

PROJECT PANDA



Dear **Adult Staff Applicant**:

Thank you for your interest in serving as volunteer adult staff at one of the 2017/2018 PANDA camps

As adults you will come away from camp rejuvenated by positive, drug free teens and a true partnership of teens and adults working together. The staff training for camp will equip you with the knowledge and skills for you to take back to your community and share with others.

As a member of the Adult Staff, your camp fee is waived. We appreciate the re-working of your schedule and the commitment to teens.

*****For the safety of our participants we do require that ALL adult staff have current background checks. See attached sheet.**

To be eligible to serve as adult staff, you must meet the following criteria by the camp you will be staffing:

- ☞ Have completed your 1st year in college or be at least 19 years old. If you are just going into college or 18 years old, you can be on Adult Special Ops.
- ☞ Be available for the entire mandatory staff training sessions and entire camp.
(See dates and times in packet). If you need a letter describing the program and requesting your employer or school to release you for the dates of the camp, please let us know.
- ☞ Be willing to fulfill the PANDA camp staff responsibilities (over).

Adult staff may also conduct workshops at the conference. Enclosed is a workshop application that you may return with the other forms. We encourage you to develop and present workshops with teen leaders if possible. If selected as adult staff, you will be notified as to whether we'd like you to present the workshop at the camp. Also, if you know someone who you think would be a great staff member or workshop presenter, please call us so we can send him/her an application.

Thank you for your interest!

The PANDA Staff

October Camp

Camp Muskingum, October 20-22, 2017

Staff Training: Saturday, October 7, 2-6 at Community Health Center, 702 E. Market St. Akron, 44305

December Mini PANDA

Pilgrims United Church of Christ, Friday, December 8, 2017 9am-5:30pm

Staff Training: Friday, December 8 at 8:15am at Pilgrims United Church of Christ, 130 Broad Blvd, Cuyahoga Falls, 44221

March Mini PANDA

Pilgrim United Church of Christ, March 9, 2018 9am-8pm

Staff Training: Friday, March 9, at 8:15am at Pilgrims United Church of Christ, 130 Broad Blvd, Cuyahoga Falls, 44221

May Camp

Camp Muskingum, May 18-20, 2018

Staff Training: Sunday May 6, 2-6 at Community Health Center, 702 E. Market St. Akron, 44305

Staff Responsibilities

As a member of staff, you have an important job for this PANDA Camp.

Please observe these responsibilities with a professional attitude.

- ⇒ *Participate fully in entire staff training preceding the camp, all camp activities, and daily staff meetings*
- ⇒ *Plan with your co-facilitator prior to and every day during this camp.*
- ⇒ *Co-Facilitate a family group. This is a team role. You should be on time to all family group sessions, prepared with necessary materials.*
- ⇒ *Co-facilitate or participate with a school district meeting.*
- ⇒ *Conduct a dorm meeting on the first day of camp to inform participants of rules.*
- ⇒ *Be present, on time and positive during all events.*
- ⇒ *Participate in security assignments including: dorm sweeps during presentations, meals, and activities. Be in scheduled location to supervise events. Adhere to "Lights Out" policies for all minors, including youth staff.*
- ⇒ *Serve as a positive example for participants during the weekend. Encourage and exhibit appropriate behavior.*
- ⇒ *Observe appropriate physical and social contact with participants and other staff members with respect to personal boundaries, i.e. hugging, dancing, physical space, isolated interactions and warm fuzzy messages.*
- ⇒ *Remember that even though the adults are ultimately responsible for the program, the youth staff are valuable leaders. In our usual daily roles, adults are authority figures who direct young people. In this situation, adults are asked to facilitate, not dominate. Let the youth staff develop leadership skills by allowing them to facilitate and interact with the young people.*
- ⇒ *Clothing should be constructed and worn in such a manner that is not unduly revealing nor should clothing be worn so that undergarments are revealed. This includes midriff tops that expose the stomach area and which are not long enough to be tucked into the pants, muscle shirts, very short miniskirts or short shorts, and other garments of this nature are not acceptable.*

**PANDA Camp 2017/2018
Adult Staff Application**

**Background check
Date_____**

Please check the conference for which you are applying. We will contact you, via email if you will be staffing.

If applying for more than one, please rank 1st and 2nd choice.
Please note that you must also be available for the entire staff training session.

____ Oct. 20-22, 2017
**Deadline for application
Sept. 22, 2017**

____ Dec. 8, 2017
**Deadline for application
Nov. 24, 2017**

____ March 9, 2018
**Deadline for application
Feb. 23, 2018**

____ May 18-20, 2018
**Deadline for application
April 20, 2018**

_____ I am uncertain at this time if I will be available for the camp(s) I have marked.
Please contact me closer to the date to see if I am still available, or I will contact you if I know before that time.

****PLEASE PRINT ****

Name: _____ Best Email to reach you: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL Cell phone: (____) _____

Gender: _____ M _____ F _____ Other: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Country: _____ County: _____ Date of Birth: ____/____/____

Home Phone: (____) _____ Home Email: _____

Agency/ Group you represent: _____

Work Phone: (____) _____ Work Email: _____

Place of Employment: _____ Position/Title: _____

Employment Address: _____ City: _____ State: _____ Zip: _____

CPR certified: Yes No

First Aid Certified: Yes No

If you are willing to help run a workshop please check _____. Please complete the attached Workshop Proposal Sheet.

Please indicate which of the following roles you would like to fill:

- Family Group Co-Facilitator: YES NO
- Adult Special Ops: YES NO
- Slide Show/Camera Person: YES NO
- Care Team: YES NO (only licensed social workers/counselors)

Vegetarian Meals: Yes No

Please list any specific food allergies: _____

Correspondence will be sent via email; if this is a problem please note on this form

2017/2018 ADULT STAFF APPLICATION

2017/2018 PANDA MEDICAL & LIABILITY FORM

Name: _____

Please put initials in the space provided:

In the event that I experience a minor medical condition, such as headache, stomach ache, menstrual cramps, or other complaints that would not require medical attention, I give permission to be given the following:

_____ Aspirin _____ Tylenol _____ Ibuprofen _____ Benadryl
_____ Maalox _____ Other (please specify) _____

Allergies: _____

Family Physician: _____ Phone #: _____

Physician's Address: _____

Health Problems: _____

Are you currently being treated for a medical condition: _____

Please list any current medications (Prescription or non-prescription): _____

Date of last Tetanus Shot: _____

Insurance Company: _____ Medical and Group # _____

Phone # of Insurance Company: _____

In the event of a medical emergency, please notify:

PRIMARY

BACKUP

Name: _____

Name: _____

Day Phone: _____

Day Phone: _____

Other Phone: _____

Other Phone: _____

Relationship: _____

Relationship: _____

I understand that I am not required to participate in any activities, but I may volunteer to do so, despite any possible risks which may include but are not limited to injuries. I hereby release Community Health Center, its members, board of directors, employees, officers and volunteers, from any and all liability sustained at camp or during the transportation to and from camp or a medical facility. In the event of a medical emergency, I will be financially responsible for any necessary treatment by a physician, hospital, or medical facility selected by the staff as well as financially responsible for any transportation to that facility and I authorize this transportation if necessary.

Signature of Adult Staff

Date

Name: _____

A). _____ Please check here if you have been on Adult Staff before. If you have staffed before, please skip to the "Statement of Commitment" section at the bottom of this page.

List all conferences and whether you staffed or attended.

Camp/Year

Camp/Year

B). Why would you like to be a part of the adult staff?

C). Describe your experience with PANDA and/or similar adolescent peer leadership prevention programs:

D). Have you ever had a background check which included fingerprinting for your job or volunteer work?

___ Yes ___ No

E). Have you ever been convicted of a felony, or any sexual related offense (abuse, molestation, etc.)?

___ Yes ___ No

If yes, please describe: _____

F). Are you willing to make the commitment to the entire event, including staff training.

___ Yes ___ No

Statement of Commitment:

*I understand that as a member of the PANDA Adult Staff I agree to attend the entire PANDA Camp, participate in all scheduled activities including Staff Training and follow all rules deemed necessary for the success of PANDA Camp.

*I also understand that I will be serving as a role model and must adhere to a high standard of conduct. PANDA is an abstinence based organization.

* In addition to your main role you will be expected to help with, but not limited to Community Building, Workshops, Free time, and dance, and arrive on time to family groups.

*You will have to take a shift in the dorms as the cabin monitor.

*I agree to remain tobacco, alcohol and other drug-free during PANDA Camp. I have read the above and agree to follow these expectations. I am **under 21 and adhering to a no-use (including alcohol) lifestyle.** _____ (please initial)

*I hereby release and hold harmless the organizers, agencies, school board/district and agents from any and all losses, claims, expenses, actions, causes of actions, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury to persons or damage to property while participating in this event.

*I have read the above and approve of my participation. Additionally, I give my permission to be photographed/video-taped during PANDA camp. I understand that this photograph/video tape may be used by the organizers of PANDA for promotional purposes, including but not limited to the **PANDA website** _____ (please initial), newspaper articles, publications and other publicity materials.

I attest that I have no personal alcohol or other drug use problem (and if in recovery, I have been in recovery for at least one year), and the **information contained in this form is true and accurate.** _____ (please initial)

Signature of Adult Staff Applicant

Date

PANDA 2017/2018 Workshop Proposal

Name: _____ Co-Presenters: _____

Phone Number: _____ Email: _____

Workshop Title: _____

Check One:

ATODG Specific

Skill Building (i.e. Public Speaking, Leadership)

Personal Growth / Healthy Alternatives (i.e. Clowning, Creative Writing, Healthy Relationships)

Brief Description: (If needed, attach an outline on a separate sheet)

Preferred audience size: 10-20 20-30 30-40 40-50

Are you willing to present this workshop more than once? YES NO

Audio visual materials needed: _____

Room needs / preferred set up: _____

Other Comments: _____

Return this form 3 weeks prior to camp:

Community Health Center

Attn: Zach Miley

725 E. Market St.

Akron, Ohio 44305

Office: 330-315-3705

Cell: 216-509-0286

Fax: 330-315-5230

zachary.miley@commhealthcenter.org or Claire.spada@commhealthcenter.org

Claire Spada

330-315-3761

330-620-3012

Please make copies of this form for additional workshop proposals

Please make special note of this section! Required with your application!

PANDA will conduct a background check for camp staff as part of the application process. Background checks take place at the Community Health Center, 838 Coburn St. Akron, 44311, Monday-Friday, 8-4pm.

Let them know you are a PANDA volunteer and the results go to Lauren Munk, ext. 3761. Any questions contact Jenna Glover 330-315-3729 or Amanda Walker 330-315-3703.

On the next page is the form that you will need to take with your driver's license to get a background check.

EMAIL, MAIL, OR FAX YOUR COMPLETED FORMS AND PHOTO OF YOURSELF (optional) TO:

Community Health Center

Attn: Lauren Munk

725 E. Market St. Akron, OH 44305

PH: (330)315-3761 FAX: (330)315-5230

Email: Lauren.munk@commhealthcenter.org



Addiction • Treatment • Recovery

Screening and Service Authorization

Company: Project Panda (Community Health Center)
702 E. Market St.
Akron OH, 44305
Phone: 330.315.3761

Project Panda, hereby authorizes **Community Health Center** to perform the following services:

(Please check selected service to be performed and reason)

BCI Background Check FBI Background Check BCI/FBI Background Check

The indicated BCI/FBI services above will be for: Reason/Scope of business: 3701.881

*Name: _____ *Date: _____

*Social Security No. _____ *Date of Birth: _____

*Voucher Valid till _____ (Date) _____ (Time)

Reason: Volunteer

Services to be performed at:

Community Health Center
838 Coburn St. Akron, OH 44311 Phone 330.315.3716 Fax: 330.208.2136

Service Hours:

Friday: 8:00 a.m. to 4:00 p.m.

Authorized company representative: _____ Lauren Munk, LSW, OCPS II _____ (Print)

Lauren Munk
_____ (Signature)

**** All employees are required to provide photo identification at time of service. Project Panda, assumes all financial responsibilities indicated on authorization for services rendered****

Things that you should have for Family Group

Deck of cards and/or Uno

Dice

Markers (2 packs of 8)

Pens &/or pencils (for 12)

Balloons

Yarn

Scissors (at least 2 pairs)

Tennis balls (2-4) and other misc. balls or soft objects)

Blindfolds (a yard or 2 of dark fabric from a fabric store makes good ones)

Scrap paper

Dark bed sheet

M&Ms or Dum Dum suckers

Toilet Paper