



# Exploring New Horizons Outdoor Schools

"Inspiring, empowering and transforming children's lives through outdoor education."

[www.exploringnewhorizons.org](http://www.exploringnewhorizons.org)

Loma Mar: 650.879.0608 · Sempervirens: 831.338.3077

## COUNSELOR OUTDOOR SCHOOL APPLICATION

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Have you: Attended an ENH program as a student? \_\_\_\_\_ Attended an ENH program as a counselor? \_\_\_\_\_

Elementary school you attended \_\_\_\_\_

*Please feel free to attach pages if you wish.*

1. Why do you want to be an outdoor school counselor?

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2. How will you be an effective role model for the students you supervise?

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3. Please list your experience working with young people.

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4. What do you enjoy doing in your leisure time?

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5. Please indicate your experiences and interests in the outdoors.

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes  No

If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause of disqualification. Please list the nature of the offense, the date of the offense, and surrounding circumstances and the relevance of the offense to the position applying for: \_\_\_\_\_

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If you are a high school **GIRL**, and if necessary, would you be willing to be a counselor for a boy's cabin if we do not have enough high school boys as counselors? Yes  No

### **Parents/Guardians:**

I understand that my child is applying as an outdoor education cabin counselor. My child has the maturity and ability to supervise children in the fifth and sixth grade. I understand that if selected, my child will miss school for a period of four or five days.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you. You will be receiving more information. If you have questions, please contact your contact at either ENH Loma Mar at (650).879.0608 or ENH Sempervirens at (831).338.3077.



## COUNSELOR TEACHER PERMISSION FORM

I, \_\_\_\_\_, have applied for the position of cabin counselor with Exploring New Horizons Outdoor Schools. **In order to serve as a cabin counselor at the outdoor school, I must have approval from all my teachers, a school administrator, and the attendance office.** Teachers, please sign your name indicating your permission for me to serve as a counselor for a week. I understand that you may withdraw your permission at any time should my grades or citizenship drop to an unsatisfactory level.

**"I am granting my permission for the above-named student to be a cabin counselor for outdoor school. I understand that if this student is chosen to serve as a cabin counselor, he/she will be absent for a full week of classes and will have to make up all missed work."**

**STUDENTS:** Please print the class and teacher's name. You must also get signatures from the attendance office as well as a school administrator.

**TEACHERS:** Please add signature.

CLASS	TEACHER	TEACHER'S SIGNATURE

Administrator's signature: \_\_\_\_\_

Attendance office: \_\_\_\_\_

- Note:**
- All students who attend the outdoor school as cabin counselors are responsible for making up all missed school work.

**THANK YOU FOR YOUR SUPPORT OF THE OUTDOOR EDUCATION PROGRAM.**



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## COUNSELOR MEDICAL HISTORY & AUTHORIZATION FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail (please write clearly): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

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

Parent #1 Name: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**If parents cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

The following information is required to ensure that your child's individual needs are met while attending outdoor school. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For your child's safety, **no** child will be allowed to attend without a completed and **signed** Consent Medical Authorization (see below).

Family Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please check the appropriate boxes below and fill out ANY information that the outdoor school staff should be aware of:

<input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Allergies ___ Pollen/grass ___ Dust/mold ___ Foods ___ Insect bites <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Bedwetting <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Sleep talking <input type="checkbox"/> Recent injuries <input type="checkbox"/> Other	Please explain any medical, physical or emotional condition/reaction or other problem(s) that we need to be aware of during program, including any boxes checked: _____ _____ List any dietary restrictions/allergies and the reactions you have (e.g., food allergies, lactose intolerance, vegetarian, etc.) <i>Note: If you require a specialized care or diet, please contact us as soon as possible so that we can make arrangements.</i> _____ _____
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<b>I authorize the following medications to be administered as needed:</b>				<b>Date of last tetanus shot</b>	
Neosporin	<input type="checkbox"/> YES <input type="checkbox"/> NO	Calamine Lotion	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____	
Ibuprofen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tylenol	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Benadryl	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tums	<input type="checkbox"/> YES <input type="checkbox"/> NO		

List ALL medications (including prescription medications, vitamins, and over the counter medications) your child will bring and instructions for administering. Please send the medication in **ORIGINAL** containers. Attach additional paper if necessary.

Medication	Dosage and Time	As needed or daily?
1.		
2.		
3.		

Exploring New Horizons has my permission to use images of my child for educational and promotional purposes only:  YES  NO

I wish to add my name to the Exploring New Horizons mailing list to receive information about summer camp and related events:  YES  NO

The health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Exploring New Horizons to secure all proper and required treatment for the individual listed. My child is in good health and I accept all financial responsibility for my child's attendance. All expenses not covered by Exploring New Horizons Insurance Policy shall be paid by the parent or guardian (pre-existing conditions are not covered; e.g. asthma). I recognize that my child must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies may cause for your child's dismissal from program.

In the event that a decision is made that a student should be sent home from disciplinary reasons, homesickness or for a violation of the outdoor school rules, there will be no refund of fees and it will be the responsibility of the parents to arrange transportation home.

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



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## COUNSELOR RESPONSIBILITY CONTRACT

The primary responsibility of an Exploring New Horizons Outdoor Schools cabin counselor is the emotional well-being and safety of the children in her or his care. The following contract clarifies the responsibilities of the counselor to ensure that children have a safe, positive experience.

**Please initial the following statements and sign the document in the appropriate place.**

I must ensure that I guide the children in my care fairly and consistently. I will take care to treat them with respect. \_\_\_\_\_

I will remain with the children unless it is my specified time off. I will report all injuries, illnesses, and potentially dangerous situations. \_\_\_\_\_

Because the children are easily influenced, I will protect them from foul language and inappropriate or frightening stories and activities. No uncomplimentary remarks about race, gender, religion, sex or sexual orientation will be tolerated in my cabin group. \_\_\_\_\_

I agree that while at the outdoor school I will not use tobacco products, alcohol, or illegal drugs.  
\_\_\_\_\_

I understand that for my own protection, I should never touch a child inappropriately and I agree to never hit or mishandle a child. \_\_\_\_\_

I will not allow any student to enter a cabin or village that she or he is not assigned to, nor encourage or lead cabin raids. \_\_\_\_\_

If I have any difficulty, I understand the outdoor school staff is available to help me and it is my responsibility to ask for help when it is needed. \_\_\_\_\_

I will not exchange contact information with any students (Facebook, email, phone number, Twitter, Instagram, etc.). \_\_\_\_\_

I understand that I must follow all of the rules of Exploring New Horizons Outdoor Schools. I understand that any infraction of the above statements can result in my immediate dismissal. \_\_\_\_\_

*I have read and agree to the responsibilities listed above.*

\_\_\_\_\_  
Print your full name

\_\_\_\_\_  
Sign your full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's full name

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date