

# Ukrainian Orthodox Church of the USA

## Consistory Office of Youth & Young Adult Ministry

Natalie Kapeluck Nixon– Director

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### Ukrainian Orthodox Church Camping Programs (UOCCP)

*Go Forth and Make Disciples of All Nations (Matt 28:15) - 2010 Theme*

Dear Reverend Fathers, Brothers and Sister in Christ,

Glory to Jesus Christ! Glory Forever!

The Ukrainian Orthodox Church of the USA sponsors a full camping experience for the youth of the church. We hope that you may be interested in mentoring these youth!

The dates for the 2009 camping season, are:

- Diocesan Church School Camp June 27 – July 10 for children ages 9 - 13
- Teenage Conference July 11 – 24 for teenagers ages 13 - 18
- Mommy & Me/Daddy & Me Camp August 2 – 6 for children ages 4-8 and their parents

There are many ways to spend your summer. A good reason to volunteer is that when we trust God enough to give up a relaxing summer or higher paying jobs to serve Him, doing His work, working hard as a camp counselor, He will honor that effort with more blessings than we could ever imagine.

Sometimes we only view service to others as working at a soup kitchen or making visits to the nursing home. These and many other examples are true and honorable ways to honor our Lord's call to "do unto others". But it can be just as important to become a mentor, a friend, an event coordinator, a teacher to serve the youth of our church.

There are very few places to which youth can retreat and *just be*, with no expectations other than to live and learn about their faith in love and safety. We provide that place with these camping programs. If you are alumni of these programs you realize just how important they can be in your life. You can help to make them the best programs by bringing your talents to these young people.

We are pleased to announce that the UOCCP will now be offering two options for those interested in the Counselor In Training Program for Teenage Conference. Please read page four of the application for details.

We have included a brochure about our programs to help you further determine if you will be able to participate. You may also learn more about our programs by viewing our website at [www.uocyouth.org](http://www.uocyouth.org).

To request an application be sent to you may download one at [www.uocyouth.org](http://www.uocyouth.org) or receive one in the mail by contacting Office of Youth & Young Adult Ministry at: 412-279-1076 or [uocyouth@aol.com](mailto:uocyouth@aol.com)

Applications are due May 15, 2010 and positions are open for one week, multiple week, or part-time durations.

We look forward to seeing you this summer!  
In Him,

Natalie Kapeluck Nixon  
Director

# Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)



## STAFF APPLICATION

Please check the box for the week and position for the proper encampment (s) for which you are applying. To apply for cabin staff, you must be an Orthodox Christian. **Application postmarked by May 15, 2010.**

**Please send all applications to:**  
**Office of Youth & Young Adult Ministry**  
**PO Box 869 - Carnegie, PA - 15106**  
**uocyouth@aol.com**

<p style="text-align: center;"><b>Diocesan Church School Camp 2010</b></p> <p><input type="checkbox"/> Week One June 27th - July 4th</p> <p><input type="checkbox"/> Week Two July 4th - 10th</p> <p><input type="checkbox"/> Both Weeks June 27th - July 10th</p> <p><b>I am applying for the following position:</b></p> <p><input type="checkbox"/> Staff age 18 + For Staff 18+ please see page 3 to indicate the type of staff for which you are applying</p> <p><input type="checkbox"/> Staff Aid age 16 +</p> <p><input type="checkbox"/> Medical Staff</p>	<p style="text-align: center;"><b>Teenage Conference 2010</b></p> <p><input type="checkbox"/> Week One July 11th - 18th</p> <p><input type="checkbox"/> Week Two July 18th - 24th</p> <p><input type="checkbox"/> Both Weeks July 11th - 24th</p> <p><b>I am applying for the following position:</b></p> <p><input type="checkbox"/> Staff age 21 + For Staff 21+ please see page 3 to indicate the type of staff for which you are applying</p> <p><input type="checkbox"/> CIT Training age 19-20<small>(please see page 4)</small></p> <p><input type="checkbox"/> Medical Staff</p>	<p style="text-align: center;"><b>Mommy &amp; Me/Daddy &amp; Me 2010</b></p> <p><input type="checkbox"/> One Week August 2nd - 6th</p> <p><b>I am applying for the following position:</b></p> <p><input type="checkbox"/> Staff age 16 +</p> <p><input type="checkbox"/> Staff Aid age 14+</p> <p><input type="checkbox"/> Medical Staff</p>
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**PLEASE PRINT**

Name \_\_\_\_\_

Parent/Guardian Name (If under 18) \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male / Female (Please circle)

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parish Affiliation and Jurisdiction \_\_\_\_\_

Priest \_\_\_\_\_ Priest Phone \_\_\_\_\_

Parish Address/City/State \_\_\_\_\_

How long have you know this person? \_\_\_\_\_

Signature of Priest: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

*Note to Priest: By signing for the applicant you are confirming that he/she is a solid candidate for being a counselor for children and/or teenagers, they are Orthodox Christians that will conduct themselves in a manner honoring their beliefs and are good role models of their faith and that you know of no reason for him/her to not partake in these camping programs. You may be contacted for a verbal reference for the applicant.*

**Comments:** \_\_\_\_\_

# UOCCP STATEMENT OF HEALTH - STAFF

Name \_\_\_\_\_

The completion of this form eliminates the necessity of a physician's examination. The physical conditions of all campers and staff will be screened by the Camp Physician/Nurse during registration upon arrival at the encampment. **All information is confidential.**

**Health History** (List approximate dates and current conditions & include separate sheet if necessary)

Diabetes: \_\_\_\_\_ Asthma: \_\_\_\_\_

Ear Infections: \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Diseases or Chronic Illnesses: \_\_\_\_\_

Physically Challenged (sever vision problems, hearing loss, etc.) \_\_\_\_\_

Mental Health Status/Medication: \_\_\_\_\_

**Allergies**

<u>Yes</u>	<u>No</u>	<u>Outdoor</u>		<u>Yes</u>	<u>No</u>	<u>Medications</u>		<u>Foods (please list)</u>
___	___	Poison Ivy		___	___	Aspirin		
___	___	Insects		___	___	Ibuprofen		
___	___	Bees		___	___	Penicillin		
___	___	Hay Fever		___	___	Latex		
				Other		_____		

For applicants under 18 years of age:

I give permission for the attending Nurse to administer the following (Parent/Guardian Please Initial) \_\_\_\_\_

Pain Relief Medicine (Aspirin, Ibuprofen)                      Cold Medicine                      Cough Medicines

Doctor Prescribed medications (please list dosage and schedule on separate piece of paper)

Underage staff may not keep personal medications in the cabin area.

**Immunization Record** (give most recent dates)

IPV or OPV: \_\_\_\_\_ DTP/DTPa series: \_\_\_\_\_

MMR: \_\_\_\_\_ Varicella: \_\_\_\_\_

HiB: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

Other: \_\_\_\_\_

Are you currently infected with any known communicable diseases?    Yes            No

Please list current status of condition:

Medication needed while at camp: \_\_\_\_\_

Dosage and precautions: \_\_\_\_\_

To help us take care of any special concerns you may also send an additional sealed letter for the medical staff only.

**INSURANCE INFORMATION**

Name of Insurance Company: \_\_\_\_\_

Issued under the name: \_\_\_\_\_ Group Policy Number \_\_\_\_\_

Policy Number/s: \_\_\_\_\_ Date of Policy \_\_\_\_\_

Social Security Number or Passport ID # if not a US Resident:

Name of person/s to be contacted in the event of an emergency:

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

This health record is correct to the best of my knowledge. Therefore, I am able to engage in all camp activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the camp administration to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for myself. I will assume all financial responsibilities if hospitalization and/or medical treatment is required during the encampment.

Signature (of parent if under the age of 18) \_\_\_\_\_ Date \_\_\_\_\_

**Please check the area of interest or talents you feel may be best utilized by you are on staff at the encampment. You will be notified prior to the encampment as to what is your final assignment may be.**

**General Interest**

- Direct/Teach Liturgical Music, Conduct Choir for services (working with Spiritual Father)
- Ukrainian Dancing Instruction for Ukrainian Night
- Canteen - set up nightly, collect money
- Artistic ability for culture or craft projects
- Nature Hikes- lead group on nature trails
- Encampment Photographer

**Mommy & Me/Daddy & Me Only**

- Religious Education Instruction
- Coordination of parent/child sports
- Coordination of Evening Events
- Direct/teach music and/or dancing
- Craft Teaching Skills
- Campfire building, songs, etc.

**Teenage Conference Only**

- Ukie Night Performance – organization
- Social Dance – planning, prizes, decorations
- Campfire – building, songs, etc.
- Unplugged@Amphitheater Night
- Weekend Contest Events
- Ukie Olympics –team organization, recording statistic

**Diocesan Church Camp Only**

- Religious Education Instruction
- Sporting Event – organization
- Evening Events – execution, coordination
- Campfire – building, songs etc..
- Compilation of Encampment Booklet
- Craft Skills
- Ukrainian Culture Knowledge
- 4th of July Celebration

**All Camps**

- List additional special interests or talents:

For Teenage Conference and Diocesan Church School Camp Applicants:

If applying for staff over the age of 18, please check the staff position for which you are applying.

Please note that you may be asked to take on additional responsibilities other than that for which you have applied

Mark choices 1-3, with one being your first choice:

- General Staff Assistance
- Cabin Counselor     Events Coordinator     Crafts/Projects Coordinator     Ukrainian Culture Coordinator

Please circle:

- |  |     |    |
|--|-----|----|
| Are you an Orthodox Christian?   | yes | no |
| Are you qualified to administer First Aid?                               | yes | no |
| Are you qualified to administer CPR?                                     | yes | no |
| Are you a qualified and currently licensed pool lifeguard?               | yes | no |
| Are you a qualified and currently licensed riverfront lifeguard?         | yes | no |
| Are you able to become First Aid or CPR certified before camp begins?    | yes | no |
| Are you able to obtain a pool lifeguard license prior to the encampment? | yes | no |

Please check those that apply to your current or past work within the church:

- Church School Teacher or aid
- Youth Minister or Youth Ministry Team
- Jr UOL Advisor
- UOL Member
- Church Choir
- Parish Council
- Ladies/Men’s Organization
- Altar Server

Please indicate any other involvement in parish life:

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**Do you agree to be available for a staff meeting either prior to the encampment by phone or the day prior to the start of the encampment?** (please circle) yes no

(You will be notified by the proper camp director as to when the meeting will take place.)

Do you agree to completely read the newest Counselor Handbook before arrival?    yes    no

Do you agree to complete the online staff training before arrival?    yes    no

# SPECIAL APPLICATION REQUIREMENTS

## Diocesan Church School Camp

**Staff 18 +** - A brief statement as to why you would like to participate in the encampment and what you feel you can bring to the encampment should be returned with your application.

**Staff Aids 16 +** - Counselor Aids will not have any supervisory responsibilities; they will assist the counselors in set up and running of activities. Only four counselor aids will be chosen. Applicants must be registered for at least one week of Teenage Conference. Preference will be given to applicants that are registered for two weeks of TC. The applicant must complete a one-page essay including: 1. Why they would like to participate in the program, 2. How they could contribute to the program and 3. Any prior volunteer/salaried work with young children. The applicant should also provide the names and phone numbers of two references. There are only four positions available.

## Mommy & Me/Daddy & Me

**Staff 18+** - Please provide any special talents you have in working with children 8 and under.

**Big Brother/Big Sister Staff 14+** - BB/BS will work with the children; they will assist the staff in set up and running of activities. Applicants must be registered for at least one week of Teenage Conference. Preference will be given to applicants registered for two weeks of TC. The applicant must complete a one page essay including: 1. Why they would like to participate in the program, 2. How they could contribute to the program and 3. Any prior volunteer/salaried work with young children. The applicant should also provide the names and phone numbers of two references.

## Teenage Conference—CIT Program 19-20

**Option 1—Cabin Counselor Training** -For those interested in working directly with the children of our diocese, the program will consist of one or both weeks as a cabin counselor at Diocesan Church School Camp. In this program, the CIT will receive hands on training through interaction with the campers, seasoned counselors and administrative staff. CITs will gain experience in organizing and carrying out activities, leading groups of children, and generally serving the needs of the youth of our Diocese. They will also receive additional training as to how their new knowledge can be applied to working with teenagers for the eventual transition to TC.

**Option 2 - Program/Administrative Training** - For those interested in the administrative aspects of an encampment, the program will consist of one to two weeks as a staff assistant at Teenage Conference. In this program, the CIT will receive hands on training through a partnership with the encampment director. This role within the encampment staff plays a vital role in allowing the cabin staff to focus on the needs of their campers. CITs will focus on the "behind the scenes" needs of the encampment such as setting up activities, preparing materials for future activities and generally helping to ensure a smooth running encampment. Please note that CITs in this position will not be directly responsible for any campers at any time.

If you have any questions about which program is right for you, please contact the TC Director at 412-279-1076

## ALL ENCAMPMENTS-

**Due to recent events in society and youth worker regulations**, staff (regardless of age) is required to have a Police Record Background Check. The cost for the check will be covered by the UOCCP. If you already have state police or child abuse clearance, please forward a copy of that clearance with this application. The results of this check are completely confidential and will only be known to the Director of the Office of Youth Ministry of the Ukrainian Orthodox Church of the USA. You only have to have the clearance check done once every three years. If you live in the State of Minnesota you must sign this section of the form in front of a notary. If you live in the states of NY, NJ, MD or OH we must go through a finger printing procedure that can only be initiated by the applicant. Please call the OYM office as soon as you know you will be attending as a counselor so that we may begin the proper steps.

I fully understand the positions of counselor, counselor/staff aid, staff or counselor in training are voluntary and not paid positions of the church. I hereby request the requested State Police Department or Law Enforcement Agency to release any information which pertains to any record of criminal convictions or criminal investigations involving me contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department or Law Enforcement Agency from any and all liability resulting from such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_ Place of Birth \_\_\_\_\_

List all aliases \_\_\_\_\_ Drivers License Number and State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Notary \_\_\_\_\_

Parent Signature if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

Please list your addresses in the past five years:

- 1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** (Please complete for prior TEN years of employment , please add additional sheets if needed)

**Current Employer:** \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Immediate supervisor name: \_\_\_\_\_  
 Immediate supervisor phone number: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Employment Dates: from to: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Immediate supervisor name: \_\_\_\_\_  
 Immediate supervisor phone number: \_\_\_\_\_  
 Position held: \_\_\_\_\_  
 Dates of employment: from to: \_\_\_\_\_  
 Reason for leaving position: \_\_\_\_\_  
 \_\_\_\_\_

**VOLUNTEER EXPERIENCE**  
 Include all experience working with children or youth.  
 Organization: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Dates: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

**VOLUNTEER EXPERIENCE**  
 Include all experience working with children or youth.  
 Organization: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Dates: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? [ ] Yes [ ] No  
 If yes, please explain below

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**Acknowledgement, Release and Signature**

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a volunteer position or for my discharge if I have already been chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my volunteering. I also authorize Ukrainian Orthodox Church of the USA to request and receive such information.

If chosen, I agree to be bound by the Ukrainian Orthodox Church Camping Programs (UOCCP) policies and procedures. I understand that these may be changed, withdrawn, added to or interpreted at any time at the UOCCP's sole discretion and without prior notice to me. I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of UOCCP or myself.

Nothing contained in this application or in any pre-volunteering communication is intended to or creates a contract between myself and UOCCP for either employment, volunteering or the providing of any benefit.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.**

Signature of Applicant: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Signature of Parent if under the age of 18: \_\_\_\_\_

Signature Date: \_\_\_\_\_

(Acknowledgment that you have read and understand your child's responsibility)

**Waiver of Liability**

I am volunteering to take part as staff for the Ukrainian Orthodox Church Camping Programs sponsored by the Ukrainian Orthodox Church of the USA. I hereby agree to hold harmless and release any of the Ukrainian Orthodox Church of the USA Camping Programs, their individual committees and staffs (Teenage Conference, Diocesan Church School Camp, Mommy & Me/Daddy & Me), the Ukrainian Orthodox Church, The Ukrainian Orthodox Consistory, the All Saints Camp, and the All Saints Camp Committee from the responsibility of any accident or mishap which may occur during the week of the encampment and assume the risk for any injuries that may I may sustain in the pursuit of the above activities or during any transportation needed for myself. I further agree to indemnify, protect, save and hold harmless the employees, volunteers, agents, officers successors and/or assigns of the Ukrainian Orthodox Church of the USA Camping Programs, their individual committees (Teenage Conference, Diocesan church School Camp, Mommy & Me/Daddy & Me), Ukrainian Orthodox Church, Ukrainian Orthodox Church Consistory, the All Saints Camp, the All Saints Camp Committee from any and all losses, damages, or injuries which might occur as a result of activities held during the week of the encampment.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Parent or Guardian if under age of 18 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_