

Dear Friend,

Thank you so much for your interest in volunteering as an Assistant Counselor for the Friends of Tryon Creek State Park Nature Day Camp 2010.

Assistant Counselors work closely with a designated Instructor and the Day Camp Director to help children ages 4-12 have a wonderful week in the woods of Tryon Creek State Park. We are looking for responsible, fun, creative people who enjoy the outdoors and are willing to learn. We strongly prefer applicants who are willing to commit to at least 2 weeks this summer. If that's you then come join us! It's sure to be a lot of fun!

Attached are the job description and application materials. After reviewing the job description, please complete and return the application form, code of conduct, availability sheet and volunteer insurance coverage form as soon as possible. Please read the code of conduct very carefully before you sign it. You will be expected to follow all of the guidelines throughout the summer.

This year the initial training session for Assistant Counselors will be held on Saturday, May 22<sup>nd</sup> from 12:30 to 4:30 pm. This will be an afternoon for you to learn more about the program and the responsibilities of being an Assistant Counselor. A second training day will take place on Thursday, June 17<sup>th</sup> from 12:30 to 3:30 pm. During this training you will meet the Instructors you will be working with during the summer and will be familiarized with our camp activities. Your skills as an Assistant Counselor are important to the camp's success, therefore attendance at these sessions is required. Please contact me if you have conflicts with either date so that we can work out alternate arrangements.

If you have any questions please feel free to call me at 503-636-4398 or e-mail me at Casey@TryonFriends.org.

Sincerely,

Casey Newman  
Nature Day Camp Director

## ASSISTANT COUNSELOR JOB DESCRIPTION AND INFORMATION

Volunteers of high school age, assist Nature Day Camp staff in the creation of a safe, fun and educational outdoor experience for children from age 4 - 5<sup>th</sup> grade. Each assistant counselor is assigned to a hiking group of 8 to 10 children led by an adult instructor. Care is taken to match the volunteer with an age group she or he can work with effectively.

We run both half- and full-day camps. Assistant Counselor hours are either 8:30-3:30 (full day) or 8:30-1:30 (half day). ACs are at camp for ½ hour before the campers arrive and stay ½ hour after campers leave. Our day camp sessions begin June 21 and end August 20.

Typical duties include the following:

- Assisting with arts and crafts, songs and skits
- Helping guide hiking groups
- Assisting in setting up activities
- Assisting in teaching activities
- Helping instructors manage groups of children
- Escorting campers to rest rooms
- Playing games with children during down times
- Supervising children in all activities

Assistant counseling involves listening, sharing, guiding and advising campers. Assistant Counselors help campers adjust to new situations, giving encouragement and showing care about each camper as an individual.

We ask for a commitment of at least **two week long camp sessions** (not necessarily consecutive weeks). Assistant Counselors are required to attend **2 training workshops** on Saturday, May 22 from 12:30 to 4:30 pm and Thursday, June 17 from 12:30 to 3:30 pm.

For more information please contact Casey Newman, Nature Day Camp Director, 503-636-4398 or [Casey@TryonFriends.org](mailto:Casey@TryonFriends.org).

# ASSISTANT COUNSELOR JOB APPLICATION

Instructions: Please type or print clearly.

Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Which do you prefer for mgs? Home Cell

E-mail: \_\_\_\_\_ Do you check your e-mail regularly? Y N

Current School: \_\_\_\_\_ Grade entering next fall: \_\_\_\_\_

How did you hear about becoming an Assistant Counselor? \_\_\_\_\_

\_\_\_\_\_

Please list relevant experience (working with children, camp, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL RECORD:** List any physical limitation, illness, allergy or other disability which might limit your work performance: (This information will not be shared or used to exclude you from being an Assistant Counselor.)

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List 2 persons who have knowledge of your ability.

Name	Title	Phone number
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\_\_\_\_\_

\_\_\_\_\_

**PARENTS OF MINORS:** My child has my permission to participate in the summer Nature Day Camp to be held at Tryon Creek State Park. In case of emergency, if the camp staff cannot contact me, I give permission to the physician selected by the Education Director to secure medical treatment for my child.

In case of an emergency I can be reached at: \_\_\_\_\_

OR my friend/relative \_\_\_\_\_ can be reached at: \_\_\_\_\_

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

# Code of Conduct

## Friends of Tryon Creek State Park Nature Day Camp

**Nature Day Camp Assistant Counselors are expected to adhere to the guidelines described below.**

1. Attend scheduled sessions of the planned program (including training). Inform the Camp Director as early as possible if you are not feeling well or have an emergency that prevents you from fulfilling your responsibilities.
2. Observe time schedules and allow for adequate preparation and clean up time. Plan to arrive at least 1/2 hour before camper's day begins and remain 1/2 hour after.
3. Dress appropriately. Please wear camp shirts as often as possible. Torn clothing or clothing advertising subject matter inappropriate to children is prohibited.
4. Be a positive role model for the campers (be courteous, caring, patient and polite). Your language must be restrained and appropriate for day campers.
5. Refrain from smoking and using, or being under the influence of, alcohol, drugs and other mood altering substances while at camp.
6. Treat all persons fairly, being sensitive to issues of race, class, gender, religion and ethnicity. Harassment of any kind will not be tolerated. Harassment should be reported to your supervisor immediately.

### **Violators should expect:**

1. To be able to explain actions to staff in charge.
2. To be dismissed if violations continue.
3. To be dismissed immediately, if number five above is violated.

I have read and understand the Code of Conduct.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Please return completed application to: Casey Newman, Nature Day Camp Director  
Friends of Tryon Creek State Park  
11321 SW Terwilliger Blvd. Portland, OR 97219

## Assistant Counselor Available Weeks Sheet Summer 2010

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please mark each week you can work. Use a (1-best to 3-worst) rank if you like. Also mark if you are interested in doing before care. \* (description below)

Week	Dates	Length	Ages	Available to be AC	*Before Care
Week 1	June 21 – 25	full day	Grades 2-4		
		½ day	Kinder-1		
Week 2	June 28 - July 2	full day	Grades 1-3		
		½ day	4- 5 years old		
Week 3	July 5-9	full day	Grades 3-5		
		½ day	Kinder-1		
Week 4	July 12-16	full day	Grades 1-3		
		½ day	4- 5 years old		
Week 5	July 19-23	full day	Grades 2-4		
		½ day	Kinder-1		
Week 6	July 26 – 30	full day	Grades 3-5		
		½ day	4- 5 years old		
Week 7	August 2-6	full day	Grades 1-3		
			Kinder-1		
Week 8	August 9-13	full day	Grades 2-4		
		½ day	4- 5 years old		
Week 9	August 16-20	full day	Grades 1-3		
			Kinder-1		

\* Before care hours are 8-9 am. This is a paid addition to your volunteer hours as an AC. Before Care leaders supervise 1-10 kids in the nature center with simple crafts and/or games while waiting for camp to begin. We have one before care leader each week. Indicating an interest in before care does not guarantee that you will be scheduled for before care.

OREGON PARKS AND RECREATION DEPARTMENT  
CONDITIONS OF VOLUNTEER SERVICE

**MINOR INSURANCE WAIVER & PARENT/GUARDIAN CONSENT**

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

Tort Liability: Volunteers will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

**Motor Vehicle Liability**

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

Volunteer Injury Coverage: (Workers' Compensation is NOT provided). However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

Reporting Responsibility: Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform Oregon State Parks staff as soon as possible.

Assigned Duties: Note if any document is attached or referred to for details or you may attach form 63400-2044a:

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Please Print

Name (Last, First, M.I.)

Date

Address

Telephone

City, State, Zip

Signature

In case of emergency, please notify (Name)

Relationship

Telephone

Agency Supervisor: MG Devereux Telephone (503) 636-9886

Park/Location: Tryon Creek State Natural Area/ 11321 SW Terwilliger Blvd Date

READ AND SIGN THE WAIVER AND RELEASE ON REVERSE 63400-0248a (3/05)

OREGON PARKS AND RECREATION DEPARTMENT  
AUTHORIZED STATE VOLUNTEER  
PARTIAL WAIVER AND RELEASE OF RIGHTS  
UNDER THE OREGON TORT CLAIMS ACT  
ORS 30.260-300  
READ CAREFULLY

As an authorized state volunteer performing activities on behalf of the State of Oregon, Oregon Parks and Recreation Department, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Parent/Guardian Signature:

Date:

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PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE  
AND CONSENT TO AGREEMENT

READ CAREFULLY

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Tryon Creek State Natural Area. In the event of an emergency, accident, or illness, I authorize the agency and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature:

Date:

(Legal Guardian signature required if volunteer is under age 18 years.)

Read the Front Side of this Document