

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

**2018 STAFF REGISTRATION FORM**

**Volunteer**

**Staff Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(please print)

**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. 2017 for Camp F.L.E.A. 2018.

I was a volunteer at Camp F.L.E.A. in 2017  Yes  No  Don't Know

If **YES**, Camp F.L.E.A. has a copy of my 2017 clearances:  Yes  No  Don't Know

If you were a volunteer during 2017 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. 2017.

**Volunteer Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

Camp F.L.E.A. will be held from Wednesday, August 15<sup>th</sup> to Saturday, August 18<sup>th</sup>, 2018

Please indicate what days/times you wish to volunteer and what activities or areas in which you are interested:

<input type="checkbox"/> Wednesday	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Kitchen Staff
<input type="checkbox"/> Thursday	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Kitchen Staff
<input type="checkbox"/> Friday	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Kitchen Staff
<input type="checkbox"/> Saturday	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Kitchen Staff

Please return applications to: Bradford County CYS, 220 Main Street, Unit 1, Towanda, PA 18848 or Sullivan County CYS, 9219 Rte. 487 Suite D, Dushore, PA 18614.

# 2018 Camp F.L.E.A. STAFF HEALTH STATEMENT

---

Volunteer Staff Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_

---

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

<input type="checkbox"/> Allergies (please specify):	_____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Bleeding/Clotting disorder	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Epilepsy or convulsions	_____
<input type="checkbox"/> Heart Condition	_____
<input type="checkbox"/> Hernia	_____
<input type="checkbox"/> Dislocation/Strain/Injury	_____
<input type="checkbox"/> 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: \_\_\_\_\_

## 2018 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:** \_\_\_\_\_

**2018 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:** \_\_\_\_\_

**SULLIVAN COUNTY CYS**  
**INDEPENDENT LIVING SERVICES**

**DATA TRACKING**

**NYTD REPORT PERIOD: \_\_\_\_\_**

1. Child's Name: \_\_\_\_\_
2. Record Number (MCI): \_\_\_\_\_
3. Child's Date of Birth: \_\_\_\_\_
4. Sex: M or F
5. Race and Ethnicity: \_\_\_\_\_ Hispanic? Y or N
6. Foster Care Status: Y or N
7. Adjudicated Delinquent: Y or N
8. Educational Level (highest grade completed): \_\_\_\_\_
9. Special Education (IEP): Y or N
10. Services: Independent Living Needs Assessment Y or N
11. Services: Academic Support Y or N
12. Services: Post-Secondary Educational Support Y or N
13. Services: Career Preparation Y or N
14. Services: Employment Programs or Vocational Training Y or N
15. Services: Budget and Financial Management Y or N
16. Services: Housing Education and Home Management Training Y or N
17. Services: Health Education and Risk Prevention Y or N
18. Services: Family Support and Healthy Marriage Education Y or N
19. Services: Mentoring Y or N
20. Services: Supervised Independent Living Y or N
21. Services: Room and Board Financial Assistance Y or N
22. Services: Education Financial Assistance Y or N
23. Services: Other Financial Assistance Y or N

Date IL Services Began: \_\_\_\_\_

Date IL Services Ended: \_\_\_\_\_