



JUNIOR LEADERS 2018

APPLICATION FORM (COMPLETE ONE PER TEEN) Ages 15-17

Jr. Leader's Name: _____ Gender: _____ Date of Birth: _____
 Jr. Leader's Email: _____ Jr. Leader Cell Ph.: _____
 Parent(s) Name(s): _____ Cell Ph.(a): _____ (b): _____
 Address: _____ City: _____ State: _____ Zip: _____
 School: _____ T-Shirt Size: Adult S Adult M Adult L Adult XL Adult XXL

Training Sessions

Application Deadline: Friday, May 18, 2018

Return **completed** application packet to the Gymnasium Guest Services Desk. Packets must be **completed** to be accepted and should include:

1. Application Form (Note: Returning Jr. Leaders do not have to resubmit a Letter of Recommendation or Letter of Interest)
2. A Letter of Recommendation (written by a teacher, coach, school counselor or other adult)
3. A self written Letter of Interest

Once the packet is received, you will be contacted to schedule an interview (during the month of May) with the Jr. Leader Coordinator. You will be notified of acceptance or declination after the meeting. If accepted into the Junior Leader program, a one-time fee of \$85 for guests and \$80 for members will be charged to cover training costs.

Select one of the below training weeks. Training sessions are Monday-Friday; 8:00 a.m. – 4:00 p.m. daily. Successful completion of the program will include satisfactory completion of at least 80 hours of volunteer service after the training week. Please ensure you are able to commit to the entire training session, plus two additional volunteer weeks, prior to submitting an application.

- Week 1 (June 18 - 22) Session 1 Week 2 (June 25 - 29) Session 2

Volunteer Sessions & Availability

(Please check all sessions you are interested in)

Session	Availability	Session	Availability
<input type="checkbox"/> Week 1 (June 18 - 22)	_____	<input type="checkbox"/> Week 6 (July 23 - 27)	_____
<input type="checkbox"/> Week 2 (June 25 - 29)	_____	<input type="checkbox"/> Week 7 (July 30 - August 3)	_____
<input type="checkbox"/> Week 3 (July 2 - 6)	_____	<input type="checkbox"/> Week 8 (August 6 - 10)	_____
<input type="checkbox"/> Week 4 (July 9 - 13)	_____	<input type="checkbox"/> Week 9 (August 13 - 17)	_____
<input type="checkbox"/> Week 5 (July 16 - 20)	_____	<input type="checkbox"/> Week 10 (August 20 - 24)	_____

Special Notes (i.e. camps interested in, summer commitments for sports, clubs, activities, vacations, etc...):

ACKNOWLEDGEMENT OF JR. LEADER CODE OF CONDUCT

I agree to participate in the functions and activities of The Salvation Army and to cooperate with the Day Camp Manager, Camp Coordinators, and Camp Counselors. I promise to respect myself, respect other persons, and to respect the property, equipment, and environment around me. I understand that my continued participation in The Jr. Leaders program depends on my support of this agreement, as well as all other expectations that will be outlined during the training session.

As a Salvation Army RJKCCC Volunteer (Jr. Leader), I agree to observe all guidelines and policies regarding working with youth and children.

Signature of Jr. Leader Applicant _____
Date

Apply in Person: The Salvation Army Kroc Center 6753 University Avenue, San Diego, CA 92115 619.269.1470
Apply by Email: Sign and complete all forms, email to Junior.Leaders@usw.salvationarmy.org



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ASSUMPTION OF RISK & LIABILITY AND HEALTH HISTORY FORM (COMPLETE ONE PER TEEN)

ETHNICITY

Asian/Pacific Islander African-American/Black

Hispanic/Latino Native American

White (non-Hispanic) Multi-Racial: _____

Other: _____ I Prefer Not to Respond

HEALTH HISTORY

The information provided below will assist our staff in providing the best care for your teen. Check if applicable or allergic:

Diabetes Asthma Carries Epi-Pen

Epilepsy Carries Inhaler Behavioral Challenges

Insect Stings Penicillin Special Needs

Dietary Restrictions: _____

Operations / Serious Injuries / Diseases / Restrictions on Physical Activity:

Name & purpose of any medication *(Complete "Med. Info. Form" for meds administered at camp):*

Please list anything else that may affect your teen's experience at camp, (i.e. moving to a new home, family trauma, etc...):

(Name of Jr. Leader: Please Print)

EMERGENCY CONTACT INFORMATION

We require 3 emergency contacts other than the parents listed in the event that the teen needs to be picked up, for any reason.

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Information Required by State Law

Health Insurance: Yes No

Company: _____

Policy Number: _____

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

The Salvation Army Ray and Joan Kroc Corps Community Center and any of our partner organizations may use the above listed participant's photo for promotional purposes.

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

Parent or Legal Guardian's Name (printed): _____

Signature: _____ Date: _____