ODD FELLOWS AND REBEKAHS
Pilgrimage for Youth

STAFF 2026 APPLICATION

Application Deadline November 1st

Also Required if Application Selected:

☐ Copy Front and Back of Medical Insurance Card

Current Color Photo

Tee-Shirt Size (Circle One) S M L XL 2XL 3XL

Full Name (First, Middle, Last) _____ Birth Date _____

☐ Male ☐ Female (minimum age – 30)

Address _____ City _____

State/Province/Country _____ Postal Code / Zip Code _____

Phone: Home _____ Cell _____

Email _____ Nickname _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed Children: ☐ Yes ☐ No How Many? ____

Order Affiliation: _____ # of Years _____

Youth Work: Order related: _____

_____

Other Qualifications and Experiences in leading Youth Groups: _____

_____

Other related activities and interests: _____

_____

Present Occupation: _____

Skills that may be helpful in the Program (music, drama, etc.): _____

Other helpful information: _____

Do you smoke? ☐ Yes ☐ No Are you capable of doing a lot of walking and climbing? ☐ Yes ☐ No

Will you cooperate with the leaders of the Program and other adult co-workers? ☐ Yes ☐ No

Will you refrain from the use of alcohol, illegal drugs, tobacco and offensive language/behavior while serving as a staff worker (24 hours/day)? ☐ Yes ☐ No

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Application must be in Program Office by November 1st.

Application approved by Jurisdictional Chair: _____ (signature)

Jurisdiction of: _____ Date: _____

Application Subject to Approval by Pilgrimage for Youth Board of Directors

Application Approved / Denied (circle one) by Board of Directors Date: _____

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PROOF OF INSURANCE

Must have medical insurance and written proof of medical insurance for Out of Country travel.
Two Copies of Front and Back of Medical Insurance Card required.

Name of Health Plan Provider _____
Policy # _____ Insurance Company Phone _____
Policy Holder Name _____ Relationship (if applicable)_____

EMERGENCY CONTACT

Person to notify in case of emergency:

Name: _____
Relationship _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Alternate Emergency Contact:

Name: _____
Relationship _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

PHYSICIAN STATEMENT

** Required if Selected **

Date of Examination _____ Name of Physician (please print) _____
Address: _____ Phone _____

Height _____ Weight _____ Blood Pressure _____
General Health: _____
Previous Sickness Requiring Hospitalization: _____
Operations: _____ Injuries: _____

(*PLEASE PRINT LEGIBLY*)

Medical conditions currently under treatment: _____
Medication(s): Name of Medication(s): _____
Type of Medication(s): (tablet, liquid, capsule or inhaler) _____
Dosage: _____ Time and Frequency: _____
Possible side effects: _____

Mental disorders or convulsions: _____
Any evidence of Rheumatic Fever _____ Diabetes _____ Fainting Spells _____
Allergies: _____

The following physical condition should be noted (if applicable)

Eyes _____ Heart _____
Lungs _____ Neurological _____
Skin _____ Musculoskeletal _____
Other _____
Any Limiting Conditions? _____

I certify that I have examined the Applicant and find her/him to be in good physical condition.

Physician Signature _____ Date _____

MEDICAL WAIVER

The following medications will be in possession of the Applicant *(PLEASE PRINT LEGIBLY)*:

_____

_____

_____

PERSONAL

Do you require special meals for health or religious reasons?

☐ Yes ☐ No If yes, please explain and suggest suitable foods. _____

_____

_____

PRIVACY STATEMENT

The information contained in this form is used by management of the program to select and administer the program. Except in case of medical emergency, information will not be disclosed to third parties. In the case of medical emergency, information may be released to attending medical personnel. Furnishing this information is voluntary, but failure to do so may prohibit participation in the Program.

CONSENT AND RELEASE

I hereby authorize The Independent Order of Odd Fellows Pilgrimage for Youth Inc. to photograph and/or videotape me or contract to do so and to publish or broadcast such photograph(s) or video(s) of me through various media, including the Internet or multimedia products.

I understand and agree that The Independent Order of Odd Fellows Pilgrimage for Youth Inc. or its agents are not responsible for the misuse or alteration of any such photographs and/or videotapes by third parties.

I hereby release The Independent Order of Odd Fellows Pilgrimage for Youth Inc. and any of its officers, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

RULES AND REGULATIONS

The Independent Order of Odd Fellows Pilgrimage for Youth program has been in existence since 1949. During this time, certain rules and regulations have been adopted to ensure the safety and enjoyment of all participants. These rules include, but are not limited to, mandatory curfew, no activities which might cause destruction of property, no alcohol, illegal drugs, tobacco or offensive language/behavior.

It is important that while every consideration will be given, should the Applicant disregard any rules or regulations **he/she will be sent home at their own expense.**

I have read Staff 2026 Application in its entirety and understand if selected a background check will be ordered.

Applicant Signature _____ Date _____

*** ~~Background Check will be ordered if application~~ selected. ***

The Odd Fellows and Rebekahs Pilgrimage for Youth Inc. will not discriminate against any individual on the basis of disability, ethnicity, gender, race, sexual orientation, religion or other social identity from the full and equal enjoyment of its services, unless the individual possesses a direct threat to the health and safety of others, or him/herself, that cannot be eliminated by a modification of policies, practices, or procedures by the provision of auxiliary aids or services, nor exclude any individual because of the individual's association with a person of disability, ethnicity, gender, race, sexual orientation, religion or other social identity.

Odd Fellows and Rebekahs Pilgrimage for Youth, 6223 Six Mile Rd., Danville, WV 25053.

Staff Guidelines - 2026

Individuals must submit a current year Staff Application by November 1st to the Program Office. Each application will be reviewed by the Board of Directors and the Board of Directors will approve or deny said application. Each applicant will be notified of the Board of Directors' decision.

The list of guidelines and responsibilities may appear lengthy, but the responsibility of a large group of high school students can be overwhelming. Parents have entrusted us to keep their children safe, content and informed while participating on this once in a lifetime trip. Therefore, the guidelines and responsibilities are necessary to ensure a successful educational experience for each delegate.

The following attributes are essential for a successful Tour.

Cell Phones – Cell Phones are required for Staff and must be usable in the United States and Canada. You may have to purchase a prepaid phone. Inform the Executive Director of your cell phone number.

Delegate Information – Prior to the start of the tour the Executive Director will inform you of any special needs/medications/medical conditions of delegates, chaperones, or tour leaders.

Membership – Staff must be either Odd Fellow or Rebekah members with a minimum age of 30.

Identification – A valid PASSPORT is required for everyone participating in the program.

Demeanor – Staff are required to conduct themselves in a manner that is always worthy of respect.

Discipline –Maintaining a sincere and friendly relationship between other leaders, delegates and staff members is a necessity. This is a non-smoking, drug and alcohol-free tour. Anyone unwilling to cooperate in the entire program and/or refusal to follow the rules will be sent home immediately at their expense.

Financial – the Program will pay for the staff hotel room, transportation to and from the arrival and departing city of the Tour. Transportation fee to and from arrival and departure city of tour shall be arranged in conjunction with the Program Executive Director.

Knowledge – A good understanding of the tour and itinerary is helpful.

Physical – The Tour requires that staff be able to withstand long hours of supervising young people while maintaining a cheerful attitude. At times there may be insufficient sleep due to the responsibilities. Staff must be in good physical condition and healthy. There are days when you may walk long distances.

Performance –One of the primary duties is to see that all delegates, chaperones, tour leaders, and volunteers conduct themselves in an orderly manner at all times. Arrange for the pickup and drop off of delegates at the airport and the arrival and departure of drive in delegates.

Skill – Staff must maintain a high level of skill in the proper completion of arrangements made by the Executive Director. This includes lodging, meals and accurate record keeping of all expenditures and with a prompt report sent to the Executive Director upon the completion of the Tour.

Room Checks – It will be mandatory that Tour Leaders and Staff make nightly bed checks, even if you awaken sleeping delegates. Never allow mixed gender in a hotel room. Delegates may not swap rooms.

Communication – Communication between staff, volunteers and tour leaders is a must. Your cell phone number should be given to the volunteers, tour leader and bus driver.

Money – The Executive Director will issue you a check to pay for any non-prepaid meals or transportation costs.

- How do I carry this much money?
  - The hotels may have a safe – use the safe. Otherwise carry the funds on your person or obtain and use a prepaid credit card. Ask if you can pay one lump sum at a restaurant or places you may need to pay for.

- If the tour buses must pay a fee at the airport, arrange payment with the bus driver.
- Make sure delegates flying home at the end of the Tour have personal funds to purchase a snack at the airport, if not, provide $10.00 and note this expenditure on your expense report.

Lodging and Meals – All lodging has been pre-arranged and pre-paid by the Executive Director. If any problem arises with any arrangements, contact the Executive Director immediately. Keep a copy of the bill from the hotel or meal and turn in at the end of the tour.

Program Staff –Monitoring delegate safety and rule compliance is of utmost importance. Any concerns should be addressed to the Executive Director.

Laundry – If delegates need to do some laundry, one person from each room could do laundry for the whole room using washers and dryers at the hotel if this is okay with the hotel. You should not allow more people washing than washers available. Remember everyone pays for their own laundry, not from program expenses.

Medical Situations – If a medical situation occurs, take care of the situation first. When able; call the Executive Director to inform of the situation. Keep notes of what occurred and how resolved, turn in notes with end of tour report. You and the Executive Director will discuss the best way to handle the situation and contact of the parents/guardians. At no time may you dispense medication.

Report after Tour is Over – Staff are required to provide a written report after the tour is over. Critique the tour, your experience will provide vital information that may be used for future tours. An Expense Report accounting for all expenditures of funds with any balance remaining is required and is returned to the Program Office. Keep all original receipts in the folder provided in the 3-ring binder to return with your accounting. All these items shall be returned to the Program Office within 10 days at the end of the trip. (3-ring Binder, Expense Report, Remaining Funds, Receipts, Written Report)

Remember: this is an educational experience, not a vacation or a shopping excursion for either Tour Leaders or Delegates.

The important job you do is appreciated by the Board of Directors and the Executive Director of the Pilgrimage. Thank you.

Executive Director
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