Camp Pinniped 2020 Junior Counselor Application

Applicants must be between the ages of **14-17** years old to apply as a Junior Camp Counselor.

As a Junior Counselor with our Camp Pinniped summer camp program you will gain experience setting up hands on labs and activities, mentoring young children ages 8-12 years old, attending guest lectures and much more.

Junior Counselors are expected to volunteer Monday-Thursdays between the hours of (8:30-4:30pm); and Fridays from (7:30-12:00pm) for a minimum of 2 – 3 weeks out of the summer. **All Junior Counselors will be required to attend Junior Counselor training on Saturday June 13th.** Junior Counselors are expected to arrive on time, be responsible, inclusive, great team players, have good communication skills, and a positive “can do” attitude. All applicants will receive an email from Susan Mathews, Camp Coordinator, regarding the status of their application by May 1st. If you have additional questions please email our education department at: education@pacificmmc.org.

**Please indicate all weeks you are available as some weeks may already be assigned**

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<th>Weeks</th>
<th>Days</th>
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<tbody>
<tr>
<td>1</td>
<td>June 15th – June 19th</td>
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<td>2</td>
<td>June 22nd – June 26th</td>
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<td>June 29th – July 3rd</td>
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<td>July 6th – July 10th</td>
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<td>July 13th – July 17th</td>
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<td>July 20th – July 24th</td>
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<td>7</td>
<td>July 27th – July 31st</td>
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<td>8</td>
<td>August 3rd – August 7th</td>
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<td>9</td>
<td>August 10th – August 14th</td>
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Name: ___________________________
Age: _______
Address: _________________________
City & Zip: _______________________
Birthday: _______________________
Home Phone: _____________________
Cell Phone: __________________________

Email Address: ______________________

Do you have any Allergies?: ________________________________

In case of emergency, are there any medical conditions we should know about?

______________________________________________

Special Needs/Accomodations?: ________________________________

Mode of Transportation: ________________________________

______________

Emergency Contact

Name: ________________________________

Home Phone: __________________________

Address: ________________________________

Work Phone: __________________________

Relationship: __________________________

Cell Phone: __________________________
Authorized Pick-Up

We will release children, who cannot drive themselves, ONLY to the SPECIFIC individuals listed below:

Name:  Relationship:  Cell Phone:

Name:  Relationship:  Cell Phone:

Short Answer Essays

In a few words please answer the following questions listed below.

1. Why are you interested in volunteering with Camp Pinniped?

2. Do you have experience working with younger children between the ages of (8-12 years old)? If so, please tell us a little about your experience.

3. What is your favorite marine mammal species and why?
4. What additional skills and experience do you bring to this position? (For example, do you currently play a musical instrument or play any sports?)

5. What are two skills you hope to gain while volunteering as a Junior Camp Counselor?
Pacific Marine Mammal Center
Volunteer Requirements & Policies

The following constitutes an agreement between ____________________
and Pacific Marine Mammal Center (PMMC).

1. I agree to abide by the rules, regulations and policies of PMMC as set forth by PMMC.

2. I have read and agree to comply with the job description for my position.

3. I understand that as a volunteer, I will not receive any pay or benefits such as medical
   insurance or worker’s compensation.

4. I agree as a volunteer at Pacific Marine Mammal Center (PMMC) that I may not have contact
   with the animals or go into a pen with an animal.

5. I agree not to use or possess at any time when at or associated with the Center alcohol,
   drugs, controlled substances or firearms. If I am taking a prescription drug that will limit my
   ability to do my job or which could be a safety hazard, I will tell my manager before I begin
   work. It may be best to avoid working while on such a medication.

6. I understand that there is to be no smoking in any office, breakroom, or animal care area.

7. I agree as a volunteer at PMMC that I may not handle any hazardous chemicals.

8. I understand all correspondence with the media must first be approved by the Director of
   Operations/Animal Care and by the Education Director OR the Development/Marketing
   Director in the Director of Operations’ absence.

9. I understand by accepting a position at Pacific Marine Mammal Center, that I am a
   representative of the organization. I agree to conduct myself in such a way as to positively
   reflect the values and standards of PMMC.

____________________________________                _______
Signature of Participant                     Date

____________________________________                _______
Parent or Legal Guardian of Counselor                   Date
Volunteer Acknowledgement of Risk

I am familiar with the program for which I am volunteering. I understand that this program involves activities that may be hazardous to volunteers. As a condition of my participation in this program and/or my use of Pacific Marine Mammal Center’s equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my participation, and I agree to indemnify and hold harmless Pacific Marine Mammal Center, its officers, directors, employees and other representatives in connection with the Activities, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from my participation in this program and/or the use by myself of any of Pacific Marine Mammal Center’s facilities and/or equipment.

I HAVE READ THE FOREGOING AND FULLY UNDERSTAND ITS MEANING. I ACCEPT THE TERMS AND CONDITIONS STATED HEREIN AND ACKNOWLEDGE THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND ESTATE AND FOR ALL MEMBERS OF MY FAMILY.

____________________________________
Printed Name of Participant

____________________________________               _______  
Signature of Participant                     Date

____________________________________               _______  
Signature of Coordinator      Date

____________________________________               _______  
Signature of Director      Date
Release of Liability and Indemnification Agreement

I, ________________________(PARENT OR GUARDIAN), hereby acknowledge that I am the parent or legal guardian of ______________________ (NAME OF CHILD), (hereinafter referred to as "my child") whom I have registered to participate in services and programs offered by Pacific Marine Mammal Center. I recognize that children at play or in the vicinity of wild animals may suffer injuries despite adequate supervision. I know of the risks involved, accept them, and I nonetheless have voluntarily enrolled my child at Pacific Marine Mammal Center.

I hereby grant the Pacific Marine Mammal Center (PMMC) and news media outlets permission to use my child’s photograph or video in any and all of their publications. I hereby irrevocably authorize them to edit, alter, copy, exhibit, publish or distribute the photo or video for any lawful purpose.

In consideration of the services rendered by Pacific Marine Mammal Center, I agree that I, my heirs, executors, assigns, beneficiaries, or anyone claiming by or through me, will not make a claim against, sue, attach the property of, or prosecute Pacific Marine Mammal Center, its employees, officers, directors, agents, servants, or volunteers for injury or damage resulting from the negligence or other acts, howsoever caused, connected to, arising out of, or as a result of, the provision of its services and programs, or my child's receipt of said services or participation in said programs. In addition, I hereby release and discharge Pacific Marine Mammal Center from all causes of action, claims, or demands that I, my heirs, executors, assigns, beneficiaries, or anyone claiming by or through me may now have or may hereafter have for injury or damage resulting from my child's participation in Pacific Marine Mammal Center’s programs and services.

I further agree to indemnify, defend, and to hold harmless Pacific Marine Mammal Center arising out of any claims and demands whether made by or on behalf of my child or any other person or entity for either injuries to my child's person or property, or arising out of claims that my child's actions caused injury or damage to another person or property, whether or not such claims, injuries and damages were in fact caused or contributed to by Pacific Marine Mammal Center.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT OF INDEMNIFICATION BETWEEN ME AND PACIFIC MARINE MAMMAL CENTER AND I SIGN IT OF MY OWN FREE WILL.

____________________________________                _______
Parent or Legal Guardian of Counselor                   Date

____________________________________                _______
Witness Signature       Date

*Witness can be any person over the age of 18 years
Medical Release

In case of emergency, Pacific Marine Mammal Center will make every effort to contact the emergency contact before any treatment has begun. However, in the event we are unable to contact the emergency contact, we require this medical release to be signed for all participants in the program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY PACIFIC MARINE MAMMAL CENTER TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY AS DEEMED TO BE IN THE BEST MEDICAL INTEREST FOR MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold Pacific Marine Mammal Center, its representatives, directors, counselors and staff, harmless there from.

I have read and understood all of the information in this document and by signing; I AGREE TO ADHERE TO THE TERMS OF THIS DOCUMENT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS DOCUMENT MAY BE CHANGED AND AMENDED AS NEEDED AND THAT I SHALL BE INFORMED, IN WRITING, OF SUCH CHANGES. I HAVE RECEIVED A COPY OF THIS DOCUMENT.

____________________________________                _______
Signature of Participant                     Date

____________________________________                _______
Parent or Legal Guardian of Counselor                   Date

*Please attach a copy of both sides of your health insurance card*
Media Release

Pacific Marine Mammal Center often hosts video crews that film our rescue, rehabilitation, and education efforts. Activities your child will be involved with may be filmed and released on various media for documentary or promotional purposes.

I, ____________________ hereby acknowledge and authorize my child, ____________________ to be filmed for the promotional use of Pacific Marine Mammal Center.

☐ I HAVE READ AND UNDERSTOOD ALL OF THE INFORMATION WRITTEN AND BY CHECKING THIS BOX I AGREE TO ADHERE TO THE TERMS OF THIS DOCUMENT.

_________________________   _____________
(Print Child Name Here)     (Date)

_________________________
(Sign Parent Name Here)