

EMPOWER. EDUCATE. ADVOCATE.
NORCAL
SERVICES FOR DEAF & HARD OF HEARING



CAMP GRIZZLY

*23rd Annual Deaf and Hard of Hearing
Summer Leadership Camp*

STAFF APPLICATION

July 19 – July 27, 2024

DEADLINE: June 1st, 2024 or Until filled

NorCal Services for Deaf & Hard of Hearing

4044 N. Freeway Blvd., Sacramento, CA 95834

916-349-7500 TTY/Voice * 916-993-3048 VP * 916-349-7580 Fax

campgrizzly@norcalcenter.org

www.campgrizzly.org

Who, What & Where?

NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing, founded in 1977, is a non-profit, community-based organization with a mission to:

- **EMPOWER** Deaf and hard of hearing individuals to live independently and productively
- **EDUCATE** family members, service providers, employers and the general public of the unique communication needs, abilities and accomplishments of Deaf and hard of hearing children and adults, and
- **ADVOCATE** for equal access and opportunities for Deaf and hard of hearing people in our society.

NorCal provides an array of services and programs for Deaf and hard of hearing individuals, their families and the general public. NorCal has over forty employees at its Sacramento headquarter office and four outreach offices throughout northeastern California. Contact info@norcalcenter.org for more information.

Camp Grizzly

Camp Grizzly offers a week-long Youth Leadership program for promoting Deaf Culture, self-esteem, enhancing socialization and leadership skills in a FUN & SAFE environment! Campers leave with many new friends and memories to last a lifetime. Activities include: field games, archery, swimming, nature walks, arts & crafts, rope courses, drama, camp Olympics, STEAM activities, campfire and more!

Camp Grizzly serves youths between 7 to 18 years of age who are:

- Deaf or Hard-of-Hearing
- Hearing with Deaf or hard-of-hearing parent/s
- Hearing with Deaf or hard-of-hearing sibling/s

An Unforgettable Volunteer Job

Camp Grizzly is looking for volunteers who are ethical, flexible, enthusiastic, and patient with a sense of humor. If you feel you meet the above criteria, Camp Grizzly would like to hear from you! To ensure your acceptance to Camp Grizzly, please send in your application as soon as possible. Camp positions fill up quickly!

Diversity Statement

Diversity, equity and inclusion are part of NorCal Services for Deaf and Hard of Hearing's overall mission and are integral to Camp Grizzly's achievement of excellence in camp experience. Our commitment to diversity, equity and inclusion, as demonstrated by our staff and the agency and Board of Directors align well with our "Of, by and For Deaf" philosophy. Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to fully participate, with respect to their cultural, ethnic and religious practices.

Camp Location

Camp Grizzly is located at Camp Ronald McDonald, a fully ADA accessible and ACA accredited campsite on Eagle Lake, 10 miles north of **Susanville, in Lassen County, California**. The landscape is 35-acres of meadow and woodlands of the Sierra mountain range with 1.5 miles of beachfront access to Eagle Lake.

Join the Team!

Volunteer Requirements

To qualify, you must meet the minimum requirements below:

- Over 18 years of age, have completed some college and/or have employment experience.
- Good character and leadership qualities.
- Respected and in good standing in the community.
- Familiar with Deaf Culture.
- Fluency in sign language.
- Prior experience working with youth.
- Willing to live and work within a community of caring individuals in a rustic setting.
- Pass a background check. Be Drug Free.
- Have completed 1st Aid prior to camp begins.

To Apply

- Complete the staff application entirely.
- Enclose a current COLOR photo of yourself.
- Enclose a photocopy of both sides of your healthcare insurance card.
- Be available to attend the mandatory pre-camp staff Orientation (**July 19 – 21, 2024**) and volunteer for the full term of camp (**July 21 – July 27, 2024**).

All camp positions are on a volunteer basis only (NO PAY). Camp Grizzly provides training, Lodging, Three meals & snacks each day, a Camp Grizzly T-shirt & FUN at camp!

Transportation

Staff are responsible for providing their own transportation. Carpool is strongly encouraged and will be arranged with the Camp Program Manager.

Contact Information

For more information, contact:

Camp Grizzly

4044 N. Freeway Blvd.
Sacramento, CA 95834
(916) 349-7500 Voice and TTY
(916) 993-3048 VP
(916) 349-7580 FAX
CampGrizzly@NorCalCenter.org
www.campgrizzly.org





2024 CAMP GRIZZLY VOLUNTEER STAFF APPLICATION

(Minimum 18 years of age)

COLOR
Picture
Required
2.5 x 3 inches
Minimum

Please print:

Returning Staff (complete pages 3 and 6-9 only)

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ VP or Voice and Cell Phone: _____ Voice/Text/Both

Email address: _____

Are you at least 18 years of age or older? [] Yes [] No Gender: [] Male [] Female

Deaf [] Hard of Hearing [] Coda [] Hearing []

Please rate your fluency in American Sign Language: (Beginner) (Fluent)

Are you fluent in other communication forms, such as: PSE, SEE, CUED, other Languages?:

No [] Yes [] If yes, please comment: _____

Please **circle** your Adult T-shirt size: Small Medium Large X-Large XX-Large XXX-Large

CERTIFICATIONS

Please **attach a copy** of your 1st Aid Certificate and mark with an (X) any additional certification:

1st Aid: _____ Archery: _____ CPR: _____ Interpreter: _____ Lifeguard: _____ Registered Nurse: _____

Note: All applicants must complete and pass livescan fingerprint background check prior to the start date of camp in order to participate. Clearance required for DOJ California, FBI and Child Sex Offender Registration.

VOLUNTEER POSITIONS

Please select at least two positions with 1 being your first preference. Although we try to honor your preferences, we will match you with a position based on your experience and skills and the availability of such positions.

Counselor: [] Preferred age group? ___ 7-9 ___ 10-12 ___ 13-15 ___ 16-18

*Camp Nurse: [] *Archery: [] *Lifeguard: [] Sports Leader: [] Arts & Crafts: []

Drama: [] Lead Counselor: [] Interpreter: [] Photographer: []

(*) Indicates you must have a current State License or Certification to take this position.

REFERENCES: Give names and addresses of two persons (not relatives) having knowledge of your character, experience, work habits, and ability.

1. Name: _____ Address: _____

Phone: _____ VP/V/Text Email address: _____

2. Name: _____ Address: _____

Phone: _____ VP/V/Text Email address: _____



2024 CAMP GRIZZLY Staff Application

Part Two

EMPLOYMENT HISTORY:

Please list 3 past employers starting with the most recent.

1. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone #: _____ V/TTY

Reason for leaving: _____

2. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone #: _____ V/TTY

Reason for leaving: _____

3. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone #: _____ V/TTY

Reason for leaving: _____

CAMP EXPERIENCE:

Please list your residential camp experience starting with the most recent.

1. Camp name: _____ City, State: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY

What did you like most about this camp? _____

What did you like least about this camp? _____

2. Camp name: _____ City, State: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY

What did you like most about this camp? _____

What did you like least about this camp? _____

3. Camp name: _____ City, State: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY

What did you like most about this camp? _____

What did you like least about this camp? _____



QUESTIONNAIRE:

Please complete the following questions:

1. Write a brief biography, including specialized training in camping and experience or training in other fields, which might have a bearing on the position/s for which you are applying: _____

2. What have you done during your lifetime thus far that has made you to feel the most proud of yourself?

3. Why do you want to participate in Camp Grizzly's leadership program? _____

4. What form of 'discipline' do you feel works best with most children? _____

5. What leadership qualities do you possess? _____

6. What do you hope to gain from your experience volunteering with Camp Grizzly?

2024 CAMP GRIZZLY STAFF MEDICAL HISTORY FORM



Please print:

Applicant's Full Name: _____

Birth Date: _____ Gender: M [] F [] Color of Hair: _____ Color of Eyes: _____

Height: _____ Weight: _____ Blood Pressure: _____ / _____

General Questions on HEALTH HISTORY:

Frequent Ear Infection	___	Yes	___	No	Asthma	___	Yes	___	No
Cardiovascular Disorders	___	Yes	___	No	Chicken Pox	___	Yes	___	No
Epilepsy/Seizures	___	Yes	___	No	Measles	___	Yes	___	No
Diabetes	___	Yes	___	No	Meningitis	___	Yes	___	No
Clotting Disorders	___	Yes	___	No	Mumps	___	Yes	___	No
Allergies	___	Yes	___	No	Hepatitis	___	Yes	___	No
High Blood Pressure	___	Yes	___	No	Head Injury	___	Yes	___	No
Tuberculosis	___	Yes	___	No	Skin (Rash, etc.)	___	Yes	___	No

If yes, explain: _____

Ever had surgeries? _____

Have you ever been hospitalized? _____

Have a chronic or recurring illnesses? _____

Any recent injury, illness or infectious diseases? _____

Loss of consciousness, convulsions, or concussion? _____

Do you require a special diet: [] Vegetarian [] Gluten Free [] Religious/Cultural [] Diabetic [] Other: _____

Please describe: _____

ALLERGIES: [] **FOOD** _____ [] **DRUG** _____

If yes, please describe reaction and management of the reaction: _____

Medications: (Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only. All medications must be in original container with Dr. Name and contact number and dosage instructions intact.)

Prescription:	Dosage:	Specific Times Taken:	Reason:

IMMUNIZATION REPORT: Please record the specific date (month/year) for TETANUS and TUBERCULOSIS Test.

Vaccine: Tetanus (DPT / TD / T)	Date of Last Booster:	TB Test Date: [] Skin [] Chest Xray [] Negative [] Positive
---------------------------------	-----------------------	--

Are all other Immunizations current? [] Yes [] No (Please provide a copy of updated immunization record)

To be completed by Licensed Medical Personnel: I examined this individual on _____ (date). In my opinion, the above applicant: [] is able [] is NOT able to participate in an active camp program. The applicant is under the care of a physician for the following conditions: _____

Recommendations and Restrictions at Camp: (treatment, medications, limitations/restrictions, or any additional information for health care staff at the camp): _____

Signature of Licensed Medical Personnel: _____

Printed Name: _____ **Title:** _____

Address: _____

Phone: _____ **Date:** _____

2024 CAMP GRIZZLY STAFF MEDICAL RELEASE FORM

Camp Grizzly personnel will make every effort to contact your *Emergency Contact* in the event of an emergency or need for professional medical care.

- In the event that I am in a condition of which I am unable to consent to medical treatment, I hereby authorize Camp Grizzly Health Care Supervisor or Camp Program Manager to consent to any X-rays, routine tests, hospitalization, injection, medications, anesthesia, surgery and/or any other treatments as ordered by the physician at the local medical facility.
- I understand that any medical expenses will be billed directly to my insurance carrier. In the event that my insurer does not pay for the medical service, the medical facility will bill me directly for payment.
- I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, subcontractors and volunteers from any and all liability for bodily injury, cost of medical treatment or injury incurred as a result of the administration of emergency treatment.

This form may be photocopied for use offsite from camp for the purposes described herein.

Indicate any known allergies or special instructions: _____

Signature of Applicant: _____ Date: _____

Print Name: _____

**** ALL address, phone numbers and insurance information must be filled out COMPLETELY ****

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Phone Number: _____

EMERGENCY NOTIFICATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ [Voice] [VP] Work Phone: _____ [Voice] [VP]

Cell Phone: _____ [Text only] [Voice] [Both] Email Address: _____

INSURANCE INFORMATION:

Primary Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____

Other Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____

Check here if you have **NO** health insurance.

Primary Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

REQUIRED ATTACHMENTS:

Attach photocopy of both sides of health insurance card; applications will **NOT** be processed without this attachment.

Camp Ronald McDonald at Eagle Lake, Susanville, CA.

WAIVER AND RELEASE OF LIABILITY (Camper/staff/volunteer - Adult)

Release and waiver of liability and indemnity agreement. I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of my use of, presence at, or trip to or from the facilities of Camp Ronald McDonald at Eagle Lake, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities Northern California and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald at Eagle Lake or Ronald McDonald House Charities Northern California for any injuries or property damages which may arise while on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage caused by or arising out of the negligence of Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California, or their directors, officers, employees, volunteers and/or agents.

Authorization for use of photo. I hereby authorize Camp Ronald McDonald at Eagle Lake and Ronald McDonald House Charities Northern California to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald at Eagle Lake that contains my likeness.

Date: _____

Signature: _____

Printed Name: _____

Camp Session: _____ July 20-27, 2024 _____



2024 CAMP GRIZZLY RELEASE FORMS

Consent to Participate

I understand and certify that my participation in the Camp Grizzly program is completely voluntary, and I have familiarized myself with the camp's program and activities in which I will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, rope courses, archery and other outdoor activities.

I acknowledge that although Camp Grizzly/NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal Services for Deaf & Hard of Hearing cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for my safety and the safety of camp participants.

Signature

Date

Release of Claims

I understand that my participation in Camp Grizzly can expose me to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge Camp Grizzly/NorCal Services for Deaf & Hard of Hearing, its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that I may suffer while participating in the activity, including but not limited to, any claims arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of or conduct of any activity, whether planned or unplanned.

I specifically agree to release and hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, officers, agents, employees and volunteers.

Signature

Date

Notice re: Photograph and Video:

I understand photos, video footage or voice recordings may be captured or taken of me while at Camp Grizzly. Therefore, I consent to the use of my photo or artistic likeness and or voice or footage of me while at camp for promotional materials, social/media coverage, press releases and fundraising projects for NorCal and Camp Grizzly.

Signature

Date

I hereby authorize NorCal Services for Deaf & Hard of Hearing to thoroughly investigate my references, work records, and other matters related to my ability for volunteer work. I further authorize the references I have listed to disclose to NorCal any information related to my character, experiences, and ability. In addition, I hereby release NorCal Services for Deaf & Hard of Hearing, individuals listed as references, and all other persons, corporations, and associations from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I hereby certify that the answers given by me are true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances to volunteer as a camp staff member. I further certify that I have personally completed this application. I understand that my application may be rejected or that I may be discharged from serving as a volunteer in the event that any omission or misstatement of material fact is discovered on this application or on any document used to secure a volunteer position at Camp Grizzly, regardless of the time elapsed before discovery.

Signature

Date