



Camp Kateri Tekakwitha

SKY Camp 2017 Camp Counselor Application

For Office Use only	
Rec.	_____
Pt.	_____
#	_____
BC	<input type="checkbox"/> _____

Volunteer Name _____

Main Phone _____ **Alternate Phone** _____

Gender: F M **Date of Birth** _____ **Age** _____ **Current Grade** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Parish** _____

Parents Name _____ **Parents Email** _____

T-Shirt (Adult Sizes): ___Small ___Medium ___Large ___XLarge ___XXLarge

How many camps have you participated in? _____ **CPR Certified:** Yes No

What position(s) are you interested in this year? ___ Counselor ___ Kitchen & Program Help

Do you play an instrument? Yes No If yes, what instrument? _____

Please list any of the following that pertain to you:

Allergies _____ Special Needs _____

Special diet _____ Medications _____

Emergency contact information:

Name _____ Relationship _____ Main Phone _____

Please number ALL camps that you are available to work IN ORDER OF PREFERENCE:			
Camps for incoming 5th - 7th Graders		Camps for incoming 8th & 9th Graders	
Required	Counselor Training: May 25-26 (Thurs-Fri)		Session 4 (SKY Teens): June 7-10 (Wed-Sat)
	Session 1: May 30-June 1 (Tues-Thurs)		Session 6 (SKY Teens): June 14-17 (Wed-Sat)
	Session 2: June 1-3 (Thurs- Sat)		Session 8 (SKY Teens): June 21-24 (Wed-Sat)
	Session 3: June 4-6 (Sun- Tue)		Please indicate if there is a friend you would like to volunteer with at a camp session: Friend: _____
	Session 5: June 11-13 (Sun-Tues)		
	Session 7: June 18-20 (Sun-Tues)		

Medical Permission and Release

In case of medical emergency, I understand that every effort will be made to contact the emergency contact given above. In the event that the individual cannot be reached, I hereby give my permission to the personnel selected by the Catholic Summer camp for Youth staff to secure proper treatment for me. I further understand and agree that SKY camp personnel, the Diocese of Lincoln, their agents and assigns are not responsible for thefts, losses or physical harms to staff members. I expressly agree to indemnify and hold harmless SKY camp personnel, the Diocese of Lincoln, their agents and assigns for any of the foregoing. I understand and agree to SKY Camp personnel reserving the right to end the stay at camp for anyone.

Parent Signature _____ Date _____

Health Insurance Co. _____ Policy Number _____

---OVER---

SKY Camp 2017

Counselor Information

What is SKY Camp?

SKY Camp is a residential summer camp for Catholic children living in Nebraska. Children will experience traditional activities (archery, teambuilding and campfires), and grow in faith through Mass, Reconciliation, prayer and adventure catechesis (teambuilding). The program is for children entering grades 5-9 in the upcoming year. SKY Camp and Leadership Camp (a boys camp for 6-9th grade) are programs of Camp Kateri.

How old do I have to be?

Counselors must be entering 10th-12th grades, or a recent graduate. In order to work as a counselor in a SKY Teens Camp (Session 4, 6 or 8), you must be entering at least 11th grade, or a recent high school graduate.

What is the cost of participate in the program?

The cost is \$30. It covers room and board for the volunteer, as well as the T-shirt. We do provide volunteer service hours (see below). Please make checks payable to Camp Kateri.

What sort of training will I receive?

Counselor training is **Thursday, May 25th 2017 (2 pm) through Friday, May 26th (4 pm) at Camp Kateri.** **ALL Counselors are required to attend the whole training.** There are no exceptions. At the training, we will cover the schedule, emergency procedures, how to work with kids and small groups. In addition, you will meet the volunteers and staff working on your camp. It is important that all volunteers are properly trained, to ensure our campers receive a consistent, safe and fun experience.

When will I receive my assignment?

Applications need to be returned to the Camp Kateri office by **April 1st**.

Counselors accepted into the program will receive their assignment by April 28. We will do the best we can to honor all requests, but it's mathematically impossible to give everyone exactly the camp they wanted. If you need to switch to a different camp, or are unable to attend, please call Russell Koos at 402-724-2596.

Can I receive volunteer service hours for this experience?

High School volunteers can receive 48 hours for the 3-day camp and 72 hours for the 4-day camp. Please bring your service hour form with you to camp, during your volunteer experience.

Who do I contact for questions regarding the program?

Russell Koos is the Executive Director of Camp Kateri. For questions, please call him at 402-724-2596 or email him at CampKateriT@gmail.com.

APPLICATIONS DUE BY APRIL 1, 2017

Please send \$30 (payable to Camp Kateri) with this application to:

Camp Kateri Tekakwitha, 1305 Road 3, PO Box 127, McCool Junction, NE 68401

Camp assignment(s) will be emailed to you on April 28th. Please be patient while we arrange these assignments.