

SCHOOL DATA PACKET - CABIN LEADER

Enclosed are the following materials to be copied for use of the cabin leaders and their parents.

1. CABIN LEADER SELECTION PROCEDURES (FOR THE TEACHER)
2. APPLICATION FOR CABIN LEADER (2 PAGES)
3. LETTER TO PARENTS OF CABIN LEADERS
4. INSTRUCTIONS FOR CABIN LEADERS (INFORMATION TO BE FILLED OUT BY SCHOOL)
5. ***MEDICAL INFORMATION FORM/AUTHORIZATION FOR TREATMENT
6. CABIN LEADER'S UNDERSTANDING OF GUIDELINES
7. CABIN LEADER INFORMATION BOOKLET
8. SUGGESTED CLOTHING AND EQUIPMENT LIST

***The Medical Information! Authorization Form is TWO PAGES and needs to be printed by the school as a single back-to-back form. Thank you very much.

CALVIN CREST OUTDOOR SCHOOL CABIN LEADER SELECTION PROCEDURES

(Suggested for High School Students)

HIGH SCHOOL FOR YOUR AREA _____
CONTACT PERSON _____

- STEP 1** Contact the person named above at least two months prior to the week your school is scheduled to come to Calvin Crest. Give the contact person the application forms and approximate number of male and female cabin leaders needed (1 cabin leader/7 students). Give that person any other necessary information such as advertising, deadlines, suggested students, and the minimum requirements listed below.
- STEP 2** Applications should be given to senior or junior students meeting these minimum requirements. (The high school may have additional or more stringent requirements.)
1. Students should have at least a "C" average, with no "D"s or "F"s in present grade period.
 2. Meet high standards for maturity and citizenship.
 3. Good attendance record.
 4. Willingness to work with elementary age students.
- STEP 3** Students must fill out applications completely and return it by a given deadline for evaluation of the applicant by high school official (contact person).
- STEP 4** Following this evaluation of applicants, the high school administrator or designate approves those applicants qualified for this position based on academic standing, maturity, responsibility, etc. Approved applications are returned to the elementary school for further screening.
- STEP 5** The high school is notified which applicants have been selected. A meeting time is set for an orientation meeting between those selected and the elementary school staff. The elementary school staff will provide Cabin Leader Booklets and other enclosed forms, as well as lead this meeting to help prepare the cabin leaders.
- STEP 6** Following the high school student's week at Calvin Crest, an evaluation form will be filled out (upon request) by the Outdoor Education Director in consultation with the elementary school teachers. This form will be given to the lead teacher who will give it to the Cabin Leader. It is requested that the student's counselor go over the evaluation with the student, and the evaluation be placed in the student's file.

CALVIN CREST OUTDOOR SCHOOL APPLICATION FOR CABIN LEADER

NAME _____ PHONE _____
ADDRESS _____ CITY _____ ZIP _____
SEX _____ BIRTHDATE _____ SCHOOL _____

PART I:

Please answer the following questions:

1. Have you ever participated in an outdoor education program? Y/N If so, from what school? _____
2. List any previous experience working with children: _____

3. Explain briefly why you are interested in this kind of experience. _____

4. Please list any abilities, knowledge, or experiences you could offer fo use at the outdoor school: _____

5. What are your plans upon graduation from high school? _____

PLEASE BE SURE TO HAVE THE OTHER SIDE FILLED OUT

Part II

To the Teacher: The student whose name appears on thi application id planning to enter an Outdoor Education program as a Cabin Leader. We ask you to sign this only if you feel the student can miss a week of school by giving him/her advance work. This does not mean the student will be selected. You will be notified if the student is selected.

To the Student: Please list the subjects you are now taking and the last reported grade. You must have your teacher's signature opposite each subject.

SUBJECT	GRADE	TEACHER'S SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART III

To the High School Counselor: Please give a brief evaluation of this student, regarding character, maturity, dependability, responsibility and leadership.

Comments: _____

ADMINISTRATOR'S APPROVAL: _____

PART IV

Elementary School Recommendations:

RECOMMENDED _____ ALTERNATE _____ NOT RECOMMENDED _____

COMMENTS: _____

Calvin Crest Outdoor School

45800 Calvin Crest Road, Oakhurst, California 93644-9614

Telephone (559) 683-4450 ex:221, FAX (559) 683-7118

email: outdoored@calvincrest.com

Dear Parents,

The purpose of this letter is to acquaint you with the Calvin Crest Outdoor Education program. Your son or daughter has volunteered to participate in this activity as a cabin leader. Many elementary schools have participated in this outdoor science and conservation program for sixth grade students. This is a program in which the teacher and class go out-of-doors for a week to study the environment in its natural setting. The location of Calvin Crest is in the Sierra National Forest, midway between the southern border of Yosemite National Park and Bass Lake, at an elevation of 5,000 feet.

We have well equipped facilities, including winterized cabins, outdoor amphitheater, recreation areas, a lake, climbing wall, dining hall, kitchen, lounge and infirmary.

Education is the result of various learning experiences. We feel your son or daughter can obtain valuable leadership and educational experience while living with and observing elementary students during their week here. The cabin leader's responsibility will be to provide leadership to a small group of students (approximately 7 students) for most of each 24 hour day, and to assist the classroom teachers. Cabin leaders will be under the direct supervision of qualified staff at all times. Cabin leaders will not be responsible for the educational program, however, if they have special talents in a particular area, they may assist. Teachers and Calvin Crest staff will be responsible for the educational program.

Cabin leader participation is on a voluntary basis. They will be furnished board, room, and transportation to and from Calvin Crest. Beds and mattresses are furnished, but cabin leaders must furnish either bedding or a sleeping bag and pillow.

This experience has proven to be rewarding to our cabin leaders. Would you and your son or daughter please complete the attached forms and return them to the attending school's administration? Thank you very much for your time and consideration.

Please feel free to contact me at (559) 683-4450 if you have any questions.

Sincerely,



Joel Gist
Outdoor Education Director
Calvin Crest Outdoor School

CALVIN CREST OUTDOOR SCHOOL INSTRUCTIONS FOR CABIN LEADERS

1. Your departure time is _____ A.M. on the day of _____
and the meeting area for departure is _____

It will be your responsibility to get to the meeting area. All teachers, cabin leaders and students must be at the meeting area for departure about one-half hour before departure time.

2. **Have your completed Permission Slip/Health Form/Authorization for Medical Treatment Form with you.**

3. Check the weather reports/forecasts for the 5,000 foot level of the Southern Sierra, near Yosemite, to guide you in securing proper and adequate clothing (following the suggested clothing and equipment guidelines).

4. We are not permitting students to make purchases at any scheduled stops en route to/from Calvin Crest. Therefore, we are asking you to comply as well.

5. Encourage the students to maintain a minimum noise level on the bus.

6. Upon arrival at Calvin Crest, everyone will remain on the bus until oriented by a Calvin Crest staff person.

7. You should be arriving back at the departure point on Friday around _____ P.M. If any changes occur, you will be notified in time to make necessary arrangements.

8. It is very important to remember that you, as a cabin leader, are serving as a role model for the sixth grade students. They watch you closely, and often imitate your words, actions, and attitudes. Be certain to set a high standard of behavior for them to follow.

If you have any questions or need to make any changes, please call the elementary school or Calvin Crest (559)683-4450, as soon as a problem arises.



CALVIN CREST OUTDOOR SCHOOL MEDICAL & PARTICIPANT AUTHORIZATION FORM – Cabin Leader

Calvin Crest Conferences 45800 Calvin Crest Road Oakhurst, CA 93644
(559) 683-4450 Fax (559) 683-7118 outdoored@calvincrest.com www.calvincrest.com

The information on this form will be used to assist the director and staff. Your cooperation can help to insure a quality experience for all participants. Only staff will access this information and they will not share it with any other persons.

Cabin Leader LAST NAME: _____ FIRST NAME: _____

SEX M F BIRTH DATE: ____/____/____ AGE: _____ SCHOOL: _____

IN CASE OF AN EMERGENCY – please provide the name of a friend or relative:

Name: _____ Relationship to participant: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

PHYSICIAN(S): _____ Phone: (____) _____

_____ Phone: (____) _____

DENTIST/ORTHODONTIST: _____ Phone: (____) _____

*****If under 18 please complete the following*****

PARENT/GUARDIAN 1: _____ Relationship: _____

Contact information:

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

PARENT/GUARDIAN 2: _____ Relationship: _____

Contact information:

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

THE FOLLOWING PERSON(S) IS/ARE LEGALLY RESTRICTED FROM SEEING THE PARTICIPANT:

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

THE FOLLOWING PERSON(S) IS/ARE THE ONLY ONES (BESIDES PARENTS) PERMITTED TO REMOVE THE PARTICIPANT FROM CALVIN CREST

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Health History Please attach a separate sheet to more fully explain any conditions/concerns that could affect participant's health during week of outdoor school. (Please list dates of most recent occurrence for all that apply.)

ALLERGIES

Hay Fever _____
Plants _____
Insects/Bees _____
Food _____
Environmental _____
Asthma _____
(Chronic ___ Seasonal ___ Exercise Induced ___)
Other _____

DISEASES

Chicken Pox _____
Measles _____
German measles _____
Mumps _____

CONCERNS

Ear Infections _____
Mononucleosis _____
Heart Disease/Defect _____
Convulsions/Seizures _____
Diabetes _____
Menstrual Problems _____
Bronchitis _____

Bleeding/Clot Disorder _____
Behavior Disorder _____
Nervous Disorder _____
ADD/ADHD _____
Hypertension _____
Other _____

Circle symptoms from last allergy attack (participants under 18 may take Benadryl for allergic reaction only with Doctor's written orders):
Shortness of Breath/Hives/Tightness in Chest/Sneezing, Runny Nose, Redness in Eyes

Explain all items checked above: _____

Disability, Chronic or Recurring Illness, or Medical Condition: _____

Insulin dependent diabetic? Yes No If yes, year diagnosed: _____ Participant is able to give his/her own injections? Yes No
Considered: Brittle 1 2 3 4 5 Stable (Circle number for degree of stability)

Is the participant able to calculate and change dosage to compensate for exercise, etc.? Yes No

History of Surgeries (include type and date): _____

History of Hospitalizations (include type and date): _____

History of Medication Allergies (please include medication and reaction): _____

Dietary Modifications: _____ (We are not equipped to provide special diets.)

Activity Restrictions/Limitations: _____

Immunization History:

Last Tetanus Shot (Given around ages 5 & 14): (Mo & Yr) ____/____ Are all immunizations up to date? Yes No If no, please attach explanation.

Medications Is the participant currently taking any medications? Yes No

All prescriptions and over-the-counter medications, including vitamins and herbal products must be turned into the Outdoor School designated personnel upon arrival. (One inhaler for participants with asthma may be kept by them, if necessary.) Participants requiring injections should provide medications, syringes, and written instructions signed by the physician. This information will be kept confidential.

Please Note the Following: All prescriptions medications, over-the-counter medications, vitamins, and herbal products brought without doctor's written orders CANNOT be given to participants under 18 at Calvin Crest. Only medication properly prescribed for the participant will be given to him/her. All prescriptions medications, over-the-counter medications, vitamins, and herbal products MUST be in ORIGINAL containers with labels and dispensing instructions. DO NOT BRING a week's supply of medication in a baggy or medication box.

Current Medication

Dosage(mg)/Frequency

Type of Illness being treated

1. _____
2. _____
3. _____

If more than 3 medications are being used, please attach a separate sheet. If this information changes before coming to Outdoor School, please report changes to Calvin Crest.

Other Information

To help us deal tactfully with individual needs, please let us know if participant: Sleepwalks Has night or sleeping problems

Has had recent changes/trauma which may impact emotional, physical or mental well-being

Explain items checked: _____

Participant STATEMENTS, PERMISSION, AND RELEASE

By signing this form I give my informed consent to the First Aid personnel assigned by Calvin Crest who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures. I understand that if I have greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scopes of practice, it is my responsibility to make arrangements to meet those needs. I authorize Calvin Crest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Calvin Crest to secure and administer any and all medical treatment deemed necessary, including hospitalization. This completed form may be photocopied for trips away from Calvin Crest properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer and the Outdoor School designated personnel providing standard procedures: antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, analgesic balms and gels, with the exception of _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed.

I have requested Calvin Crest to allow myself to participate in any and all activities that may include but are not limited to those noted in the school presentation. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on behalf of me, do hereby forever release and discharge, indemnify and hold harmless Calvin Crest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Calvin Crest Outdoor School and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I give permission for the use of images and audio or video recordings including myself or articles written by me to be used in publicity including Calvin Crest website, internet sites, newsletter, or brochure promoting or reporting Calvin Crest.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

- I will be responsible for notifying Calvin Crest of any new medication information between now and start of Outdoor School.
- I realize that if my medications change between now and the date of Outdoor School, it is my responsibility to report such to Calvin Crest.
- I understand that Calvin Crest is located in a remote mountain region and that emergency care, even by ambulance, can take as long as 90 minutes. I have no current condition that would warrant closer emergency medical care.
- If medication is involved, I will take responsibility for reporting at scheduled times for this purpose.
- I understand that Calvin Crest assumes no responsibility for participants who leave Calvin Crest grounds for any reason other than programmed activities. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Participant _____ **Date** _____

Signature of Parent or Legal Guardian (if participant is under 18) _____ **Date** _____

To NOT grant consent for treatment

I do not give my consent for emergency medical treatment. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to (Instructions to be followed) _____

Signature of Participant: _____ Date: _____

Printed name: _____ Phone: (____) _____

Address: _____

Signature of Parent or Legal Guardian (if participant is under 18): _____ Date: _____

Printed name: _____ Phone: (____) _____

Address: _____

Insurance Information Is the participant covered by medical/hospitalization insurance? Yes No

If yes, name of Insurance Company: _____ Primary Policy Holder Name: _____

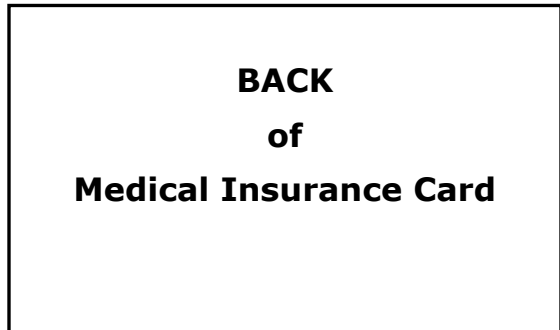
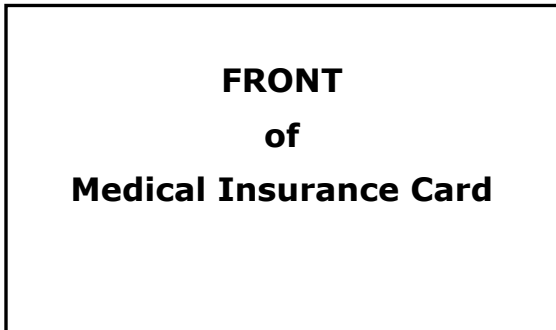
Policy Holder ID: _____ Policy Holder Date of Birth: ____/____/____ Relationship to participant: _____

Policy Holder Address: _____ Phone: (____) _____

Participant Insurance ID: _____ Student Date of Birth: ____/____/____

If needed for treatment, please provide the pre-authorization phone number: _____

Please supply a copy of the participant's health insurance card – front & back – cut out & attach with tape. No staples, please.



TO BE COMPLETED BY CABIN LEADER:

I hereby volunteer to participate as a cabin leader at the Calvin Crest Outdoor School. I understand there will be no pay for my services except that I will receive room and board. I also understand that I will be living with the students, that I will accompany the classes on activities and will be responsible for them most of the 24-hour day. My performance will be evaluated and recorded by the Outdoor Education staff.

Also, I have read and understand all cabin leader policies.

Cabin Leader's Signature Date _____

An Information Booklet for

CABIN LEADERS

Calvin Crest Outdoor School

Calvin Crest Outdoor School

Information and Policies for the CABIN LEADER

You have been selected as a cabin leader for Outdoor Education at Calvin Crest Outdoor School. This position carries a tremendous responsibility. You hold a key position in the entire program. You are as important to the Outdoor Education program as the Calvin Crest staff and the classroom teacher. Therefore, you are placed on a professional level as part of a professional team working together towards a common goal: **to provide an educational, safe, and fun experience for the students involved.**

ROLE OF THE CABIN LEADER

Since this is a 24-hour-a-day school, students must be supervised virtually every minute. As a cabin leader, your main responsibility is one of supervision. At no time are you to leave your group unsupervised. If you must leave your group, do so in the care of another cabin leader, teacher, or Calvin Crest staff person. If none of these people are available, take your group with you. Also, part of supervising the students is making sure that the rules of Calvin Crest are enforced. For the safety of all those participating, insist that all rules be followed. The success of the program largely rests on the attitude, actions, words, and enthusiasm of the cabin leader. Calvin Crest appreciates your time and efforts in making this week enjoyable and fun, as well as educational for the students.

THE TEACHER

A large part of the instruction will be done by the regular classroom teacher. You are responsible to the teacher in assisting him/her in any way that you can. Ask if you can help. Volunteer your services. Do not wait until (s)he asks. The teacher is responsible for the instructional program during each class period. You are responsible to help guide the behavior of the teaching group while on the trail. Please help the students maintain their attention on the teacher. Any distraction takes away from the educational experience for the students. Your example, enthusiasm and assistance are greatly appreciated during this time.

THE OUTDOOR EDUCATION DIRECTOR

The administration and supervision of the Outdoor Education program and the safety and welfare of the individuals connected with the program is the responsibility of the director. To maintain this responsibility, the director must have the complete cooperation of the teachers and cabin leaders. You, as a cabin leader, are responsible to the director and teachers for the safety and welfare of the children in your group.

DISCIPLINE AND BEHAVIOR

When dealing with students, the cabin leader is required to maintain a high level of professionalism. The following policies and standards are expected from all who are involved with the Outdoor Education program.

A. Discipline Standards

1. Do not yell at students. Talk normally.
2. Do not embarrass a student in front of others. Talk privately to "resolve a problem.
3. Do not touch students. A "hands off" policy protects you and the student. Even horseplay can lead to problems.
4. Do not tell inappropriate or sexual stories to the students.
5. If you are uncertain how to handle a problem, or if you lose control of your group, always go to a teacher, or Calvin Crest staff person for help.

B. Helpful Techniques For Handling Your Cabin

1. Establish standards and authority quickly. Be firm at first. Do not be a "buddy."
2. Be on the alert for behavior problems.
3. Treat the students with respect. "Please" and "Thank you" go a long way.
4. Do not lecture. Make it short and easily understood.
5. Be consistent. Do not change rules, or change your mind simply to please the students.
6. Learn and use the names of your students the very first day. Remember their names.
7. Show an interest in each student. Try to get to know them.
8. Be patient and understanding (especially with difficult or unpopular students).
9. Kidding or sarcasm can be very easily misunderstood and hurtful.

FINAL RULES FOR CABIN LEADERS

The level of professional standards at Calvin Crest are the same for all who are supervising students. Most rules that we must follow are dictated by state law, with the rest being established by the Calvin Crest Outdoor School and the elementary schools.

1. No cabin leader will leave Calvin Crest grounds without the knowledge of the director.
2. No cabin leader will leave his/her assigned students without another adult or cabin leader being left in charge.
3. No cabin leader (18 years or under) will come to or leave Calvin Crest Outdoor School by means other than a school bus or transportation agreed upon by the elementary school involved and his/her parents.
4. No tobacco products are permitted at any time.
5. No alcoholic beverages or drugs are permitted at any time. (*Please see note on weapons and illegal substances in Equipment/Clothing List) ..
6. Behavior and dress standards established by your school apply during Outdoor Education.
7. The use of abusive or foul language is not permitted.
8. The use of physical force when dealing with students is not permitted and will not be tolerated.

CALVIN CREST OUTDOOR SCHOOL SUGGESTED CLOTHING AND EQUIPMENT LIST

WHAT TO BRING TO CALVIN CREST:

- Sleeping bag (or sheets and 2 blankets) and pillow
- Shoes (at least 2 pairs of comfortable shoes – tennis shoes are fine, boots are great for cold, wet weather)
- Socks (thick and warm in winter; minimum of 5 pairs, more are desirable)
- Tough pants (blue jeans, minimum of 3 pairs; rain or snow pants in winter; shorts are not allowed during classes)
- Warm clothing (nights are often chilly, days can be cold)
- Underwear
- Warm jacket
- Sweatshirt/sweater
- Towel and washcloth
- Toilet articles (soap, shampoo, toothpaste, toothbrush, etc.)
- Rain gear (rubber boots and ponchos are recommended; boots are available at Calvin Crest at not cost; ponchos are available at our cost through our store – approximately \$1.25) *****Check weather forecast!!**
- Sunglasses
- Chapstick
- Plastic water bottle or canteen – **ESSENTIAL!!**
- Plastic garbage bag for dirty clothes
- Pencils(s) (1-2)

WHAT IS OPTIONAL TO BRING TO CALVIN CREST:

- Camera with fresh batteries (and extra film if your camera is not digital)
- Flashlight with fresh batteries
- Spending money **if the school has decided to use the store** (see our website for costs of items in the store)
- Hat or cap (**REALLY HELPFUL IN WINTER**)
- Gloves or mittens during the winter
- Writing materials (paper, pen, pencil, stamps, envelopes, etc.)
- Umbrella for rainy weather
- Hair dryers are acceptable, curling irons and straighteners **are not – due to potential fire hazard**
- Watch or alarm clock
- Binoculars

WHAT NOT TO BRING TO CALVIN CREST:

- CELL PHONES**, video games, MP3 players/iPods, CD players, radios
- Expensive jewelry
- Gum, candy, food of any kind (exceptions for diabetic students)
- Sandals, open-toed shoes
- Valuables
- Tobacco products, drugs, alcoholic beverages (**see below)
- Pocket knife, WEAPONS OF ANY KIND** (**see below)

****IF ANY STUDENT OR CABIN LEADER is caught with a weapon, or illegal substances in his/her possession: the weapon/substance will be confiscated; the Madera County Sheriff's Department will be contacted; the individual may be arrested and prosecuted. It is against the law to have a weapon, or illegal substance on a school site; the individual will be removed from Calvin Crest.**

*All clothing and equipment should be marked with the student's name. The weather at Calvin Crest is often unpredictable, ranging from warm, sunny days to very cold, wet evenings. During some weeks of Outdoor Education we are certain to have rain and snow. Since we spend time outdoors on these days, it is very important for students to be well prepared for a variety of weather conditions.