

Summer Day Camp Staff Form Part B - Volunteer

Both Volunteer & Parent (if under 18) must initial each and every item) if applicable to your camp

IT IS OUR MUTUAL UNDERSTANDING THAT:

1. _____/_____ **For summer resident camp volunteer** - you will be expected to wear complete, official, Scout Summer uniform and cap, with no non-Scout clothing added. We recommend two complete summer uniforms. Camp will provide one "Class B" shirt. Failure to wear proper attire may result in disciplinary action, up to and including dismissal.
2. _____/_____ **For day camp volunteer**, the day camp class B t-shirt is required.
3. _____/_____ Your conduct while as a staff member must be exemplary, both on and off duty. As a staff member you must bring only positive reflection on your actions. Failure to abide by these principles will be grounds for immediate dismissal. Additionally, your Youth Protection, Weather Hazards and Unlawful Harassment Prevention trainings be current
4. _____/_____ **For summer resident camp volunteer** - those 18 and over (**only**), wishing to bring a car to a Minsi Trails Council owned property, must secure advance approval from your Camp Director. Any volunteer who brings a car to Camp must have a minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director. **Only drivers 21 and older may take staff passengers off camp property.** Volunteers further agree to follow all requirements of the Driver License and Vehicle Information attached hereto.
5. _____/_____ The Camp is not responsible for personal items brought to Camp. There is no insurance coverage, provided by Minsi Trails Council, for personal items, for theft, fire, or other risk. In order to safeguard the Camp and its volunteers, and to help prevent the possession, use, and sale of illegal controlled substances on the Camp's premises, the Camp reserves the right to inspect any package, parcel, purse, handbag, lunch box, or any other possession or article carried to and or from the Camp's property. In addition, the Camp reserves the right to search any volunteer's office, desk, files, locker, tool box, vehicles, or any other area or article on the Camp owned and/or rented premises or brought to the Camp's property. Said inspections may be conducted by the Camp at any time at its sole discretion.
6. _____/_____ **For summer resident camp volunteer** - Staff members' living quarters will be designated by the Camp Director. You are required to keep your quarters neat and clean at all times. Bedtime or "taps" will be assigned by your Camp Director and you must be in your assigned area/living quarters at this time. This must be honored by all staff members.
7. _____/_____ An additional **mandatory requirement** for volunteer staff is a completed BSA Annual Health and Medical Form, (resident camp staff Part A, B, C completed) - signed by a physician, (day camp staff Part A, B completed) and your parents signature if you are under 18. You must use the current BSA Annual Health and Medical, which may be obtained at scouting.org. Also, by completing the BSA Annual Health and Medical Form, you agree to the informed consent, release agreement and authorization.
8. _____/_____ While you are on camp property accidents must be reported to the Camp Health Officer **immediately**. As a camp staff volunteer you are not covered under workman's compensation. You are eligible for coverage under the BSA Council Accident & Sickness Insurance Plan. Coverage is Excess of All Other Insurance or Healthcare plans in Force. This policy is excess to any and all other available source of medical insurance or other healthcare benefits. You must file your bills through your primary/personal insurance carrier or healthcare plan prior to this policy responding. When your primary insurance company or healthcare plan processes the charges, they will send you an Explanation of Benefits, or "EOB." Please submit copies of their Explanation of Benefits along with your claim to Health Special Risk, Inc. In the event you have no other primary insurance or healthcare plan, this policy will pay as primary subject to the plan limits and terms. If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at boyscouts@hsri.com. You may also forward any documents by fax to (972) 512-5820. Health Special Risk, Inc. 4100 Medical Parkway Carrollton, TX 75007

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My or my family's Health Insurance Company is _____

Policy/Certificate # _____

9. _____/_____ You will, assist the entire staff in forwarding the program and the objectives of the Boy Scouts of America and Minsi Trails Council. Your primary volunteer position is listed on the Summer Camp Staff Form Part – A. You may however be assigned other duties or be re-assigned to another position at the discretion of the Camp Director.
10. _____/_____ Volunteers will be subject to discipline for failure to adequately perform work duties and/or for violation of any of the Camp's policies or procedures. Such discipline may be in the form of verbal warning, written warning, suspension, or immediate dismissal. The determination of appropriate disciplinary action shall be in the sole discretion of the Camp based upon the facts and circumstances of each infraction. Examples of infractions that may result in disciplinary action include, but are not limited to, the following: A) Use of alcohol by anyone in camp; B) Use of illegal drugs at any time; C) Abuse of over-the-counter drugs; D) Striking a camper, another staff person, or adult leader for any reason, even if you feel justified; E) Continued use of foul or abusive language; F) Lack of attention to job responsibilities or refusing to perform work as directed; G) Falsification of documents and/or records, such as volunteer applications, personnel documents or time-keeping records; H) Unsatisfactory performance of job duties; I) Insubordination or other disrespectful conduct; or J) harassment or other unlawful or unwelcomed conduct. This list is not comprehensive or all-inclusive and does not limit, in any way, the Camp's right to terminate at any time, with or without cause.
11. _____/_____ I understand and will follow the guidelines and policies of the Boy Scout of America. These include Youth Protection Guidelines, Weather Hazards training, and Unlawful Harassment Prevention training.

This section to be completed only if:

12. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Pennsylvania State Police Criminal History** clearance to Minsi Trails Council.
13. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Human Services Child Abuse** Clearance to Minsi Trails Council.
14. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **FBI Fingerprint based Federal Criminal** clearance to Minsi Trails Council.
OR
15. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Minsi Trails Council Disclosure Statement for Volunteers** in lieu of the FBI fingerprint based Federal Criminal History to Minsi Trails Council.
16. _____/_____ I understand my volunteer position is contingent upon submitted verification of above clearances.