Dear Prospective Counselor,

Thank you for your interest in The Portland State University/Mt. Hood Kiwanis Camp Program for Children and Adults with Disabilities.

Please use the following checklist to complete your application
*Note: Applications must be filed and accepted before registration*

- Read the booklet “On Being a Counselor”
- Complete “Applicant Self-Assessment” form
- Complete “2015 Counselor Application”
- Read, Sign and Complete the “Student Counselor Agreement”
- Complete “Student Background Questions”
- Complete “Camp Personnel Authorization to Obtain Background Check” form
- Complete “Health History” form
- Send as a complete application packet to:

  MHKC Graduate Assistants
  Department of Special Education, PO Box 751
  Portland, OR 97207-0751

Or bring your completed packet to the 2nd floor of the School of Education, Suite 204U

All of the enclosed forms should be submitted as a packet to the MHKC Graduate Assistants at PSU in order to process your application, which generally takes between 1-2 weeks.

If you have any questions, please feel free to contact the PSU MHKC Graduate Assistants at (503) 725-3380 or e-mail them at mhkc@pdx.edu. Additional information can also be found at our website: www.pdx.edu/sped/kiwanis. This practicum is a unique, challenging and rewarding experience. We greatly appreciate your interest.

Don’t forget to sign your forms, or your application is not complete.

Sincerely,

Ann Fullerton
Practicum Coordinator
Portland State University

Monica Corbo
Program Director
Mt. Hood Kiwanis Camp

Revised October 10th, 2014
2015 Counselor Application Form

Mt. Hood Kiwanis Camp

Personal Information

Name: First______________________ Middle Initial______ Last_________________________ Gender: ____

Address: ________________________________________________________________________________

City__________________________ State_____________ Zip____________________________

Phone: ______________________________ PSU ID#: 9_______________________________________

Email (one you check): ________________________________________________________________

Course Information

I plan to enroll in:

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNST 421 (PSU Senior Capstone)</td>
<td>6</td>
</tr>
<tr>
<td>SPED 460/560 (Undergrad/Grad Practicum)</td>
<td>6</td>
</tr>
<tr>
<td>SPED Master’s Project (w/Dr. Fullerton)</td>
<td></td>
</tr>
<tr>
<td>CFS Undergrad Practicum</td>
<td></td>
</tr>
<tr>
<td>SPHR Graduate Practicum</td>
<td></td>
</tr>
<tr>
<td>Pacific University</td>
<td></td>
</tr>
</tbody>
</table>

Other Course: _______ Department: _____________ Dept. Advisor/Contact: _________________________

I plan on volunteering (no-credit)  Yes   No   Not sure

*You can register for Spring or Summer term credit for the Senior Capstone (UNST 421).
This option allows you to register in the term that will best meet your financial aid needs.

Register in Spring 2015 for Senior Capstone

How it Works: Students register in the Spring of 2015 and attend the May 16th training at PSU during spring term. An In Progress (IP) grade is assigned to each student at the end of Spring term. Then, students complete their two-week counseling session at the camp during the summer. After students have completed their two-week session, a grade is posted for the spring term class (the spring term "In Progress" grade becomes a letter grade). There is no difference in course work or meeting times when registered in the spring.

Register in Summer of 2015

How it Works: Students attend the May 16th training at PSU during spring term and register in the Summer of 2015. Then, students complete their two-week counseling session at the camp during the summer. After students have completed their two-week session, a grade is posted for the summer term class.

If accepted, I plan to:  Register for Spring Term 2015 _____  Register for Summer Term 2015_____  (UNST 421 ONLY)  (UNST 421 or SPED 460/560)

Other______________________________

********************************************************************************************

Background Check /Sex Offender Registry Check Procedure

All applicants must complete the attached Authorization to Obtain Background Check form. You will be contacted if any prior convictions disqualify you from camp participation. Additionally, names of all applicants will be checked against the National Sex Offender Registry to protect our camper participants. For more information, contact mhkc@pdx.edu

********************************************************************************************

2015 Camp Session Preference

Please prioritize your preference for sessions (Indicate “1” for your first choice, “2” for your second, etc.)

I.    May 16 (9-4) & June 20-July 3______  II.    May 16 (9-4) & July 4-July 17______
III.  May 16 (9-4) & July 18-July 31______  IV.  May 16 (9-4) & Aug.1-Aug. 14______
Educational Background

Major/Field of Study__________________________________________________________

Anticipated Graduation Date___________________________

Recent Employment/Volunteer Positions

Date of Employment__________  Employer_________________________________________________

Job Title______________________

Date of Employment___________  Employer_________________________________________

Job Title______________________

References

Please provide two (2) non-family references that we can contact:

Name___________________________________ Phone__________________ Relationship__________

Name___________________________________ Phone__________________ Relationship__________

Referral

How did you learn about this program?

Speaker in class____        Facebook____           Friend____           Web site_____           Advisor____

Coach_____ Signs/Flyers on Campus ____ Other_____

What to Expect

You can expect to have a lot of fun at camp, while also working long, physically active days. You will have limited personal space, at times be in loud, crowded environments, and be sleeping in close quarters with 6 to 10 others in the same room. There are likely tasks and/or responsibilities that you are unfamiliar with, have limited or no experience doing, or feel apprehensive about, but you will receive training and have ongoing support from staff. Your commitment to perform every task and responsibility of counselors is what is most important. It is possible that you will be invited out of your comfort zone throughout these two weeks, but through this you will gain a great deal of insight, self-awareness, and skills that you will take with you well beyond your time at camp. If you have concerns or questions regarding your ability to be successful while at camp, please contact the Mt. Hood Kiwanis Camp PSU office and/or contact one of the many student resource centers on campus for consultation.

Accommodations

Counselors are involved in an active program. Counselors physically assist campers, lift campers, and push wheelchairs. Counselors also actively participate in activities such as an adventure course, swimming, canoeing, hiking, backpacking, horseback riding, and fishing. Can you perform these duties and the duties listed in the “Applicant Self-Assessment” (see next page), either with or without reasonable accommodation?

Yes ______  No ______

If you do require accommodation please contact the PSU Disabilities Resource Center to ensure accommodations are provided (503) 725-4150. Or if you have questions about the activities/camp environment please call the PSU Kiwanis office at (503) 725-3380.

If you are unsure about any of the essential functions of camp counseling on the following page, please contact the Graduate Assistants to talk about it. Being unsure does not automatically mean you will not be accepted. Your conversation with the Grad Assistants will help address your questions and concerns so that you can be in a better position to make an informed choice to enroll or not enroll in this capstone/practicum.
The purpose of this self-assessment is to ensure you are clear on the essential functions that student-counselors perform at MHKC and the responsibilities, risks, and conditions associated with being a student-counselor for two weeks at camp. You need to make an informed decision to become a camp counselor by completing this self-assessment of your capacity to perform these functions as described below, and fully understand the work and living conditions at camp. You can expect support from the Kiwanis camp staff and PSU faculty, but you need to consider if this experience is the right fit for you. Please read and respond to each of the following questions and sign the bottom of the form.

### Physical Requirements

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To lift 30 pounds?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To assist other staff/counselors in moving campers from wheelchairs to other seated positions?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To hike, walk and/or engage in activities on your feet for several hours with intermittent and short rests?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To hike and push wheelchairs up and down steep to moderate grades daily?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To bend at the waist, find, and pick up objects?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To wade or swim in a shallow pool unassisted?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To perform job functions in hot or cold summer weather on Mt. Hood?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To be casual, get dirty, have fun, and put aside concerns for my physical appearance while I let my other qualities and strengths shine through?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To take care of myself so that I can be there 100% for my group and camper?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To help children and adults with cleanup of bodily fluids, toileting, diapering, and showering?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To give up home comforts/privacy and sleep in a bunk room with others or in a tent for 6 days?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To rise at 7:00am, and then go all day and evening until 10:00pm?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To take my turn with night duty and rest-time duty (past 10:00 pm)?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
</tbody>
</table>

### Cognitive Requirements

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To wake myself in the morning and keep track of my time pertaining to tasks during the day?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To follow written and oral instruction?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To leave my home life family/friends, and personal issues at home and set them aside for two weeks?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To plan ahead, pack and prepare items needed for the day (for me and my camper)?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To pay attention to my camper throughout the day and in social settings unassisted?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To participate in solving potentially contentious interpersonal conflicts with grace?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To problem solve by changing my ideas and perceptions at any moment?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
</tbody>
</table>

### Emotional and Self-Awareness

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To handle deep and moderate emotional experiences and still conduct the camper care and attention required of me?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To provide and receive praise and constructive feedback?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To temper my emotions when necessary to communicate effectively with my group or camper?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To accept supervision and feedback from my Counselor/ Assistant Supervisors and follow their lead and instructions even when I do not yet understand why we are doing what we are doing?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To possibly stretch myself farther physically and emotionally than I ever have before to make this outdoor experience possible for people with severe disabilities?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To put someone else’s needs ahead of mine for six days, take a one and a half day break (practice good self-care: rest, nutrition etc.) and then do it again for six days?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To connect with a group of peers (other PSU students and the camp staff) and share fears, tears, and triumphs? Am I willing to be part of a team and help support everyone else?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To, when I have a problem, or my team has a problem, be honest, speak up, and help solve it?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To stay onsite (except in case of serious family emergency) for each six day stretch at camp?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To NOT use illegal drugs and alcohol at camp? If I do, I understand I will be expelled from camp and receive a failing grade for the course.</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>To pay attention to my own needs and ask for help when I need it?</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
</tbody>
</table>

If you have concerns about these requirements, or if you require reasonable accommodation to perform them, please contact the PSU DRC at (503) 725.4150.

Signature __________________________ Print Name: __________________________ Date: __________
Student Counselor Agreement

Alcohol and Drug Policy, Sex Offender Registry Check Policy, Internet Communication Policy, and Hepatitis B Vaccination Statement

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, COMPLETE THE FORM AND RETURN WITH APPLICATION PACKET

Mount Hood Kiwanis Camp and Portland State University

STUDENT COUNSELOR AGREEMENT

The basic goal of the Camp is to help the campers achieve a meaningful recreation/education experience. The staff’s major responsibilities are as follows:

1. To keep in mind the basic goals and objectives of the Mount Hood Kiwanis Camp and to assist campers in achieving them.
2. To work cooperatively with other camp personnel in carrying out their responsibilities.
3. To follow Camp regulations, safety rules and procedures and the directions given by Portland State University, the Camp Directors and the Mount Hood Kiwanis Camp Board.

ALCOHOL AND DRUG POLICY

Drinking alcohol and engaging in illicit drug use while at camp causes great risk for volunteers, staff and campers. Your first and foremost commitment while at camp should be your campers. This is a 24 hour responsibility that requires you to be sober and aware at all times. Drinking or using drugs affects your ability to respond to the needs of your campers and puts the entire camp community at risk. Our policy requires that all volunteers (including student-counselors) refrain from drug and alcohol use while they are at camp.

You will be in violation of the drug and alcohol policy if you:
- Have drugs or alcohol in your possession on camp grounds. If you come to camp with alcohol or drugs, please talk to the PSU Coordinator or Camp Directors so he or she can deal with the situation appropriately.
- Consume alcohol or engage in illicit drug use on campgrounds.
- If you leave camp and return intoxicated.
- If you have drugs or alcohol “in, on, or anywhere near” you.
- You are suspected to be using and/or be in possession of alcohol or drugs.
- If you purchase alcohol or drugs for minors. Please note that purchasing drugs and/or alcohol for a minor is also a violation of federal and state law. If a volunteer violates this clause of the drug and alcohol policy the camp administration may be forced to involve law enforcement.

The Mount Hood Kiwanis Camp and Portland State University are committed to this alcohol and illicit drug policy. Violation of this policy will result in termination from the practice/volunteer experience. You will be asked to leave camp immediately and receive a grade of “F” for the course.

FIREARMS, EXPLOSIVES AND WEAPONS

Firearms, ammunition and explosives of any kind are not allowed on Camp property. Possession of these items by volunteer will be cause for dismissal from Camp.

SEX OFFENDER REGISTRY CHECK POLICY

Serving as counselor for Mt. Hood Kiwanis Camp requires work with vulnerable populations. In compliance with The Department of Human Services and camp standards, names of all camp staff and counselor applicants will be checked against the National Sex Offender Public Registry in order to protect our camper participants. Failure to meet these requirements will result in removal from the applicant pool.

INTERNET COMMUNICATION POLICY

While MHKC does not control your use of internet websites, including social media sites, it is important to remember that any time you identify yourself online as a volunteer at Mt. Hood Kiwanis Camp everything you do is reflecting our Camp. MHKC discourages posting of pictures of campers on internet sites by volunteers. Being mindful is important as
every summer a handful of camper parents/guardians sign a release NOT allowing use of their camper’s photo/image by MHKC and PSU. MHKC cautions volunteers against posting pictures or related posts about MHKC and our camper population on internet websites.

**HEPATITIS B VACCINATION STATEMENT**
Counselors provide personal care assistance (bathing, feeding, etc.) to some campers. As a result of your volunteer position, you may be exposed to blood or other potentially infectious materials that may put you at risk of acquiring the Hepatitis B Virus (HBV) infection. Enclosed in the application packet is information on the Hepatitis B Vaccine, including information on how HBV is spread, reasons for vaccination, safety, dosage, and the benefits of being vaccinated. Furthermore, the PSU Student Health and Counseling Center will administer the Hepatitis B vaccination for $28.86 per dose (three required for full vaccination) to students with the basic PSU health plan. It is your responsibility to read the enclosed information titled “Hepatitis B Vaccine” and make an informed decision to pursue vaccination or not.

**STUDENT COUNSELOR AGREEMENT:**
In signing below, I acknowledge that I have read and understood the Alcohol and Drug policy, the Student Counselor Agreement, the Sex Offender Registry Check Policy, Internet Communication Policy, and the Hepatitis B Vaccination Statement. In addition, I acknowledge that the Mount Hood Kiwanis Camp will take every reasonable precaution to minimize exposure to known risks, however, there may be risk of illness, injury and/or stress during camp participation and certain dangers and accidents may occur. I recognize and acknowledge that the Mount Hood Kiwanis Camp and Portland State University do not carry medical insurance, professional liability insurance, or workers compensation benefits covering my work during my assigned period at the camp. As a participant I acknowledge the nature of the camp and hereby release, acquit and forever discharge the Mount Hood Kiwanis Camp, its officers and directors, Kiwanis Clubs and their members, Mount Hood Kiwanis Camp staff members, Portland State University and its employees, staff and students, and the State of Oregon, the agents and insurers of each of them from any and all claims, responsibility of liability of whatever kind and nature whether arising from any injury or damage which may be sustained as a result of my participation in the program. In addition, I agree to defend and indemnify the Mount Hood Kiwanis Camp, its officers and directors, Kiwanis Clubs and their members, Mount Hood Kiwanis Camp staff members, Portland State University and its employees, staff and students of the State of Oregon, the agents and insurers of each of them against any and all manner of actions, claims, demands, damages, liability or expense of every kind and nature which may have incurred or arise by reason of my participation in the program.

I agree to devote my time for a period of two weeks as a volunteer in connection with the organized camp program sponsored by the Mount Hood Kiwanis Camp. No compensation will be paid by the Mount Hood Kiwanis Camp or by Portland State University for this volunteered service other than room and board. I understand that I must follow and abide by the rules set forth by Mt. Hood Kiwanis Camp and understand that if I break such rules or act inappropriately while serving as a student volunteer I may be asked to leave camp and it could affect my ability to receive credit and/or a passing grade.
☐ THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS CORRECT TO MY KNOWLEDGE.

☐ I HAVE READ AND AGREE TO THE DRUG AND ALCOHOL POLICY THAT IF I BRING ALCOHOL OR DRUGS TO CAMP, OR USE THEM AT CAMP, I WILL NEED TO LEAVE THE SITE AND RECEIVE A GRADE OF “F” FOR THE COURSE.

☐ I HAVE READ AND UNDERSTAND THE SEX OFFENDER REGISTRY CHECK POLICY.

☐ I HAVE READ AND UNDERSTAND THE INTERNET COMMUNICATION POLICY.

☐ I HAVE READ AND UNDERSTAND THE HEPATITIS B VACCINATION STATEMENT AND THE ENCLOSED “HEPATITIS B VACCINE” INFORMATION SHEET.

☐ I HAVE READ AND UNDERSTOOD THE ENTIRE STUDENT COUNSELOR AGREEMENT DOCUMENT.

I understand that pictures will be taken at the camp showing the campers & counselors in their usual camp activities, and that the pictures may be used by Mt. Hood Kiwanis Camp and Portland State University for both promotional and educational purposes, in printed materials, on their website, and in other media, including social media.

☐ Yes, I agree that Mt. Hood Kiwanis Camp and Portland State University may use pictures of me for the above purposes as deemed proper by Mt. Hood Kiwanis Camp and/or Portland State University.

☐ No, I do not give permission for Mt. Hood Kiwanis Camp and Portland State University to use pictures of me as a counselor for promotional or educational purposes.

Signature of Applicant ___________________________________________________________ Date ________________

Print Name ________________________________________________________________

Parent or Legal Guardian must sign below if applicant is under 18 years of age.

________________________________________________________ Date ________________

Parent or Legal Guardian

-------------------------------------------------------------------------------------------------------------------------

FOR OFFICIAL USE ONLY: Reviewed by: ______________ Date: ______________
STUDENT BACKGROUND QUESTIONS

DIRECTIONS
Per American Camping Association standards, all potential student-counselors must have an interview with camp personnel. We understand you are all busy college students, so this questionnaire option allows you to “interview” on your own time. Please respond completely and honestly. It helps us at MHKC better place you in groups and pair you with campers. We look forward to having you this summer!

Please address all questions and concerns regarding the session that you are assigned to, as well as the status of your application, to the Mt. Hood Kiwanis Camp office at PSU (503-725-3380).

On a separate sheet of paper (attach to application) please answer the following questions to assist the Mt. Hood Kiwanis Camp Program Director in getting to know you. Please type responses, if possible.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What is your name?</td>
</tr>
<tr>
<td>2) What session of camp are you planning to attend?</td>
</tr>
<tr>
<td>3) What is your major field of study?</td>
</tr>
<tr>
<td>4) Describe previous camp experience, if applicable.</td>
</tr>
<tr>
<td>5) Describe previous experience(s) working with individuals with disabilities, if applicable.</td>
</tr>
<tr>
<td>6) Why are you interested in serving as a counselor at MHKC?</td>
</tr>
<tr>
<td>7) Have you had any experience in canoeing, ropes courses, river rafting or horses? Explain.</td>
</tr>
<tr>
<td>8) Do you have any current applicable certifications (First Aid, CPR, AED, lifeguarding, small water craft, etc…)?</td>
</tr>
<tr>
<td>9) Do you have any areas of concern regarding your position as a counselor?</td>
</tr>
<tr>
<td>10) Yes/No - Are you willing and able to:</td>
</tr>
<tr>
<td>a. Wake-up early and work hard physically and mentally throughout the day?</td>
</tr>
<tr>
<td>b. Be a team player?</td>
</tr>
<tr>
<td>c. Support and be supported by peers?</td>
</tr>
<tr>
<td>d. Utilize feedback to make you stronger?</td>
</tr>
<tr>
<td>e. Make you focus CAN DO with help instead of CANNOT DO on behalf of the camper?</td>
</tr>
</tbody>
</table>

Please return a paper copy of these questions with your application to the PSU Office at:

Graduate School of Education Suite 204, Room 204U
Mailing Address: PO Box 751, Portland, OR 97201
Phone: (503) 725-3380
Mount Hood Kiwanis Camp
Camp Personnel Authorization to Obtain Background Check

Please note: Due to regulations set forth by Mt. Hood Kiwanis Camp and the Oregon Department of Human Services, there is a fairly lengthy list of crimes that will disqualify you from participating in this Capstone.

Name ____________________________
Last ____________________________ First ____________________________ Middle ____________________________

Date of Birth ____________________________ Social Security Number ____________________________

Current address ____________________________________________________________
Street Address ____________________________ Apartment Number ____________________________ City __________ State __________ Zip __________

Other names by which known (e.g., maiden name) ____________________________

Phone ____________________________ E-mail address ____________________________

School or College _______________________________________________________________________________________

Address ____________________________________________________________
Street Address ____________________________ City __________ State __________ Zip __________

Driver’s License # ____________________________ State __________ Expiration Date ____________________________

Permanent Residence -- □ Check box if same as “Current Address” above

Street Address ____________________________________________________________ City __________ State __________ Zip __________

1. Have you ever been charged, arrested, and/or convicted of a crime? □ Yes □ No
   If yes, please explain: (Use a separate sheet, if necessary)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? □ Yes □ No
   • Indecent assault and battery on a child under fourteen
   • Indecent assault and battery on an individual with a disability
   • Indecent assault and battery on a person who has obtained the age of fourteen
   • Rape
   • Rape of a child under sixteen with force
   • Assault with intent to commit rape
   • Kidnapping of a child under sixteen with intent to commit rape
   • Distribution and trafficking of narcotics or other controlled substances
   • Intent to commit any of the above crimes
   If yes, please explain: (Use a separate sheet, if necessary)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?
   □ Yes □ No
   If yes, please explain: (Use a separate sheet, if necessary)
4. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  □ Yes  □ No

If yes, please explain: (Use a separate sheet, if necessary)

5. I understand that:
   a. The camp may deny acceptance as a counselor to any person who answers “yes” to any of questions 1-4. If hired and the camp later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
   
   b. The information provided on this form is subject to verification, which may include a criminal history check and request from the National Sex Offender Public Registry.
   
   c. The camp may terminate volunteer service of any person if that person is found, regardless of when discovered, to:
      i. Have a history of complaints of abuse of a minor;
      ii. Have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
      iii. Have falsified or omitted information in this disclosure statement.
   
   d. This disclosure statement must be updated yearly.
   
   b. I hereby authorize Mt. Hood Kiwanis Camp and Portland State University, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted above, for volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Signature _____________________________________________ Date __________________

Parent or Legal Guardian must sign below if applicant is under 18 years of age.

Signature of Minor’s Parent/Guardian ___________________________ Date __________________
Mt. Hood Kiwanis Camp
Staff & Counselor Health History

CONTACT INFORMATION

Name: __________________________________________ Date of Birth: _____ / _____ / _______
[ ] Male [ ] Female

Home Phone: (____) ____________________________ Cell Phone: (____) _______________________

Emergency Contact: __________________________ Relationship: ___________________________
Home Phone: (____) __________________________ Cell Phone: (____) _______________________
Work Phone: (___) __________________________

Emergency Contact: __________________________ Relationship: ___________________________
Home Phone: (____) __________________________ Cell Phone: (____) _______________________
Work Phone: (___) __________________________

MEDICAL CONTACT INFORMATION (IN CASE OF EMERGENCY)

Physician Information
1.) Primary Care Physician: __________________________ Phone #: _________________________
2.) Dentist/Orthodontist: __________________________ Phone #: __________________________

Health Insurance
1.) Are you covered by medical/hospital insurance? [ ] Yes [ ] No
   If yes, give carrier or plan name __________________________ Policy/Group # _________________________
   Name of insured/relationship to youself __________________________ Insurance ID # _________________________
2.) Other coverage: ____________________________________________________________

The intent of the following information is to provide our health care personnel the background for appropriate care. Keep a copy of the completed form for your records. If you have changes, give them to the Portland State University Coordinator upon arrival at camp.

General Health History:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had a recent injury or illness?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>12. Been diagnosed with a heart murmur?</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Had a recent communicable disease?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>13. Ever had high blood pressure?</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Had mononucleosis in the past year?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>14. Have asthma/wheezing/shortness of breath?</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Have chronic or recurring illnesses?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>15. Ever had frequent ear infections?</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Ever been hospitalized?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>16. Ever had back or joint problems?</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Ever had surgery?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>17. Have any skin problems?</td>
<td>[ ]</td>
</tr>
<tr>
<td>7. Have frequent headaches?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>18. Have diabetes?</td>
<td>[ ]</td>
</tr>
<tr>
<td>8. Had a head injury</td>
<td>[ ]</td>
<td>[ ]</td>
<td>19. Required psychiatric treatment?</td>
<td>[ ]</td>
</tr>
<tr>
<td>9. Ever lost consciousness?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>20. Ever had an eating disorder?</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Ever been dizzy during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>21. Have problems with diarrhea/constipation?</td>
<td>[ ]</td>
</tr>
<tr>
<td>11. Ever had chest pain during/ after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>22. For females- have an abnormal menstrual history?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Please explain any ‘yes’ answers, noting the number of the question(s):______________________________
____________________________________________________________________________________
____________________________________________________________________________________
Limitations—Describe any limitation or restriction of counselor activities; including, but not limited to, those due to health reasons. Please list adaptations, if applicable. If none, please write no limitations. Please speak with the DRC about these prior to arriving at camp.

_______________________________________________________________________________________________________

_________________________________________________________________________________

Allergies—List all known allergies. Describe reaction and management of the reaction.

1. Medication allergies:_______________________________________________________________________________

2. Food Allergies:_____________________________________________________________________________________

3. Other allergies (include insect stings, hay fever, asthma, animal dander, etc.):_____________________________

Dietary Restrictions: List all dietary restrictions, other than those listed under Food Allergies.

________________________________________________________________________________________________________

________________________________________________________________________________________________

Immunizations: If you do not have up to date immunizations due to religious beliefs or other reasons, please request a waiver form prior to the start of camp.

What was the date of your last tetanus shot? Month________ Year________

Medications

Per American Camp Association standards, disclosure of counselor medications is not necessary, UNLESS the use of medication may impair the ability of a counselor to perform their essential functions. If you check the box below you MUST discuss the details with our camp healthcare team prior to the start of camp.

☐ I require medications that may impair my ability to perform the essential functions of my position as a counselor.

☐ I will be bringing medication to camp. (Note all medication must be checked in and stored with the camp nurse)

Illness Notification

The health and safety of our campers is our top concern and therefore, in the event you arrive to camp ill you may be asked to leave. The following instances may be cause for removal: communicable illnesses and symptoms thereof, including, but not limited to: fever greater than 100.0 °F, vomiting more than 3 times in a 24 hour period, excessive diarrhea, strep throat, head lice and/or pink eye.

Authorization for Treatment: This health history information is correct and complete to the best of my knowledge. I understand I am agreeing to engage in all camp activities to the best of my ability. I hereby give permission to the camp to provide routine healthcare, dispense medications, and seek emergency medical treatment, including ordering X-rays or routine tests. I agree to the release of any record necessary for insurance or treatment purposes. I give permission to the camp to arrange necessary related transportation. I give permission for my above listed emergency contacts to be contacted in the event of a medical emergency. I hereby give permission to a physician selected by the camp to secure and administer treatment, including hospitalization. I also agree to be responsible for any expenses which may be incurred in providing emergency medical or surgical treatment. I give permission for the completed form to be photocopied for trips out of camp. Signature of Counselor: ___________________________ Date: ___________________________

(for those 18 and older)

Signature of Parent/Guardian of Minor Counselor: ___________________________ Date: ___________________________
HEPATITIS B VACCINE
WHAT YOU NEED TO KNOW

1. Why get vaccinated?

**Hepatitis B is a serious disease.**
The hepatitis B virus can cause short-term (acute) illness that leads to:
• loss of appetite  • diarrhea and vomiting
• tiredness  • jaundice (yellow skin or eyes)
• pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:
• liver damage (cirrhosis)
• liver cancer
• death

About 1.25 million people in the U.S. have chronic hepatitis B virus infection.

Each year it is estimated that:
• 200,000 people, mostly young adults, get infected with hepatitis B virus
• More than 11,000 people have to stay in the hospital because of hepatitis B
• 4,000 to 5,000 people die from chronic hepatitis B

**Hepatitis B vaccine can prevent hepatitis B.** It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:
• during birth when the virus passes from an infected mother to her baby
• by having sex with an infected person
• by injecting illegal drugs
• by being stuck with a used needle on the job
• by sharing personal items, such as a razor or toothbrush with an infected person

People can get hepatitis B virus infection without knowing how they got it. About 1/3 of hepatitis B cases in the United States have an unknown source.

3. Who should get hepatitis B vaccine and when?

1) Everyone 18 years of age and younger
2) Adults over 18 who are at risk

Adults at risk for hepatitis B virus infection include people who have more than one sex partner, men who have sex with other men, injection drug users, health care workers, and others who might be exposed to infected blood or body fluids.

If you are not sure whether you are at risk, ask your doctor or nurse.

▲ People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.
4. Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker’s yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems
- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems
- serious allergic reaction (very rare)

6. What if there is a moderate or severe reaction?

What should I look for?
Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot.

What should I do?
- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and the time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at http://www.hrsa.gov/bhpr/vicp/

8. How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department’s immunization program
- Contact the Centers for Disease Control and Prevention (CDC):
  1. Call 1-800-232-2522 or 1-888-443-7232 (English)
  2. Call 1-800-232-0233 (Español)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention National Immunization Program