



Job Description: Mountain Harmony Camp Counselor (Volunteer)

The Volunteer Camp Counselor reports to the Camp Director. She is responsible for monitoring a group of 7-9 female campers, ranging in age from 13 to 24. She will reside with her group in their assigned cabin, be responsible for her group's adherence to Alliance Redwoods Camp guidelines (ex: safety, lights out, cleanliness, and quiet times). She will insure her students follow the Mountain Harmony Camp schedule, are on time for their classes and events, and attend with them. She will be a supportive and encouraging role model for her students, implementing the goals of our camp mission statement and remembering at all times she is a representative of Region 12 and Sweet Adelines International. Camp Counselors will pay their own registration fee of **\$75.00** which includes lodging for 2 nights and 5 meals. All Counselors must agree to supply information for, and pass a background check. The background clearance is good for three years and the cost of the investigation will be paid by Region 12.

Mission Statement: Mountain Harmony Camp is dedicated to forming a safe and supportive environment for every girl to freely explore her voice and expand her creativity while discovering the joy of a cappella singing through high quality education in Babershop style harmony.

Camp Counselors will receive:

Access to all classes and educational materials, 1 hour of free time during Saturday classes, and camp T-shirt.

Name:	Birthdate:
Address:	Driver Lic #:
City, State, Zip:	

Contact #s	
Home phone:	Cell:
Email:	Fax:

Chorus Affiliation/s:	
Choruses you are member of:	Sweet Adeline Membership #:
List chorus offices held:	How many years a Sweet Adeline?
List Regional offices held:	

Employer	<input type="checkbox"/> If retired - check box and list last employer <input type="checkbox"/> If not currently employed – check box and list last employer	
Company Name:	Job Title:	
Address:	Phone:	
City,State,Zip:	Dates employed:	
List your duties:		

Reference #1	Please list one SWEET ADELINE reference we may contact; (not a relative)	
Name:	Relationship to you:	
Address:	City,State,Zip:	
Phone #'s Home: Cell:	Their chorus: How long have they known you?	

Reference #2	Please list one PERSONAL reference we may contact; (not a relative)	
Name:	Relationship to you:	
Address:	City, State, Zip:	
Phone #'s Home: Cell:	How long have they known you?	

Experience:

List any skills or experience you have that may be useful for the position of Camp Counselor:

PLEASE INITIAL TO CONFIRM YOU HAVE READ AND UNDERSTAND THE FOLLOWING GUIDELINES:

- Initial I understand that Alliance Redwoods is a camp setting with varied terrain. I realize I must walk on hilly paths to cabins, restrooms, and meeting rooms. I affirm that I am able to perform the essential duties of this job with only reasonable accommodations.
- Initial I understand I am responsible for the payment of my own Camper’s Registration Fee of \$75.00, and my own transportation costs to and from camp.
- Initial I understand I must be a member in good standing with my chorus affiliations, Region 12, and Sweet Adelines International, to be covered by the International liability insurance umbrella.
- Initial I understand there is no alcohol allowed on the Alliance Redwoods campgrounds.
- Initial I understand smoking is only allowed in the lower parking lot of Alliance Redwoods campgrounds and never within sight of minors.
- Initial I understand that the State of California requires a background check using my personal information, and I hereby authorize the Region 12 Mountain Harmony Camp Director to conduct this search, as well as contact my chorus leadership and/or my references to verify my application. I understand that all information obtained will be held in the strictest confidence. *Note: Returning counselors may use their 2017 or 2018 background check results.*
- Initial I understand the expectations as a staff member are to be an encouraging role model and appropriate representative of Region 12 and Sweet Adelines International at all times.

Emergency Contact

Contact Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Medical Information (will be kept confidential)

Insurance Company:	Group #	Policy #:
Physician Name:	Physician Phone #:	

List any medical conditions and/or medications you have that emergency personnel should know about you: (include important over the counter medications)

List all allergies, including food or drug allergens:

Please circle any special meal requirements you have:
 Gluten Free Vegetarian Vegan Other: _____

Release of Claims

I acknowledge that I am participating in Sweet Adeline International’s, Region 12, Young Women in Harmony Program’s, **Mountain Harmony Camp**, further known as (the Event), **Nov. 15-17, 2019, at Alliance Redwoods Conference Center, Occidental, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

 Print Name

 Participant’s Signature **(required)**

 Date

Photo/Recording Release

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.

 Print Name

 Participant’s Signature **(required)**

 Date

Applicant’s Certification

I certify that the information provided in this application is truthful and accurate,

 Signature

 Date

Circle your T-shirt Size: XLg Child Sm Adult Med Adult Lg Adult XLg Adult 1X 2X 3X

Please return to our Camp Director:

1. This *Application / Registration* form completed and signed – 3 pages
2. The *Disclosure and Authorization to Perform Background Investigation* form -1 pg (this is only needed if you do not have a clear report on file with Region 12 as of 2017 or 2018)
3. The *Alliance Redwood’s Adult Chaperone Disclosure Form and Wailver/Release of Liability* completed and signed – 2 pages
4. **Registration Fee of \$75.00** - pay online or make checks payable to: Pacific Shores Region 12

All forms can be downloaded from our web site: <http://mountainharmonycamp.org>

All forms must be mailed in as we need original signatures

Mail to: Cyndi Sharp
 4125 Modoc Ct.
 Concord, CA 94521

email .pdf to: csharpadeline@gmail.com

Fax to: 925-676-6729

For questions: feel free to email, or call: 925-639-2963