

2015 Oklahomans Without Limits (OWL)

Camp Application for Counselors in Training (CIT’s)

**July 20th-July 24th**

at the University of Central Oklahoma in Edmond

**Final Deadline:**

**April 1, 2015**

The position to which you are applying is integral to making camp a success. The Counselors in Training (CITs) need to be able to provide support for their groups in such a way as to make camp safe and fun for all participants. Counselors in Training havea very high level of responsibility. Since the position requires high levels of leadership, energy, accountability, and responsibility, ***we ask that you include the contact information for two references (NOT Relatives) and a copy of your resume along with your application***. Please note your relationship to each reference (e.g. pastor, high school counselor, teacher, etc.). ***If you do not include references & a resume your application will not be considered complete.***

**Counselors in Training (CIT) role at a glimpse:**

Counselors in training (CITs) are just that. You are training to be a counselor for future camps. You are given increased responsibility (more than a sighted buddy) but you are not leading a group by yourself. CITs will often set up for and facilitate camp activities. You are also mentored by a counselor in order to prepare you to be a counselor in the future.

The counselor position is the highest volunteer position at camp. Group leaders must be high energy and highly responsible. Counselors are given an enormous task as they are entrusted a group of sighted and visually impaired children. It falls to counselors to be responsible for making sure that students’ basic needs are met—medication, proper nutrition, and sufficient sleep. (We do have a nurse on site, so counselors will not be administering medication, only making sure that students get to the nurse at the proper time). Counselors are asked to keep track of each of their students’ whereabouts at all times of the day and night. Moreover, you are charged to befriend, encourage, and foster independence in your students.

**\*Each group will traditionally have two counselors, one counselor in training, and twelve to sixteen children.**

**How to become a Counselor or Counselor in Training (CIT) volunteer:**

* Meet the age requirement. The minumum age to be a CIT is 16.
* Submit a completed volunteer application
* Submit contact information for two references (no family members) along with application
* Submit a one-page resume along with application
* Attach a copy of your current medical insurance card to the application
* Consent to a criminal background check
* Read and sign a contract detailing camp policies and procedures
* Interview with NewView Oklahoma staff (dress appropriately)
* Attend training with NewView Oklahoma staff and other volunteers
* Commit to attending the entire duration of camp

**Please print legibly using blue or black ink**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your email address must be a reliable one. If accepted, we will be sending paperwork to you via email.)

How do you prefer to be contacted? Phone Email Both

What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year are you in school? Senior Junior Sophomore Freshman

How did you hear about OWL Camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size:**

**Adult** T-Shirt Small Medium Large X-Large 2XL

**Parent or Guardian Information:**

First Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts** (*if different than above*):

First Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWL Camp Permission and Liability**

I seek to participate in all OWL Camp activities scheduled for July 20th - July 24th, 2015. I will not hold NewView Oklahoma, any of the leaders, staff, volunteers, or any organizations providing services responsible for any accident which may occur during OWL Camp trainings or the week of camp.

Name of Student (PRINTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**You can mail, fax, or email your completed application to:**

Meg McElhaney at NewView Oklahoma 510 N. Douglas Ave., Oklahoma City, OK 73106

Fax it to (405) 236-5438, Attn: Meg McElhaney

Email it to [mmcelhaney@newviewoklahoma.org](mailto:mmcelhaney@newviewoklahoma.org)

Subject*: OWL Camp CIT Application*

If you have any questions, do not hesitate to call our office at (405) 232-4644.

**Medical Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (insert parent/guardian name if under 18 and student name for those 18 and above) DO HEREBY AUTHORIZE the person(s) designated as sponsor(s) for the activity or trip to initiate and provide for any medical examination, anesthetic, medical, surgical, x-ray, or dental diagnosis or treatment and/or hospital care to be rendered to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of participant) under general or special supervision and upon the advice of a physician. In giving this consent, I recognize and understand that in situations where he/she requires immediate medical or hospital care it may be possible that I will not be able to knowledgeably evaluate and choose amongst the available alternative treatments or procedures. If any such situations arise, I authorize a physician, surgeon or dentist to exercise his/her professional judgment regarding any available alternatives and to render such care and perform such treatment as he or she, in his/her professional judgment, determines to be necessary for the health and safety of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of participant).

I authorize NewView Oklahoma staff of OWL Programs to arrange for and grant authorization to appropriate medical authorities for health care as he/she deems necessary for the well-being of the aforementioned individual.

I understand that I am responsible for all costs related to medical care regarless of the status of health insurance benefit coverage.

**Full Name of Participant (PRINTED)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student/Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian (PRINTED)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Information:**

Physician’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines (**You must include ALL medications**. If you take allergy medication, nasal spray, etc. Put dose and time. All medications will be administered by the camp nurse. You may not administer your own medications at camp.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A COPY OF YOUR CURRENT INSURANCE CARD**

**MUST ACCOMPANY THIS FORM**

**PHOTO RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert parent/guardian name if under 18 and student name for those 18 and above), hereby grant NewView Oklahoma and any of its partners permission and authorization to use photographs and/or story of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant) in promotional and informational materials. I understand that photo and/or information may be used in materials including but not limited to newsletters, annual reports, newspaper articles, brochures, websites, blogs and social media.

I understand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (name of participant) information and/or photograph may be copyrighted, published and/or reproduced in color or otherwise in any media at NewView Oklahoma or elsewhere. I agree that all rights to the picture belong to NewView Oklahoma and waive the right to inspect and/or approve the finished product. Further, I am aware that I will not be compensated for any pictures or stories.

**Full Name of Participant (PRINTED)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student/Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian (PRINTED)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ Check here ONLY IF you would NOT like your name identified in association with a picture and related Information**

**Please answer the following questions:**

1. Have you ever participated in OWL Camp? If so, which years?
2. Have you ever volunteered (not merely participated) at other summer camps? If so, what camps?
3. Do you have any previous volunteer experience? Explain.
4. What opportunities have you had to display leadership skills? Please include any information that will help us assess your potential leadership and/or management abilities.
5. What experience/training have you had in which you have worked with and/or been exposed to children? Please include any relevant information regarding the age of the children and any activities.
6. What is the extent of your experience in working with children with disabilities? (Note: Having no experience will not impede your acceptance as a volunteer.)
7. Why are you interested in being a Counselor in Training at OWL Camp?
8. What makes you the best candidate for a position at OWL Camp this year?
9. Is there any additional information that you feel will be helpful to us in considering your application?

**OWL Camp Rules & Regulations**

**July 2015**

At NewView Oklahoma our mission is to empower people who are blind and vision impaired to achieve their maximum level of independence through employment, rehabilitation and community outreach.

While working at camp can be challenging, it is also one of the most rewarding experiences you will ever have. As a camp counselor or buddy, you have the opportunity to make a lasting, positive impact on the lives of our campers.

Due to the awesome responsibility of being a camp volunteer, all OWL Camp personnel are expected to serve as positive role models to our campers. This requires good judgment and decision making at all times.

Before agreeing to serve as a volunteer, please carefully review the following information. **Please do not consider volunteering unless you and your parents can and will comply with these rules and policies without exception.** For safe and orderly operations of the camp, they will be strictly enforced.

**SAMPLE of Daily Schedule (Volunteers will be provided a weekly schedule):**

**6:30 am** Curfew ends

**7:00-7:40am** Medicine administration rotation  
**7:30-8:30am** Breakfast   
**8:30-8:45am** Assembly and Brief for the Day  
**8:45-9:00am** Travel to morning activities  
**9:00-11:30am** One long or two short programs

**11:30-12:00pm** Travel time

**12:00-1:00pm** Lunch  
**1:00-4:30pm** Afternoon activities: one long or

three short programs

**4:30-5:00pm** Travel Time

**5:00-5:30pm** Warm and Fuzzies

**5:30-6:30pm** Dinner  
**6:00-9:00pm** Scheduled fun activities

**8:00-8:40pm** Medicine administration rotation  
**9:00pm**  Curfew: Younger kids with buddies

to have down time in rooms aka bedtime (Green and Red Squads)

**11:00pm** Counselor meeting with NVO Staff

**Orientation & Training:**

All staff members and volunteers are required to attend an orientation at a location chosen by OWL Camp supervisors. Members will become familiar with the daily operations of camp as well as their expected responsibilities and camp policies and procedures. All staff members and volunteers must be in compliance with all camp policies upon arrival for orientation and will be asked to verify their understanding by signing the rules and regulations manual.

**Participation:**

* Participate in all activities. This includes singing, museum tours, art activities, donor dinner activities and talent show. Be a good, enthusiastic example to your camper!
* Stay with your assigned camper at all times! We are no longer having dedicated “buddy hang out time.” We want to ensure that campers and buddies are treated equally. The purpose of camp is to provide a unique, interactive experience for our campers. Therefore, please **stay with your campers at all times**! Counselors and counselors-in-training have required meetings each evening. These meetings are meant for counselors to share their concerns and plan for the next day.
* All buddies must be prepared to give a Warm and Fuzzy to their camper each evening. It is mandatory. These serve a noble purpose as Warm and Fuzzies help build confidence in your student and cohesion in the group.

**Safety:**

* Be observant ensuring only designated staff, counselors, volunteers, and campers are accessing our floors. Please report any individuals lingering in the dorms without nametags to camp monitors or staff members.
* Ensure campers and buddies have water bottles at all times.
* Ensure medical needs are met.
* Guidelines for tornado, fire, and other alarms are to be immediately followed without hesitation. Should you see or smell fire or smoke, you must notify the camp monitors or a supervisor immediately. Do not assume it’s a minor incident. Seconds Save Lives.
* All participants (staff, volunteers, counselors, sighted buddies) who will have access to the University of Central Oklahoma University Suites and are 18 and older will have a background check.

**Camp monitors will be on duty during curfew hours**. They are there for your safety. A camp monitor is not allowed to enter any dormitory or sleeping quarters unless it is an emergency.

**Accountability:**

* Everyone is to adhere to the buddy system at all times. Volunteers and campers are never to go off alone or leave someone else alone.
* Please ensure you follow the camp schedule and are in the designated areas as needed for activities.
* Communicate with one another. If you have questions, be sure to ask the assigned counselor. If further help is needed, please ask a staff member.
* Relationships are not allowed at camp. No purple!

**Cell phone Usage:**

Your time at camp is special. Any diversion, especially one caused by texting, calls, or social platform participation, takes away from all parties. Campers may feel isolated if their Buddy spends most of their time on their phone. The Camp Director will have a cell phone if you as a volunteer need to use one; otherwise, cell phone use is strictly forbidden during all camp hours—this includes from the time you arrive until camp concludes. Volunteers and campers are not to have cell phones at all, not even in their rooms. Leave all cell phones at home.

Counselors and staff members are the only people permitted to have cell phones at camp. Should parents need to contact their children, they will be provided with the contact information for the Camp Director. Parents, please call the Camp Director with any questions or concerns you may have or if you wish to speak with your child during the week of camp.

**Child Abuse:**

Corporal punishment or any form of physical, emotional or sexual abuse, or any endangerment of a camper is grounds for immediate dismissal and will be reported to the proper law enforcement agency.

**Commitment:**

Participants must remain at camp for the entire duration of camp, July 19th through July 25th, from check-in until the conclusion of the talent show. It is important for volunteers to be there for the entire camp so they will be able to care for their assigned camper and ensure their safety. Therefore, volunteers are making the commitment to stay from start until finish and are not to leave early. Volunteers are not permitted to leave the premises of activities or residence **at any time**. Should parents or children have any issues arise, please contact the Camp Director and she will help with accommodations.

**Curfew:**

Volunteers and campers are to be in their *assigned* rooms during curfew hours. Any person who is not in his/her respective room during the curfew hours will be reported to the Camp Director.

\*Curfew hours will be printed on the final schedule.

**Drugs and Alcohol:**

The use or possession of alcohol or illegal drugs of any kind is strictly forbidden. Any illegal activity, including use or possession of illegal drugs or supplying drugs, alcohol or tobacco in any form to minors, will be reported to the proper law enforcement agency and will result in your immediate dismissal. In order to maintain an alcohol and drug free environment, we maintain the right, at all times from the beginning of camp to the end, to conduct random inspections of all dorm rooms, vehicles, and personal possessions. Smoking and possession of tobacco products are not permitted on the camp premises.

We maintain a ZERO TOLERANCE POLICY regarding underage drinking or irresponsible behavior that potentially results in negative effects to our campers, staff or NewView organization. Possession and/or use of any alcoholic beverages in camp or during camp-sponsored activities (including camp-sponsored time off events) is PROHIBITED. If camp monitoring personnel witness any behavior involving drinking or irresponsible behavior, they will immediately notify camp supervisors – no exceptions.

**Electronics:**

**No electronics are allowed at camp** including but not limited to cell phones, ipods, personal computers, and gaming devices. Leave these devices at home. Should a student arrive with such devices, said devices will be gathered at the beginning of camp and kept in a lock box in a safe location until the conclusion of camp.

Exceptions:

* Counselors are permitted to have cell phones for emergency and logistic purposes only.
* The use of digital cameras is permitted.

**Food:**

Staff members and volunteers are discouraged from bringing food in any living areas.

**Grooming:**

All aspects of personal appearance are subject to the approval of the Directors in regard to its appropriateness for OWL Camp staff and volunteers. The personal appearance of the personnel is decidedly important both as a role model to campers and as a representative of OWL Camp. The following guidelines apply to all staff and volunteers while working or physically on camp premises:

* General/Daily Expectations – All staff members and volunteers are to present a personal example in clean, neat dress and appearance as well as personal hygiene. (Examples: Showering and shaving regularly; brushing teeth daily; etc.)
* Clothing – We expect all staff members and volunteers to set the example dress code for campers through their choice of clothing. Therefore, all staff members and volunteers will adhere to the same dress code policy we have for our campers. The following standards apply: (1) No clothing with logos containing references to violence, sex, drugs, or tobacco, (2) No bare midriffs or low cut shirts exposing cleavage, (3) Nothing excessively tight, short, or baggy, and (4)Clothing must cover the person’s underwear. Pants and shorts may not be rolled up and must cover a staff person’s/volunteer’s bottom completely at all times (including while seated). Staff members should always be wearing closed-toe shoes, except as appropriate.
* Body Piercings – All body piercing(s) must be removed while on camp premises, excluding ear piercing(s) for female staff members and volunteers.
* Tattoos – Any tattoo must be covered by clothing at all times while on camp premises.
* Hair – Hair should be neatly groomed and the length of the hair shall not be excessive or present a ragged, unkempt or extreme appearance.

**Online Social Networking:**

In general, OWL Camp views social networking sites (ex. Facebook, Instagram, etc.), personal websites, and blogs positively and respects the right of counselors to use them as a form of self-expression. If a volunteer or counselor chooses to identify himself or herself as associated with OWL Camp or NewView on such internet sites, what you post or say on these sites may be viewed as a reflection on the organization. Any content that conflicts with OWL Camp or NewView policy or could be viewed as inappropriate for working with children will result in a request to remove such information or the counselor or volunteer may be banned from working with the organization.

**Over-the-counter or Prescription Medication:**

A nurse will be available at all times during camp. All medication will be collected and locked up safely by the nurse on the first day. NO MEDICATION, whether over-the-counter or prescription, should be kept in your room or on your person. We do not want an accidental ingestion to occur by a child, so all medication must be managed during camp by the nurse on duty.

**Personal Behavior and Habits:**

All staff and volunteers represent NewView Oklahoma while involved with the camp and will adjust their personal habits and actions to accommodate the customs, policies, and ideals of OWL Camp. Examples of poor “Personal Behavior and Habits” include, but are not limited to: using bad language and talking about inappropriate subjects with or around campers. Setting a poor example for campers, parents, other staff members, or the community will not be tolerated. Serious infractions will result in immediate disciplinary action which may include being asked to leave the premises or notifying law enforcement.

**Regulations for the Living Quarters**

* There are to be no girls in boys’ rooms. Likewise, there are to be no boys in girls’ rooms. Bedrooms are for sleeping. We will not be in there any other times.
* Adult counselors are not to enter the room of a minor without another adult or volunteer present.

**Vehicles:**

Staff members and volunteers may bring personal vehicles to camp where free parking is provided. Volunteers are not to drive for the duration of camp. All volunteers will be asked to keep their personal vehicle keys in a central depository maintained by camp monitors. Keys will be returned at the conclusion of OWL Camp 2015. Camp is not responsible for damage, theft, etc. to vehicles parked in the parking lot.

Staff member personal vehicles may at no time be used to transport campers without the specific consent from the Director. Unauthorized transportation of a camper is prohibited. All personal vehicles will be subject to search during all camp hours.

**Acknowledgement:**

It is important you understand the camp is all about safety, learning, and fun. We’ve developed this set of rules to ensure everyone leaves OWL Camp with a lifetime of wonderful memories.

By signing this you are both committing to following the policies for OWL Camp 2015. Do not sign unless you will follow the rules without exception. Any infringement on the rules will result in disciplinary action, including but not limited to sanctions or dismissal. Please acknowledge with your signature your understanding and commitment to these rules:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Printed Name of Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Parent or Guardian Signature Date