



# Camp St. George Strawberry Point, Iowa



*A Camp of the Antiochian Orthodox Christian Archdiocese of North America  
Metropolitan JOSEPH, Primate, Bishop ANTHONY, Diocesan Auxiliary*

## STAFF/COUNSELOR APPLICATION INSTRUCTIONS (Applications DUE April 21<sup>st</sup>)

- Purpose:** All members of the Camp Staff are responsible for carrying out the Mission of Camp St. George, which is to present to campers a living experience of the Holy Orthodox Faith. Staff members must be witnesses of the Christian life and model for the campers, faithfulness to the liturgical, sacramental, and ascetical life of the Church. Staff members must have as their first priority care and concern for all the children of Camp St. George.
- Duties:** As a **Counselor**, your assigned duties will include, but are not limited to:
- Assignment and lodging in a cabin of 10-12 campers with one other Counselor. This includes all assigned aspects of the campers' day including: prayer, worship, cabin clean-up, meal times, daily activities, cabin time, getting ready for bed, as well as other aspects specified by the Camp Director.
  - Assignment to help with activities available to campers during Morning, Afternoon & Evening Program.
  - All duties specific to your position, as given by the Camp Director or Assistant Camp Director.
  - Working in close proximity with others and being able to take direction at all times.
- As a **Staff Member**, you will perform any and all duties specific to your position, as given by the Camp Director or Assistant Camp Director.
- Age:** Camp Staff must be at least 18 years of age.
- Duration:** Camp Staff is expected to attend the training session two days prior to camp (arriving Friday afternoon) and is expected to serve the entire week of camp.
- Medical:** Applicants who are accepted will need to have the Health History & Examination Form completed **prior** to camp. For the sake of general camp safety and the medical staff, a complete medical history must be included as part of your application. Undisclosed conditions, especially those affecting performance of duties, may result in dismissal. It is especially important to disclose any prescribed medications that may impair performance. **If you have not had a physical within 24 months of camp, please schedule an appointment with your doctor; however, you may wish to wait until you find out if you have been accepted as staff before having the actual physical.**
- References:** Two reference forms are included, one to be completed by your **parish priest** and one to be completed by a **non-relative** (employer, teacher, coach, etc.). It is your responsibility to make sure that the completed reference forms are mailed **no later than April 21<sup>st</sup>** to:

**V. Rev. Fred Shaheen  
3650 Cottage Grove Ave. SE  
Cedar Rapids, IA 52403.**

- Application:** All application forms (with the exception of the two reference forms) should be mailed to: **Camp St. George, P.O. Box 620501, Middleton, WI 53562**. A completed application (**DUE April 21<sup>st</sup>**) will include the following:
- A completed and signed Application Form, **including essay IF you are a first-time applicant**. *Applicants who have served at Camp St. George within the past two years do not need to write an essay.*
  - Photocopies of any relevant certifications (CPR, Life guarding, etc.)
  - Reference forms completed by your parish priest and one non-relative (these are to be sent to **V. Rev. Fred Shaheen 3650 Cottage Grove Ave. SE, Cedar Rapids, IA 52403**)
  - Health History & Examination Form (Doctor supplied examination form is acceptable.)
  - Signed Sexual Misconduct Form
  - Signed On-Line Social Networking and Blogging Web Site Policy Form
  - Signed and completed Authorization for Background Check



**POSITION**

Please indicate the position for which you are applying. You may indicate more than one position if desired, in order of preference (e.g., 1 = first choice, 2 = second choice):

\_\_\_ Cabin Counselor                      \_\_\_ Program Director: \_\_\_\_\_

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

**CERTIFICATIONS**

**List any current Certifications:** (RN, MD, Lifeguard, First Aid, CPR, Ropes Course, etc.) Attach copies, including expiration dates. Camp St. George staff members are strongly encouraged to certify in CPR and First Aid.

\_\_\_\_\_  
\_\_\_\_\_

**List any teaching or youth ministry experience:** \_\_\_\_\_

\_\_\_\_\_

**Restrictions:** Are there any reasons you may have difficulty in performing any of the duties of camp counselor or of the position for which you are applying?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of any misdemeanor or felony? (*Do not include traffic infractions*)    \_\_\_ Yes    \_\_\_ No

If yes, please give dates, country, state, county and sentence information:

\_\_\_\_\_

**ESSAY & INTERVIEW**

On a separate sheet of paper, please type a short essay which includes:

A brief biographical sketch including your life in the Church, your relationship with your priest and your prayer life

Your experience in caring for children

Why you are interested in serving at Camp St. George

The Camp Director or Assistant Camp Director will call you to conduct a telephone interview as part of the application process.

When is the best time to call? \_\_\_\_\_

**AGREEMENT**

I attest that all of the above information is true. I have read all the application materials and agree to all of its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Non-discriminatory notice: Camp St. George does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or handicap.*



**Part 2: Narrative Report**

1. Describe the applicant's attendance at Liturgical services. **Circle one.**  
Weekly                      Monthly                      Attends irregularly                      Never attends

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

2. Describe the applicant's participation in the Sacraments (Confession and Communion). **Circle one.**  
Regular                      Infrequent                      Almost never                      Never

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

3. In which parish organization(s) is the applicant active? (**circle as many as apply**):

Youth group   OCF   Choir   Altar Server   Church School Teacher   Other: \_\_\_\_\_

4. Please comment on the applicant's Christian education:  
\_\_\_ Currently attends Church School   \_\_\_ Graduated from Church School   \_\_\_ Rarely attended

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

5. In what ways do you think the applicant would benefit from a position at Camp St. George?

\_\_\_\_\_  
\_\_\_\_\_

6. How capable is the applicant of inspiring youth in the spiritual objectives of the camp? Does he/she have the ability to lead cabin prayer time?

\_\_\_\_\_  
\_\_\_\_\_

7. To your knowledge, does the applicant have any tendency toward child or sexual abuse? \_\_\_ Yes \_\_\_ No

8. Would you wholeheartedly recommend this applicant for a position at Camp St. George? \_\_\_ Yes \_\_\_ No

9. Please make any additional comments you think might be helpful to us in determining whether this applicant has the qualifications to be a moral, Christian model for youth and to assume responsibility over young people in a camp setting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all statements made or indicated on this Reference Form are true and represent my honest appraisal of the qualifications of the applicant.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Reference Writer                      Date

If needed, may we contact you for more information? \_\_\_ Yes \_\_\_ No

Daytime Phone Number: (\_\_\_\_\_)\_\_\_\_\_ Email Address: \_\_\_\_\_



Camp St. George
Strawberry Point, Iowa
Staff/Counselor Lay Reference Form



Instructions for the Applicant

Please print and sign your name before giving it to your reference writer.

I, the undersigned, have agreed to waive my right to read this reference. I will give this printed form and a stamped and addressed (V. Rev. Fred Shaheen, 3650 Cottage Grove Ave SE, Cedar Rapids, IA 52403) envelope to my lay reference. I will ask him to fill it out and mail it before April 21st.

Print your name here \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructions for the Lay Reference Writer

After completing this form, please place it in the stamped and addressed envelope provided and send it to: V. Rev. Fred Shaheen, 3650 Cottage Grove Ave SE, Cedar Rapids, IA 52403 before April 21st. We prefer that you send this physical form in the mail rather than a scanned copy through email.

How long have you known the applicant? \_\_\_\_\_

In what capacity? Please check one:

- Church Community Member Coach
Teacher Work Supervisor
Other: \_\_\_\_\_

Part 1: Narrative Evaluation

What talents or strengths do you think the applicant will bring to the camp setting? \_\_\_\_\_

All staff members face challenges during their time at camp. Some challenges are a result of the tremendous responsibility placed on camp staff. Other challenges stem from personal weaknesses, which all human beings have. What difficulties do you think the applicant would be most likely to encounter if selected to be a staff member?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**Part 2: Rating of Personal Qualities**

No one candidate will excel in all areas listed below. Please candidly evaluate the applicant based on your observed knowledge using the following scale definitions. Please circle one number per category.

<i>In my opinion, the applicant:</i>	<i>Completely Agree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Disagree</i>	<i>Completely Disagree</i>	<i>No Basis for Rating</i>
Can be depended on to follow through with responsibilities	5	4	3	2	1	NB
Seems more mature than his/her peers	5	4	3	2	1	NB
Is considered by most to be a motivated person	5	4	3	2	1	NB
Is perceptive to situations going on in his/her surroundings	5	4	3	2	1	NB
Shows initiative in taking on responsibility	5	4	3	2	1	NB
Demonstrates good judgment in decision-Making	5	4	3	2	1	NB
Shows leadership in either official and/or unofficial capacities	5	4	3	2	1	NB
Is sensitive to the needs of others	5	4	3	2	1	NB
Should be entrusted with the care of Children	5	4	3	2	1	NB
Demonstrates good problem-solving skills	5	4	3	2	1	NB
Manages his or her time well	5	4	3	2	1	NB
Works as a team member	5	4	3	2	1	NB
Would probably respond well in crisis situations	5	4	3	2	1	NB
Would be easily entrusted with the care of my own children	5	4	3	2	1	NB
Has difficulty taking direction from those in Authority	5	4	3	2	1	NB
Is a source of inspiration to others	5	4	3	2	1	NB
Gets along well with most people	5	4	3	2	1	NB

If needed, may we contact you for further information?  Yes  No

Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street (Include Apt. Number)

\_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_

To the best of my knowledge, all statements made or indicated on this Reference Form are true and represent my honest appraisal of the qualifications of the applicant.

\_\_\_\_\_  
Signature of Reference Writer Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Camp St. George

## Strawberry Point, Iowa

Fr. Fred Shaheen, Camp Director  
www.campstgeorge.org



### Staff/Counselor Health History

The following information must be filled in by the staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Additionally, a medical exam is required within 24 months of the camping session. If an exam has been done during this time period, you may submit a letter signed by your physician's office in place of the examination form attached. Any changes to this form should be provided to camp health personnel prior to arrival at Staff Training. Please provide complete information so that the Camp Director and health care personnel are aware of your health needs.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First MI Last

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are you covered by medical/hospital insurance? **Please check either yes or no below.**

**YES** Carrier or Plan Name: \_\_\_\_\_  
 Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

**NO** Any and all costs incurred by Camp St. George in providing necessary medical treatment will be your responsibility.  
 Please initial: \_\_\_\_\_

Which of the following have you had? **Check all that apply.**

Measles  Chicken Pox  German Measles  Mumps  Hepatitis A  Hepatitis B  
 Hepatitis C  TB Mantoux Test Date of last TB Test: \_\_\_\_\_ Result (**circle on**): Postive/Negative

Are your immunizations current/up to date?  **YES**  **NO** Tetanus Immunization (date/year if possible): \_\_\_\_\_

**ALLERGIES** Describe reaction and management of reaction

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

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



**MEDICATIONS CURRENTLY BEING TAKEN** *\*\*Meds brought to camp must be in their original labeled pharmacy container. Attach additional pages for more medications.*

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific time(s) taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific time(s) taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific time(s) taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**GENERAL QUESTIONS:** *(Circle YES or NO for questions 1-26. Explain any "YES" questions below.)*

Have you/Do you:

- |  |  |
|--|--|
| 1. Had any recent injury, illness or disease? YES/NO     | 15. Ever been diagnosed with a heart murmur? YES/NO                                |
| 2. Have a chronic or recurring illness/condition? YES/NO | 16. Ever had back problems: YES/NO   |
| 3. Ever been hospitalized? YES/NO                        | 17. Ever had joint problems (i.e. knees, ankles)? YES/NO                           |
| 4. Ever had surgery? YES/NO                              | 18. Have an orthodontic appliance being brought to camp? YES/NO                    |
| 5. Have frequent headaches? YES/NO                       | 19. Have any skin problems (i.e. itching, rash, acne)? YES/NO                      |
| 6. Ever had a head injury? YES/NO                        | 20. Have diabetes? YES/NO  |
| 7. Ever been knocked unconscious? YES/NO                 | 21. Have asthma? YES/NO  |
| 8. Wear glasses, contacts or protective eyewear? YES/NO  | 22. Had mononucleosis in the past year? YES/NO                                     |
| 9. Ever had frequent ear infections? YES/NO              | 23. Had problems with diarrhea/constipation? YES/NO                                |
| 10. Ever passed out during or after exercise? YES/NO     | 24. Ever had an eating disorder? YES/NO  |
| 11. Ever been dizzy during or after exercise? YES/NO     | 25. IF female, have an abnormal menstrual history? YES/NO                          |
| 12. Ever had seizures? YES/NO                            | 26. Ever had emotional difficulties for which professional help was sought? YES/NO |
| 13. Ever had chest pain during or after exercise? YES/NO |  |
| 14. Ever had high blood pressure? YES/NO                 |  |

Please explain any "YES" answers, noting the number of the questions. (Use additional pages, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Are there any other concerns the Camp Director or health care professional should be made aware of, whether physical, mental, or emotional, which include stress-related situations regarding family or other relationships?

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATIONS, PERMISSIONS AND AGREEMENT**

This health history is correct and complete as far as I know. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering e-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange related transportation if necessary. In the event of an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance. I understand that all reasonable safety precautions will be taken at all times by Camp St. George and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese or Camp St. George employees or volunteers liable for damages, losses, disease, or injuries incurred while at staff training and at camp.

I agree to abide by all the rules and guidelines set forth by Camp St. George for the safety and good health of the campers and staff. I agree to indemnify and hold harmless the Antiochian Orthodox Christian Archdiocese, Camp St. George, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name \_\_\_\_\_

**EXAMINATION FORM: HEALTH CARE RECOMMENDATIONS  
BY LICENSED MEDICAL PERSONNEL**

I examined \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_  
Name of patient

The applicant is under the care of a physician for the following conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment to be continued at camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any limitation or restriction on camp activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Any additional information for health care staff at camp (recent med changes, emotional disruptions, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_

BP: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

In my opinion, the above applicant \_\_\_ **IS** \_\_\_ **IS NOT** able to participate in an active camp program. **(Check one.)**

Signature of Licensed Medical Personnel: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



# Policies and Procedures Regarding Sexual Misconduct at Camp St. George



These *Policies and Procedures* are in addition to the Antiochian Orthodox Christian Archdiocese of North America's *Policies and Procedures Regarding Sexual Misconduct* adopted June 3, 1999.

## INTRODUCTION

Camp St. George has as its Mission to “present to young people a living experience of the Holy Orthodox Faith, in their relationship with God and other campers in an uncluttered environment.” At Camp St. George we are concerned with what campers take home with them. We are also concerned with how they grow physically, emotionally and spiritually. We are concerned with their growth in human relations and how they interact with one another.

As a spiritual retreat and place of learning for Orthodox youth and adults, Camp St. George adheres to Orthodox Christian virtues. Among these virtues is the affirmation and acknowledgement that each person is a child of God and a Temple of the Holy Spirit (1 Cor. 6:19) created in the image and likeness of God (Gen. 1:26). It is to affirm that each person is our neighbor (Luke 10:25 et seq.) and that we are to treat each person as we wish to be treated (Matt. 7:12), i.e., with kindness, respect, patience and agape love. Christ instructed us to love one another as He loved us (John 15:12-13), giving His life for our sakes. Accordingly, all behavior is to exhibit Christian virtue. Conduct which is contrary to Christ's teaching is sin and is unacceptable.

It is essential that all priests, leaders, workers, counselors, volunteers, and others involved at Camp St. George understand the overwhelming public concern regarding abuse and sexual conduct issues. Violations can quickly lead to the involvement of law enforcement officials and can quickly destroy the reputation and work of the camp. This written policy statement is designed for clarification of the issues among all staff members, volunteer or paid, counselors, clergy or laity. Admittedly it is conservative. The impressions that campers (who come from a variety of backgrounds) take home with them and pass along to their parents or friends, or that parents gain when visiting the camp, help determine whether campers will return or recommend the camp to others. These same impressions or perceptions affect the reputation of Camp St. George. A reputation of having an outstanding camping program can take years to gain and a single inappropriate experience to lose. Members of the camp community, including campers and staff, must not be uncomfortable with their own impressions and reactions to the sexual behavior of others.

We cannot be too careful in the area of sexual abuse. Even the appearance of inappropriate conduct or the filing of a false allegation can cause irreparable damage to the reputation of the accused staff member and of Camp St. George. Therefore, all staff members must be very cautious in order to avoid doing anything that could be interpreted as sexual abuse or sexually inappropriate conduct. As a result these procedures are to be read broadly and expansively to protect the interest of the children, campers, counselors and other staff, both volunteer and paid, clergy and laity. Conduct proscribed here is not all-inclusive. Staff must avoid even the appearance of impropriety.

## INAPPROPRIATE BEHAVIOR

There are certain behaviors that must be mentioned that are prohibited for Camp St. George volunteers during their stay at camp. These include engaging in physical touching of any kind including but not limited to kissing, petting, caressing, or any other contact or conduct intended for sexual gratification with any other person related in any way to the camp, including but not limited to campers, counselors, employees or volunteers.

Sexual misconduct also includes verbal misconduct. Vulgar, obscene, suggestive or profane talk or behavior is strictly forbidden. Such conduct includes narrative accounts of sexual activities, sexual innuendoes, comments about one's body or that of another person, discussions of sexual activities or experiences, and obscene jokes.

There are additional behaviors, while not necessarily intended for sexual gratification, that are inappropriate due to the appearance of possible impropriety. These include all interactions of both staff members and campers such as: massages, hand holding, sitting on laps or lingering full body hugs. Some general guidelines for staff/counselor behaviors with campers and other staff/counselor members include:

- Never touching anyone against the person's will (verbally or non-verbally expressed) unless it is to prevent an accident.
- Appropriate touching that takes into account the touched one's comfort level may include pats on the back, a touch on the shoulder, hugs of welcome/hello/goodbye/thanks/congratulations (not lingering full body hugs), handshakes, high fives, arms around shoulders. Appropriate touching can become inappropriate touching, such as tickling, wrestling or teasing.

- Inappropriate touching is any physical contact that violates the touched person’s comfort level. It is touch that is given or forced on another person for the primary satisfaction of the one doing the touching, not the one being touched. Touching of the genitals, buttocks or any touching for sexual gratification is always inappropriate and cannot be consensual.
- It is inappropriate to share information about your personal sexuality or sex life or to inquire about another person’s.
- It is inappropriate to show favoritism or to encourage crushes or romantic fantasies that campers may have about you or another person.
- It is inappropriate to purposefully expose one’s body to another (i.e. “flashing” or “mooning”) and good judgment should be exercised when you are changing or bathing. Likewise, the privacy of campers should be respected during the times when they are changing clothes, showering, etc.
- It is inappropriate to share a bed or sleeping bag with another staff member or camper.
- It is inappropriate to show signs of affection to other staff in front of the campers. Behavior of the staff should be circumspect around campers so that at no time do they associate any two staff members as a couple. Any and all behavior in a camp setting must allow for perceptions and concerns of others.

#### REPORTING OF ALLEGED MISCONDUCT

All staff must be concerned for the safety and protection of the campers and others at Camp St. George. As a result, it is required of all staff that they report any apparent violations or other improprieties even if it involves another staff member. Failure to report an incident or complaint that is made known to a staff member can result in discharge.

If a child confides in a staff member about another camper or staff member, the staff member shall discuss the disclosure personally with the Camp Director, or if that is not possible with the Assistant Camp Director of Camp St. George or an official representative of the Antiochian Archdiocese. The staff member should refrain from investigating the complaint independently or from discussing it with other staff or campers.

Any violations of the above guidelines and procedures must be reported at once to the Camp Director, who will consult with the Archdiocese Headquarters. If for any reason one feels unable to report the violation to the Director, the violation may be reported directly to the Overseeing Bishop of the Archdiocese. All violations will be investigated for both the protection of the child and for the protection of the one alleged to have committed the violation.

The Camp Director, in consultation with the Archdiocese, will contact the appropriate authorities in accordance with relevant state and local law and the parents. Investigations of violations will follow the procedures set forth in the Archdiocese’s Policies and Procedures June 3, 1999.

In the event the reported incident involves child or sexual abuse by a staff member the Camp Director will, without exception, suspend the person from the camp. The parents or legal guardian of the child(ren) involved will be promptly notified in accordance with the directions of the relevant state or local agency.

In the event the reported incident involves an alleged violation of the guidelines less than that of abuse, the Camp Director will consult with the Archdiocese to determine whether the person should be suspended pending the complete investigation.

Whether the incident or alleged offense takes place on or off camp property, it will be considered camp related.

Reinstatement of the staff person will occur only after all allegations have cleared to the satisfaction of the investigative committee and the Metropolitan Primate. All camp staff and volunteers must be sensitive to the need for confidentiality in the handling of this information and should only discuss the incident with the Camp Director and the investigative committee.

All Camp St. George volunteers, both lay and clergy, must read and sign this policy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



# Camp St. George Staff Policy for Online Social Networking and Blogging Websites



Once a person accepts a position as a member of the staff at Camp St. George, they accept a great responsibility that lasts well beyond the time one spends in the corn fields of Iowa. A Camp St. George staff member will forever be recognized by campers, parents, clergy, fellow staff members, and many others as a representative of Camp St. George and, more importantly, the Orthodox Christian faith.

Camp St. George respects the freedom of staff to use social networking web sites (e.g., Facebook, Facebook Messenger, Twitter, Instagram, Snapchat, etc.), other social apps and web blogs; however, information can be posted on the internet and seen by just about anyone with access to the internet.

Each Camp St. George staff member who posts information (text, videos, or photos) on the internet in any format including social networking web sites, social apps, or any other social outlet, must do so in accord with that of an Orthodox Christian lifestyle. In addition, Camp St. George requires that staff observe the following guidelines when referring to the camp, its programs or activities, its campers, and/or other staff on any internet site:

1. Any photos or messages that are linked or "tagged" from "friends" and attached to your site(s) or profile(s) that are inappropriate should be removed.
2. Staff must be respectful in all communications and blogs related to or referencing Camp St. George, its campers, and/or other employees.
3. Staff must not use obscenities, profanity, or vulgar language.
4. Staff must not use internet sites to disparage Camp St. George, other campers, or staff of Camp St. George.
5. Staff must not use internet sites to discuss engaging in conduct prohibited by camp policies and an Orthodox Christian lifestyle, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
6. Staff must not post pictures of campers on an internet site without obtaining written permission from the parents of the camper(s).

Any staff member found to be in violation of any portion of this policy will be subject to immediate disciplinary action, including the staff member's dismissal from camp at the discretion of the Camp Director.

By signing below, I agree to the policy listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name                                  Signature                                  Date

**Camp St. George**  
**AUTHORIZATION FOR BACKGROUND CHECK**  
**AND VOLUNTARY DISCLOSURE**

**SECTION I: RESIDENTIAL HISTORY**

Please provide your current and previous addresses of the last seven years, including temporary addresses (i.e. school, etc.)

Name: \_\_\_\_\_  
                    First  Middle  Last

Alias/Other: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_      State: \_\_\_\_      Exp. Date: \_\_\_\_\_

(1) Current Address: \_\_\_\_\_      City: \_\_\_\_\_

State/Zip: \_\_\_\_\_      County: \_\_\_\_\_      Dates: \_\_\_\_\_

(2) Previous Address: \_\_\_\_\_      City: \_\_\_\_\_

State/Zip: \_\_\_\_\_      County: \_\_\_\_\_      Dates: \_\_\_\_\_

(3) Previous Address: \_\_\_\_\_      City: \_\_\_\_\_

State/Zip: \_\_\_\_\_      County: \_\_\_\_\_      Dates: \_\_\_\_\_

*(Provide additional addresses on separate sheet, if necessary)*

**SECTION II: AUTHORIZATION FOR BACKGROUND CHECK**

I hereby authorize Camp St. George and the agency or agencies it employs for background services, to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge Camp St. George or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

I further authorize ongoing procurement of the above mentioned background services at any time during my participation in the ministry of Camp St. George. I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

Applicant Signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Signature: \_\_\_\_\_      Printed Name: \_\_\_\_\_

*(Please continue on next page.)*

**SECTION III: VOLUNTARY DISCLOSURE**

1. Have you ever been convicted of any crime of violence against minors, including but not limited to:
- Indecent assault and battery on a child under fourteen
  - Indecent assault and battery on a mentally retarded person, indecent assault and battery on a person who has obtained the age of fourteen
  - Rape
  - Rape of a child under sixteen with force
  - Assault with intent to commit rape
  - Kidnapping of a child under sixteen with intent to commit rape
  - Distribution and trafficking of narcotics or other controlled substances
  - Intent to commit any of these listed crimes

Yes \_\_\_ No \_\_\_ If yes, please explain (use a separate sheet, if necessary): \_\_\_\_\_

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2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes \_\_\_ No \_\_\_ If yes, please explain (use a separate sheet, if necessary):

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3. Are you subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes \_\_\_ No \_\_\_ If yes, please explain (use a separate sheet, if necessary):

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4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes \_\_\_ No \_\_\_ If yes, please explain (use a separate sheet, if necessary):

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**SECTION IV: AGREEMENT**

**I understand that:**

1. Camp St. George may deny participation in its ministry to any person who answers any of the questions numbered 1-4 above in the affirmative.
2. In applying for a camp position, the information, which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
3. Camp St. George may terminate volunteer service of any person:
  - a. Found to have a history of complaints of abuse of a minor and/or
  - b. Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
4. This disclosure statement must be updated yearly.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_