm, abuse, or other serious concerns.
- I agree to participate in designated training sessions when provided to help in my assignment.
- I agree to fulfill the volunteers hours agreed upon.
- I agree to maintain strict confidentiality.
- I agree to provide my time and service without remuneration.
- I agree to support the principles of The Salvation Army and the implementation of the mission of The Salvation Army while on duty as a volunteer.

(signature)

(date)



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The Salvation Army
Summer Ministry Team – PINE LAKE CAMP
Chaperone Position Description

POSITION	Chaperone
OBJECTIVE	Oversee cabin group or assist with a cabin group as assigned by Assistant Program Director.
SUPERVISION	Head Cabin Leader, Assistant Program Director Administration & LIT – indirectly Program Director and Camp Director
RESPONSIBILITIES	<ul style="list-style-type: none"> ◆ Actively participate in the camp program, and strive for its smooth running. ◆ Oversee cabin group of up to 8 campers or assist an Assistant Cabin Leader. ◆ Work closely with Head Cabin Leader in assigned duties. ◆ Ensure the health, safety, emotional wellness and personal development of campers. ◆ Encourage the participation of each camper in all activities. ◆ Maintain and enforce the rules and regulations of the camp at all times. ◆ Guide the spiritual growth of campers through love, understanding, patience and example. ◆ Broaden the interests of the campers and be innovative in offering cabin activities. ◆ Assist with cabin devotions and be willing, at any time, to lead a child to Christ. ◆ Participate in camp fire as required. ◆ If acting as a Chaperone Cabin leader, ensure that Camper Spirituality Forms are completed accurately and submit to Assistant Program Director for review at the end of the camp session. ◆ If acting as a Chaperone Cabin Leader, ensure that Camper Feedback Surveys are completed and submit to Assistant Program Director for review at the end the camp session. ◆ Immediately notify Head Cabin Leader of any disclosure of abuse. Promptly create a written report disclosing required information on an Incident Report Form and follow relevant policy and procedure. ◆ Actively participate in Options and facilitate as required. ◆ Be flexible and have a good disposition. ◆ Work within the total camp program and cooperate with staff members.

Minimum Qualifications:

- ◆ Age 18
- ◆ Current Clear Criminal Record Check

Chaperone

Date Signed

Camp Director

Date Signed



Pine Lake Camp Chaperone Forms



Camp Chaperone Recommendation Form

***This form must be completed by your Corps Officer/Executive Director/Supervisor**

I _____
(CO/supervisor - first & last name, title, and position)

from _____
(MU name and location)

recommend the following individual as a Camp Chaperone for the Pine Lake Camp indicated below.

(camp chaperone – first & last name)

(camp name & dates)

(signature – camp chaperone)

(date)

(signature – CO/supervisor)

(date)



Pine Lake Camp Chaperone Forms



The Salvation Army Pine Lake Camp Medical Form

GENERAL INFORMATION

Name (first & last): _____

Birth Date: ____ / ____ / ____
mm / dd / yyyy

Alberta Health Care No.: _____

Other Health Coverage: _____
Plan Holder Number

<u>Please contact the following person in case of an emergency:</u>	
Name _____	Relationship _____
Address _____ _____	Home Phone _____ Bus. Phone _____
Family Doctor _____	Office Phone _____

HEALTH INFORMATION

1. Do you presently have, or have you recently had, any infectious disease? Yes _____ No _____
If yes, please specify the type of illness and provide a doctor's certification indicating you are now fit for camp.

2. Have you recently been exposed to an infectious disease (e.g. measles)? Yes _____ No _____
If yes, please specify the type of disease and when exposed.

3. Are your immunizations up to date? Yes _____ No _____



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4. Please specify any allergies (ex: medications, food, insect bites, etc.) and describe your reaction:

5. All medication which you must use, or may require during the camp period must be clearly labelled the type of medication, your name and specific instructions for use. For the safety of the campers and others all medication is to be kept and administered by the Camp Nurse. Please list any medication(s) that you know you will use during the employment period.

Name Of Drug	Reason For Use	Dosage/Time
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. Please state anything not previously mentioned of which the Camp Director and/or Camp Nurse should be aware of:

Signature of Employee/Volunteer

Date