



Exploring New Horizons Outdoor Schools

"Inspiring, empowering and transforming children's lives through outdoor education."

www.exploringnewhorizons.org

Loma Mar: 650.879.0608 · Sempervirens: 831.338.3077

COUNSELOR OUTDOOR SCHOOL APPLICATION

Name _____ Email _____

Cell Phone _____ Grade _____ School _____

Address _____ Zip _____

Have you: Attended an ENH program as a student? _____ Attended an ENH program as a counselor? _____

Elementary school you attended _____

Please feel free to attach pages if you wish.

1. Why do you want to be an outdoor school counselor?

2. How will you be an effective role model for the students you supervise?

3. Please list your experience working with young people.

4. What do you enjoy doing in your leisure time?

5. Please indicate your experiences and interests in the outdoors.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause of disqualification. Please list the nature of the offense, the date of the offense, and surrounding circumstances and the relevance of the offense to the position applying for: _____

If you are a high school **GIRL**, and if necessary, would you be willing to be a counselor for a boy's cabin if we do not have enough high school boys as counselors? Yes No

Parents/Guardians:

I understand that my child is applying as an outdoor education cabin counselor. My child has the maturity and ability to supervise children in the fifth and sixth grade. I understand that if selected, my child will miss school for a period of four or five days.

Parent/Guardian signature _____

Date _____

Thank you. You will be receiving more information. If you have questions, please contact your contact at either ENH Loma Mar at (650).879.0608 or ENH Sempervirens at (831).338.3077.



COUNSELOR TEACHER PERMISSION FORM

I, _____, have applied for the position of cabin counselor with Exploring New Horizons Outdoor Schools. **In order to serve as a cabin counselor at the outdoor school, I must have approval from all my teachers, a school administrator, and the attendance office.** Teachers, please sign your name indicating your permission for me to serve as a counselor for a week. I understand that you may withdraw your permission at any time should my grades or citizenship drop to an unsatisfactory level.

"I am granting my permission for the above-named student to be a cabin counselor for outdoor school. I understand that if this student is chosen to serve as a cabin counselor, he/she will be absent for a full week of classes and will have to make up all missed work."

STUDENTS: Please print the class and teacher's name. You must also get signatures from the attendance office as well as a school administrator.

TEACHERS: Please add signature.

CLASS	TEACHER	TEACHER'S SIGNATURE

Administrator's signature: _____

Attendance office: _____

- Note:
- All students who attend the outdoor school as cabin counselors are responsible for making up all missed school work.

THANK YOU FOR YOUR SUPPORT OF THE OUTDOOR EDUCATION PROGRAM.



COUNSELOR MEDICAL HISTORY & AUTHORIZATION FORM

Name: School: Phone: Grade: Age:

E-Mail (please write clearly): Birth Date: Gender: Male Female

Home Address: Street City State Zip

Parent #1 Name: Work phone: Cell Phone:

Parent #2 Name: Work phone: Cell Phone:

If parents cannot be reached in an emergency, please contact:

Name: Relationship to student:

Home phone: Work phone: Cell phone:

The following information is required to ensure that your child's individual needs are met while attending outdoor school. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being.

Family Physician: Phone:

Insurance Carrier: Policy #

Date of Last Physical Exam: Phone:

Please check the appropriate boxes below and fill out ANY information that the outdoor school staff should be aware of:

- Asthma, Seizures, Diabetes, Headaches, Hypoglycemia, Hyperactivity, Allergies, ADD/ADHD, Bedwetting, Sleepwalking, Sleep talking, Recent injuries, Other

Please explain any medical, physical or emotional condition/reaction or other problem(s) that we need to be aware of during program, including any boxes checked: List any dietary restrictions/allergies and the reactions you have (e.g., food allergies, lactose intolerance, vegetarian, etc.)

I authorize the following medications to be administered as needed: Neosporin, Ibuprofen, Benadryl, Tylenol, Tums, Calamine Lotion, Date of last tetanus shot

List ALL medications (including prescription medications, vitamins, and over the counter medications) your child will bring and instructions for administering. Please send the medication in ORIGINAL containers. Attach additional paper if necessary.

Table with 3 columns: Medication, Dosage and Time, As needed or daily? with rows 1, 2, 3.

Exploring New Horizons has my permission to use images of my child for educational and promotional purposes only: YES NO

I wish to add my name to the Exploring New Horizons mailing list to receive information about summer camp and related events: YES NO

The health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Exploring New Horizons to secure all proper and required treatment for the individual listed.

In the event that a decision is made that a student should be sent home from disciplinary reasons, homesickness or for a violation of the outdoor school rules, there will be no refund of fees and it will be the responsibility of the parents to arrange transportation home.

Signature of Parent/Guardian

Date

Signature of Applicant



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COUNSELOR RESPONSIBILITY CONTRACT

The primary responsibility of an Exploring New Horizons Outdoor Schools cabin counselor is the emotional well-being and safety of the children in her or his care. The following contract clarifies the responsibilities of the counselor to ensure that children have a safe, positive experience.

Please initial the following statements and sign the document in the appropriate place.

I must ensure that I guide the children in my care fairly and consistently. I will take care to treat them with respect. _____

I will remain with the children unless it is my specified time off. I will report all injuries, illnesses, and potentially dangerous situations. _____

Because the children are easily influenced, I will protect them from foul language and inappropriate or frightening stories and activities. No uncomplimentary remarks about race, gender, religion, sex or sexual orientation will be tolerated in my cabin group. _____

I agree that while at the outdoor school I will not use tobacco products, alcohol, or illegal drugs.

I understand that for my own protection, I should never touch a child inappropriately and I agree to never hit or mishandle a child. _____

I will not allow any student to enter a cabin or village that she or he is not assigned to, nor encourage or lead cabin raids. _____

If I have any difficulty, I understand the outdoor school staff is available to help me and it is my responsibility to ask for help when it is needed. _____

I will not exchange contact information with any students (Facebook, email, phone number, Twitter, Instagram, etc.). _____

I understand that I must follow all of the rules of Exploring New Horizons Outdoor Schools. I understand that any infraction of the above statements can result in my immediate dismissal. _____

I have read and agree to the responsibilities listed above.

Print your full name

Sign your full name

Date

Parent/guardian's full name

Parent/guardian's signature

Date