

The Santa Barbara County Animal Care  
Presents



# CAMP HOPE

We are now accepting applications for  
Volunteer Counselors and Junior Counselors  
Send in your application today!

Download an application at [www.sbcanimalcare.org](http://www.sbcanimalcare.org)

Who Counselors: age 15- high school senior  
and Junior Counselors: age 13- 14 years old

What Volunteer Camp HOPE summer day camp staff positions

Where Santa Maria Animal Center, 548 West Foster Road

When June, July, or August, Mon- Fri from 9 a.m.-3 p.m.

Why ***Together We Can Make A Difference***

Our exciting CAMP HOPE program is a week long summer camp held Monday through Friday from 9 a.m. to 3 p.m. at the Santa Maria Animal Center. Youth ages 9-12 are invited to attend. Our summer camp introduces campers to a variety of hands-on learning modes for exploring career and volunteer opportunities, basic pet responsibility, important life skills regarding the humane ethic, and local animal issues. The cost of Camp HOPE is \$150 per youth and includes all supplies. Space is limited to 30 campers per camp session. Advance registration is required.

Expectations

Mandatory Attendance, Dates to be announced

- **Counselor Screening Day- Past counselors and junior counselor and all new applicants**  
**Time- Counselors: 9:00-11:00 a.m., Junior Counselors 11:30 a.m.-1:00 p.m.**
- **Orientation/Training Days- all staff need to attend 3 Saturdays TBA**
- **Assistance with Camp HOPE Workshop: Saturday from 8:30 a.m.- 3:00 p.m.**

Job Description: You will act as a positive role model for youth, ages 9-12 years old, by supervising, guiding and assisting your assigned campers. You will lead a group of up to 6 youth, for the week long duration of camp, with the assistance of an assigned junior counselor. Your work day will begin at 8:30 a.m. and conclude at 3:30 p.m.

Applications must be postmarked on or before **January 15th**

Dear Counselor / Junior Counselor Applicant,

Attached you will find the Santa Barbara County Animal Care Foundation Camp HOPE Counselor and Junior Counselor Application. This application is for both new and returning applicants. To be considered for a Counselor positions teens must be 15 years old to senior in high school Junior counselor applicants must be 13-14 years old.

Counselors and Junior Counselors are required to attend the **entire assigned week of camp, three days of Orientation/Training, and assist with one Camp HOPE Workshop**. The SBCACF Camp HOPE Orientation Days are scheduled on Saturdays (date & time TBA) in the Education Center at the Santa Maria Animal Center. The Camp HOPE Workshops are scheduled on Saturdays from 9:00 a.m. to 3:00 p.m., in the Education Center at the Santa Maria Animal Center; counselors and junior counselors will need to arrive at 8:30 a.m. to welcome the kids.

Attendance at Orientations, Trainings, Workshops, as stated, are a must; all dates & times are subject to change with notice. **PLEASE keep in mind your commitment to the camp program if you are chosen as a Counselor or Junior Counselor – you should treat this commitment as you would any employment opportunity and your family/parents must support you in this endeavor.**

**Screening Day**

The Counselor/Junior Counselor interviews will be held on a Saturday in January, at the Santa Maria Animal Center (Counselors: 9-11 a.m., Junior Counselors 11:30-1 p.m.).

**For an application to be considered complete, it must include:**

1. Completed SBCACF Camp HOPE Counselor/Jr. Counselor Application.
2. New applicants Answer to Questions 1-9 on a separate sheet of paper.
3. Completed & Sign SBCACF Counselor Memorandum of Understanding.
4. Completed & Sign SBCACF Policies & Procedures/Code of Conduct.
5. Camp HOPE Counselor/Jr. Counselor Contract & Agreement Form.
6. SBCACF Counselor/Jr. Counselor Parent Memorandum of Understanding.
7. SBCACF Counselor/Jr. Counselor Release Form.
8. SBCACF Camp HOPE Medical Release Form.
9. SBC Animal Services Volunteer Agreement & Liability Waiver for Minors
- 10.

**Applications must be post-marked no later than January 15<sup>th</sup>**

**Please mail them to:**

**Santa Barbara County Animal Care Foundation  
Camp HOPE Program  
P.O. Box 307  
Santa Maria CA 93456**

**Applications must be postmarked on or before January 15th  
LATE APPLICATIONS WILL NOT BE CONSIDERED**

**Thank you for your interest**

# Camp Hope

## COUNSELOR & JUNIOR COUNSELOR APPLICATION

Application must be postmarked by January 15<sup>th</sup> to qualify

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
NAME OF PARENT or GUARDIAN: \_\_\_\_\_

I AM APPLYING FOR A POSITION AS:

- Counselor (AGE 15 TO HIGH SCHOOL SENIOR)  
 Junior Counselor (AGE 13-14)

T-Shirt Size:  Youth L  Adult S  Adult M  Adult L  Adult XL  Adult XXL

Please number your first and second choice for camp dates. If you are available for any of the dates check the appropriate box:

June  July  August  I am available for all dates

Returning Applicant – Previous Camp Name: \_\_\_\_\_

**NEW COUNSELOR APPLICANTS:** You will need to decide on a camp name. This is what the kids will call you during camp. The name should be a fun animal related name that is easy for kids to remember and one to which your campers can relate. The camp name will be approved by the camp advisory committee. Don't forget, this name will stay with you throughout the years.

My three choices for a camp name are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**GOOD LUCK!**

On a separate sheet of paper, please address the following questions (for new applicants only):

1. Why do you want to be a SBCACF Camp HOPE Counselor or Junior Counselor?
2. What experience do you have with companion animals?
3. Describe your leadership strengths and experiences.
4. Have you had any experience caring for younger children?
5. If chosen as a Counselor or Junior Counselor are you able to make the required orientations & training dates, HOPE Workshop mini day camp, and Camp HOPE summer day camp a FIRST PRIORITY?
6. How do you feel you could make Camp HOPE a positive experience for your campers?
7. How would you handle an unsafe situation?
8. How would you handle a shy child?
9. How would you handle a child that did not want to be there?

# SBCACF Counselor or Junior Counselor Memorandum of Understanding

Please read the following Memorandum of Understanding that is required between you and the Camp Advisory Board in order to attend Camp HOPE as a Counselor or Junior Counselor. If this sheet is not signed and returned with your completed application, your application may not be accepted.

**Communications:**

Communication between all members of the SBCACF Camp HOPE staff is best served through email. Please include your current email address on the application. Free email addresses are available through Yahoo, AOL, and Google, to name a few – and these websites can be accessed at any computer with Internet access (all libraries have internet access).

**Orientation/Training: TBA**

In order to qualify to be a Counselor or Junior Counselor completion of the required Orientations and Training, as scheduled, is mandatory. In order to be entrusted with the care of the campers, successful completion of these orientations & training is essential

- |                                |  |
|--------------------------------|--|
| Safety & Risk Management       | Conflict Management Positive Group Interaction |
| Team Building                  | Communication Skills                           |
| Behavior Management            | Counselor + Youth Staff Role Modeling          |
| Leadership Styles + Situations | Problem Solving                                |
| Volunteer Orientation          | Basic Animal Handling                          |

**Workshop:**

The workshops are educational sessions held at the Santa Maria Animal Center that offer local youth the opportunity to learn, assist animals, and make a difference. Each Counselor or Junior Counselor is required participate in one workshop and arrive at precisely 8:30 a.m. to help welcome the children. Attendance for the full 6 hours of the workshop is required.

**Camp HOPE Day Camp: June , July , and/or August**

Camp will be held at the Santa Maria Animal Center. Counselors and Junior Counselors will be required to be present at precisely 8:30 a.m. to help welcome campers and stay until 3:30 p.m. to help monitor campers until their parent/guardian arrives. Attendance for the full 7 hours of the Camp Monday through Friday is required; your campers depend upon you.

It is important that you understand that you will be representing the Santa Barbara County Animal Care Foundation and expected to act as positive role models for your assigned campers by supervising, guiding and assisting your camper in a safe and healthy environment.

*I have read the above terms that must be met in order to qualify as a Camp HOPE Counselor or Junior Counselor. I also understand that if I fail to meet the requirements stated above that I could be released from the Camp HOPE Program.*

**Teen’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Santa Barbara County Animal Care Foundation's**  
**Camp Hope**  
**Counselor / Junior Counselor**  
**POLICIES and PROCEDURES/CODE of CONDUCT**

Camp HOPE is planned, conducted, and supervised by the Santa Barbara County Animal Care Foundation, in cooperation with Santa Barbara County Animal Services.

1. Counselors and Junior Counselors shall show respect for the property, material and facilities used and assume financial responsibility for any damages they cause.
2. Kindness and respect will be shown to animals at all times
3. Use and/or possession of drugs, alcohol, tobacco, firearms, knives, and other items deemed dangerous is strictly forbidden. Violation of this policy can result in immediate dismissal from camp and can include notification to the local authorities.
4. The dress code, as detailed in the Camper/Counselor Application, is in full force during Camp HOPE
5. Counselors & Junior Counselors shall not invite visitors to the Camp HOPE summer day camp without prior arrangements with the Camp Director.
6. All campers are to participate in all scheduled activities except in cases of illness.
7. No destructive "games" or unsafe behavior is allowed.
8. Cellular phones must be turned off during camp. There will be no phone calls or text messaging while campers are present.
9. No physical or emotional/mental disciplinary measures will be tolerated.
10. Obscene and disrespectful language, roughhousing, and insubordination will not be tolerated at any time.
11. All outgoing phone calls are by arrangement through the Camp Director.

***By placement of the signatures below, we are confirming that we have read the above information and we are in agreement with the camp policies & Procedures & Code of Conduct requirements.***

Teen's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Camp Hope

## Counselor / Junior Counselor

### CONTRACT & AGREEMENT

By participating in the Camp HOPE Counselor / Junior Counselor Interview, I understand and agree that being chosen as a counselor or junior counselor is both privilege and commitment.

Furthermore, I understand that my being chosen for a staff position may have resulted in another applicant being denied this opportunity; as such, I will treat this opportunity to be a staff member at Camp HOPE with the respect it deserves.

I understand that if chosen as a staff member I will be responsible for a group of campers as a counselor or junior counselor and support the facilitation of camp activities as directed by adult staff and guest speakers.

I agree to be punctual to all required activities and I understand that unexcused absences may result in my camp participation being terminated.

I am aware that in agreeing to make Camp HOPE my first priority, I will make arrangements in advance with my employer, family, school, church, etc., so that I do not miss required activities. Additionally, I understand that Camp HOPE is not responsible for any disciplinary actions that my employer should enforce as a result of my participation at Camp HOPE.

**SBCACF Camp HOPE Counselor and Junior Counselor arrival & departure times**

**Arrival:** Monday through Friday, 8:30 a.m.

**Departure:** Monday through Friday, 3:30 p.m.

***By placement of the signatures below, we are confirming that we have read the above information and we are in agreement with the camp participation requirements.***

**Teen's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Camp Hope

## SBCACF Counselor / Junior Counselor

### PARENT MEMORANDUM OF UNDERSTANDING

(Must be read and signed by each parent/guardian)

1. **DISCIPLINE:** The Camp HOPE adult staff has my permission to discipline my child (does not include physical contact). However, the Camp Staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others, or if my child is dismissed from camp. I understand that the Camp HOPE Director reserves the right to dismiss my child if he or she, in the opinion of the Camp Director and Camp Staff, becomes a discipline problem or is disruptive to the Camp program.
2. **MEDICAL COST AND INSURANCE:** Neither the SBCACF, Camp Staff, nor the Camp Facility shall be liable for the cost of any medical treatment (Any accidents and/or injuries must be reported and recorded on site).
3. **CAMPER'S PERSONAL PROPERTY:** Neither the Camp Staff or the Camp Facility shall be responsible for the loss or damage to the personal property of counselors or junior counselors.
4. **DAMAGE:** I/We will be responsible for and pay for any damage done by my child, either alone or with others.
5. **NO ONE** is to leave camp without permission of the Camp Director. Permission must be secured **BEFORE** leaving the Camp grounds.
6. **IN CASE OF MEDICAL EMERGENCY:** I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also give permission for first-aid treatment of my child at Camp HOPE by designated personnel.
7. I am responsible for:
  - a) Picking up my child within 1 hour of notification in the event he or she is ill or dismissed from camp.
  - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child. (This is to insure the safety of the child and not meant as an inconvenience)
  - c) Providing an emergency contact and phone number of someone who is responsible for your teen.
  - d) Providing immediate transportation home, if my child breaks one of these rules and is asked to leave the camp.

***By placement of the signatures below, we are confirming that we have read the above information and we are in agreement with the Parent Memorandum of Understanding.***

**Please Print  
Youth's Name**

\_\_\_\_\_

**Youth's Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Parent/Guardian  
Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Parent/Guardian  
Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

# Camp Hope

## COUNSELOR RELEASE FORM

My Teen     Will     Will Not    drive his or her self to Camp HOPE

Even if your child will be driving his or her self to camp, please indicate who has your permission and authorization to pick up your teen from Camp HOPE in the event you will not do so, or your teen is not capable of providing his/her own transportation. Your teen will only be released to a person on this list unless the Camp Director receives written or verbal permission prior to release from you.

Name of Teen: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Cell #1 \_\_\_\_\_ Parent's Cell #2 \_\_\_\_\_

Name	Phone Number	Relationship to Teen

**Parent/Guardian  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Camp Hope

## MEDICAL RELEASE FORM

I hereby certify that my child is in good health and can participate in the required activities associated with the Camp HOPE Program.

My Child \_\_\_\_\_ has my permission to attend  
Name of child

Santa Barbara County Animal Care Foundation's Camp HOPE interview, orientation/training meeting, Workshop HOPE Project mini day camp, Camp HOPE and associated activities between the dates of January and December.

While my child is attending or traveling to or from these functions, **I HEREBY AUTHORIZE THE CAMP DIRECTOR OR AUTHORIZED ADULT STAFF MEMBER**, or in his/her absence or disability, any adult accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment.

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### AUTHORIZATION AND CONSENT AND RELEASE

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Date	Signature of Parent/Legal Guardian	Cell phone #
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Mailing Address	Zip Code	Emergency daytime/work phone #
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Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the Santa Barbara County Animal Care Foundation Camp HOPE Staff informed.

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### NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

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Signature of Parent/Legal Guardian

Date

**COUNSELOR / JUNIOR COUNSELOR  
PHYSICAL / MEDICAL INFORMATION SHEET**

**Name of Teen:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

All the information below will be kept in strict confidence, only those staff required to be informed, will be provided with the appropriate information. This information is intended to insure that your teen, the other campers, and the staff have a good Camp HOPE experience.

**IN CASE OF EMERGENCY CONTACT:**

Parents' Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Other Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check below if camper is subject to:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Colds           | <input type="checkbox"/> Heart Trouble      | <input type="checkbox"/> Kidney Trouble             |
| <input type="checkbox"/> Sore Throats    | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Athlete's Foot             |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Lung Trouble       | <input type="checkbox"/> Ear Infection              |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Sinus Trouble      | <input type="checkbox"/> Appendicitis               |
| <input type="checkbox"/> Convulsions     | <input type="checkbox"/> Hernia (Rupture)   | <input type="checkbox"/> Has Appendix been removed? |
| <input type="checkbox"/> Cramps          | <input type="checkbox"/> Sinusitis          | <input type="checkbox"/> Headaches                  |
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Constipation               |
| <input type="checkbox"/> Other: _____    |   |   |

**Check below if camper is allergic to:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Serious reaction to Poison<br>Oak or Ivy | <input type="checkbox"/> Foods (list):<br>_____ | <input type="checkbox"/> Medications or drugs<br>(list):<br>_____ |
| <input type="checkbox"/> Bee Stings                               | _____   | _____   |
| <input type="checkbox"/> Insect Bites                             | _____   | _____   |
| <input type="checkbox"/> Lactose Intolerant                       | <input type="checkbox"/> Other: _____           | _____   |

**Check medications below that camper may receive if necessary:**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Non-aspirin | <input type="checkbox"/> Acetaminophen/Tylenol  | <input type="checkbox"/> Laxatives            |
| <input type="checkbox"/> Antacids    | <input type="checkbox"/> Antiseptics            | <input type="checkbox"/> Diarrhea medications |
| <input type="checkbox"/> Benadryl    | <input type="checkbox"/> Robitussin Cough Syrup | <input type="checkbox"/> Adrenaline           |
| <input type="checkbox"/> Neosporin   | <input type="checkbox"/> Ibuprofen (Advil)      | <input type="checkbox"/> Other: _____         |

**Last tetanus shot:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year



**VOLUNTEER AGREEMENT  
AND LIABILITY WAIVER FOR MINORS**

In signing this agreement, I understand and agree to the following:

1. I agree to release, discharge, indemnify, and hold Santa Barbara County harmless from any and all claims for damages to my child's person or property while performing volunteer services for Santa Barbara County Animal Services.
2. I agree that I, or my assigned guardian, will accompany my child *at all times* while they are volunteering for Santa Barbara County Animal Services.
3. I recognize that in permitting my child to volunteer services for Santa Barbara County Animal Services there exists a risk of injury, including but not limited to, personal physical harm and injury or destruction to personal property which includes but is not limited to animal bites, slip and fall accidents, and other types of injuries, and personal property damage. I waive all rights and claims for damages I may have against Santa Barbara County Animal Services, its employees, officers, volunteers, agents, representatives, successors and assigns, and will hold them harmless for any and all injuries arising directly or indirectly from the handling of any animal from Santa Barbara County Animal Services.
4. I authorize Santa Barbara County Animal Services staff to seek appropriate emergency medical treatment in case of an accident, injury, or illness. I understand that every effort to contact me or an authorized emergency contact will be conducted by Santa Barbara County Animal Services staff if I am not present during the time my child is volunteering at the shelter.
5. I agree to abide by the policies and procedures presented to my child and me at the volunteer orientation and training meetings.
6. If, to my knowledge, communication problems develop between the employees or other volunteers and my child, I will report these to the Volunteer Coordinator as soon as possible.
7. I will emphasize to my child that Santa Barbara County Animal Services' records are to be kept strictly confidential and will not be revealed to anyone.

In signing this form, I acknowledge I have read, fully understand, and agree to the aforementioned items. I assert that my child is aware of the above requirements and also agrees to act within the Volunteer program policy and procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Minor's Name: \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_\_

Minor's Signature: \_\_\_\_\_

*Volunteers Make The Difference!*