



**Camp Fly High at  
 Madonna Learning Center  
 7007 Poplar Avenue  
 Germantown, Tennessee 38138  
 Phone: 901.752.5767  
 Fax: 901.752.5039**

## STAFF APPLICATION 2017

Date of Application: \_\_\_\_\_

Circle Position Applied For:      **Head Counselor**                      **Activity Staff**

Full Name: \_\_\_\_\_

D.O.B.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_                      Age: \_\_\_\_\_                      Gender: \_\_\_M\_\_\_F

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

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

Home Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_                      Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

Please Circle Your T-Shirt Size:    AS    AM    AL    AXL    AXXL    AXXXL

### **VOLUNTEER AVAILABILITY**

There will be a mandatory staff training day after Memorial Day and before camp. These dates will come at a later date.

Please check all the dates/times you would like to work:

X	Camp Week	Camp Dates	Comments
	Week 1	June 12 – 16	
	Week 2	June 19 – 23	
	Week 3	July 10 – 14	
	Week 4	July 17 - 21	

\* Please note any days/times you will miss each week under 'comments' section.

**Education:**

	<b>School Name &amp; Address</b>	<b>Course of Study</b>	<b># of Years</b>	<b>Diploma/ Degree</b>
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

**Describe any specialized training, skills, and/or extra-curricular activities:**

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**Summarize any special job-related skills and qualifications gained from employment or other experience.**

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**Why do you want to work at Camp Fly High at Madonna Learning Center? What things could you add to the Camp Fly High experience?**

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**Please list any additional information you would like to tell us in considering your application for hire to the Camp Fly High team this summer.**

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# Employment Experience:

Employer: _____ Address: _____ Phone: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed: _____ to _____ Hourly Rate/Salary: _____ Job Description: _____ _____ _____ _____
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Employer: _____ Address: _____ Phone: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed: _____ to _____ Hourly Rate/Salary: _____ Job Description: _____ _____ _____ _____
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Employer: _____ Address: _____ Phone: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed: _____ to _____ Hourly Rate/Salary: _____ Job Description: _____ _____ _____ _____
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## References:

Please list 3 references below, not including family.

Name	Phone Number	Relationship



# Madonna Learning Center

## AUTHORIZATION FOR PHOTOGRAPH RELEASE FORM

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

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

I hereby give Madonna Learning Center, Inc., my consent to photograph and/or videotape my child, \_\_\_\_\_,

Check one:

- With first name only or
- With full name or
- Without name

For: (check all that apply)

- Educational or informational purposes, including
- Display at fundraising events
- Group photo of all students and trainees
- Website

A photocopy of this authorization is as valid as the original. I understand that this release remains current and valid for one year from the date signed or until \_\_\_\_\_. I understand that I may withdraw this consent at any time via written request.

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Representative of Madonna Learning Center, Inc.



# Madonna Learning Center Accident Waiver and Release of Liability Form

## Camp Fly High

In consideration for the acceptance of (camper) \_\_\_\_\_ as a participant of Camp Fly High 2017, and the services to be provided by Madonna Learning Center in connection with Camp Fly High, I confirm my understanding that:

- I have read any rules, conditions, and/or requirements connected with participation in Camp Fly High;
- Ongoing participation in Camp Fly High is at the discretion of the Camp Fly High Director;
- I will attend the times and weeks that was filled out on the application;
- I agree to waive, discharge claims and release from liability, Madonna Learning Center, and the staff and volunteers of Camp Fly High, its Board of Directors members, and any other agents, from any and all liability on account of, or in any way, resulting from injuries and/or damages connected with activities of Camp Fly High. I further agree to hold harmless Madonna Learning Center, Camp Fly High, its directors, employees, and/or agents from any claims damages, injuries, or losses caused by my own negligence or action.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are a minor (under age 18), your parent or legal guardian must sign this agreement on your behalf.**

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I hereby agree and consent to the foregoing agreement on behalf of the minor below.

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Health and Safety Guidelines SY 2016 - 2017

To ensure the safety of all our clients, families and staff, we must follow the guidelines of the Center for Disease Control issued by the Health Department. Please do not send your child or adult to Madonna Learning Center if he/she exhibits any of the guidelines listed below. If, on arrival, a client appears ill and/or exhibits any of the guidelines listed below, Madonna staff will request that the client return home and not enter the school building. Should a client become sick and/or exhibit any of the guidelines listed below, while at Madonna Learning Center, parents or emergency individuals will be contacted. The client must be picked up from Madonna Learning Center within 30 minutes (if residing within Shelby County) or 60 minutes (if residing outside Shelby County).

The guidelines are as follows:

1. Fever free without use of fever reducing medicines (Tylenol Advil...) for 24 hours. Normal temperatures are 98.6 oral, 99.6 rectal, and 97.6 axillary (under the arm).
2. No vomiting and/or diarrhea for 24 hours (bowel movements and food and fluid intake should be back to normal).
3. No colored drainage from any body part (this includes eyes, ears, nose and sores). If a child or adult has been on antibiotics for 48 hours and still has colored drainage (yellow green or brown), they may return to program.
4. No rashes of any sort unless seen by a doctor and the doctor has written a note stating that the rash is not contagious.
5. Vigilant hand washing (soap and water) before and after toileting/ changing diapers (this includes the child's hands), and before all meals including snack

*\*\*This is the best way to prevent the spread of infection\*\**

***It is very important that all families and staff use their best judgment. If you or a child is not eating, drinking, sleeping normally, or still "run down", the body's resistance is still low and an infection with a different organism ("bug") is very likely.***

***Please remember that even if on an antibiotic, one can still catch a virus.***