



**BOYS & GIRLS CLUBS**  
UNITED BOYS & GIRLS CLUBS OF SANTA BARBARA COUNTY

## PERSONNEL ACTION REQUEST

Section 1 PERSONNEL ACTION										
NEW-HIRE	RE-HIRE	PAY	PAID LEAVE	BENEFITS	LOA	STATUS	PROMOTION	TRANSFER	ADDRESS/PHONE	TERMINATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 EMPLOYEE INFORMATION					
EFFECTIVE DATE	HIRE DATE	FIRST NAME	M. I.	LAST	
ADDRESS			CITY		STATE    ZIP
HOME PHONE NUMBER		BIRTH DATE	SOCIAL SECURITY NUMBER		<input type="checkbox"/> MARRIED <input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> FEMALE
EMERGENCY CONTACT - NAME:		PHONE:	ADDRESS:		RELATIONSHIP:

Section 3 FROM		TO		
DEPARTMENT/CLUB				
POSITION/TITLE				
STATUS/HOURS (i.e. PT to FT)				
MISC. (BENEFITS, ADDRESS, ETC.)				
PAY (i.e. \$10.00 per hr. or \$24,000 yr.)	<input type="checkbox"/> HOURLY	<input type="checkbox"/> NON-EXEMPT	<input type="checkbox"/> HOURLY	<input type="checkbox"/> NON-EXEMPT
	<input type="checkbox"/> SALARIED	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> SALARIED	<input type="checkbox"/> EXEMPT
REASON FOR PAY CHANGE	\$ AMOUNT OF CHANGE	INCREASE %	EFF.	DATE OF NEXT REVIEW

Section 4 REQUEST FOR COMPANY LEAVE				
SICK LEAVE	VACATION	UNPAID	# OF DAYS OR HOURS REQUESTED	ACTUAL DAYS REQUESTED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5 LEAVE OF ABSENCE						
FAMILY & MEDICAL	MATERNITY	PAID FAMILY LEAVE	WORK COMP	PERSONAL LEAVE	OTHER	LEAVE DATE(S)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6 TERMINATION						
RESIGNATION	DISCHARGE	LAY-OFF	RETIREMENT	OTHER	TERMINATION DATE	LAST DATE WORKED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IS TERMINATION VOLUNTARY? YES NO    REASON FOR TERMINATION:						

Section 7 REMARKS

SECTION 8 APPROVALS/SIGNATURES			
EMPLOYEE	DATE	DIRECTOR OF FINANCE	DATE
UNIT DIRECTOR/CLUB	DATE	CHIEF EXECUTIVE OFFICER	DATE



# United Boys & Girls Clubs of Santa Barbara County

\* P.O. Box 1485, Santa Barbara, CA 93102 \* P: 681-1315 \* F: 681-1345 \*

## Application for Part Time Employment

**Please print or type**

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

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

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

Position Desired: \_\_\_\_\_ Presently Employed? Y N

**Education:** Are you currently a student? Y N

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

College/Univ.: \_\_\_\_\_ City/State: \_\_\_\_\_

Foreign Languages Spoken Fluently: \_\_\_\_\_

**Military Service:** Y N

If yes, branch: \_\_\_\_\_ Dates: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

List any physical defects, which may hinder job performance: \_\_\_\_\_

**Former Employers:** (List most recent first)

Company #1 \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

Company #2 \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

Company #3 \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

List special skills, hobbies, & interests: \_\_\_\_\_

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application or in an oral interview is cause for dismissal.

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

## United Boys & Girls Clubs Bloodborne Pathogen Training

Research by the Center for Disease Control has established the HBV (hepatitis “B”) is far more prevalent and far more infectious than HIV. In fact, one in every 250 individuals in the United States is infected with the Hepatitis B Virus. Individuals may be carriers without knowing it. Also, HBV carriers will infect their newborn children at birth about 90% of the time versus 40% for HIV.

As first aid providers, daycare, and camp staff, you may be exposed to blood and Other Potentially Infectious Materials (OPIM).

It is important for you to understand what to do if you have a Bloodborne Pathogen “exposure incident.”

An “exposure incident” has occurred if blood or other OPIM makes contact with your eyes, mouth, nose, **or an open wound or abrasion on your skin.** A circumstance where a needle or other sharp object that has come into contact with blood or OPIM penetrates your skin is also an “exposure incident.”

If you have an “exposure incident” at work you should immediately notify your supervisor or administrator who will arrange for you to go to an emergency medical facility for evaluation of the need for Hepatitis B vaccination (if you have not completed the vaccination series) and HIV prophylaxis. **In order for these preventive measures to be effective they must be administered within 24 hours of the exposure incident. You should also report any first aid incident where blood is present.**

### **Safe Practices for First Aid:**

- IF INJURY IS NOT SEVERE, HAVE THE INJURED PARTY APPLY THE BANDAGE OR PRESSURE.
- IF YOU NEED TO HELP. MAKE SURE TO PUT ON SURGICAL GLOVES.
- IMMEDIATELY AFTER THE BLEEDING IS CONTROLLED, WASH YOUR HANDS AND DISINFECT.

I, \_\_\_\_\_, acknowledge receipt of this information  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**United Boys & Girls Clubs of Santa Barbara County**  
**EMPLOYEE ACKNOWLEDGEMENT FORM**

**CODE OF SAFE WORK PRACTICES**

I \_\_\_\_\_ (PRINT), hereby acknowledge that I have received, read, and understand the “Code of Safe Work Practices” for United Boys & Girls Clubs of Santa Barbara County.

I agree to conform to all practices, safety rules, and regulations relating to safe work performance.

I understand that my failure to follow these safety procedures will result in disciplinary action up to and including discharge.

I further understand that:

- a) It is my responsibility to report all unsafe conditions or violations of the Code of Safe Work Practices to my supervisor or other management personnel in order to minimize the potential of injury to my fellow workers.
  
- b) I am encouraged to inform my immediate supervisor of any hazards on the job without fear of reprisal, and that should my assistance create any such action or related intimidation, that I am encouraged to contact the Safety Director or management by phone or mail.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

COPIES TO: OFFICE (ORIGINAL) – SAFETY DIRECTOR - EMPLOYEE

**EMPLOYEE HANDBOOK**  
**ACKNOWLEDGEMENT**

I acknowledge that I have received a copy of the 2011 edition of the United Boys & Girls Clubs of Santa Barbara County’s Employee Handbook. I understand that this edition of the Handbook supersedes all previous descriptions of United Boys & Girls Clubs policies, procedures, and employee benefits.

I understand that the Handbook describes important information about the United Boys & Girls Clubs organization and that I am expected to read, understand, and adhere to the Clubs policies. I also understand that I am expected to familiarize myself with the content of the Handbook. I acknowledge that I have been given the opportunity to ask any questions that I may have regarding any of the policies, procedures, or benefits contained in the Handbook. If I have any additional questions about the Handbook, or about any other issue regarding my employment, I will consult with my Unit Director or the Executive Director of the organization, Michael Rattray.

I understand and agree that my employment with the United Boys & Girls Clubs organization is “at-will”, that is, both, the Club, or I, are free to terminate my employment at any time with or without cause or advanced notice. Understand that the statements contained in the Handbook are guidelines for employees concerning some of the Clubs policies, practices, procedures, benefits, and codes are and not intended to create any contractual or other legal obligations, or to alter the “at-will” nature of my employment. I also understand that, while other personnel policies, procedures, and benefits of the Clubs may change from time o time based upon the decisions of the United Boys & Girls Clubs of Directors. The “at-will” employment relationship with the United/Specific Club can only be changed by an express written employment contract signed by the Executive Director and with the approval of the Board of Directors of the United Organization. Further, I acknowledge that this is the entire and only agreement between the United Boys & Girls Clubs of Santa Barbara County and myself regarding my employment.

I understand that the United Boys & Girls Clubs organization may undergo changes, rescind to, or add to and policies, procedures, or employee benefits written in the Handbook, except that of my “at-will” employment policy, at any time with or without notice. I understand that employees will be notified of any and all changes by way of written communication.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



***Camp Whittier***  
**STAFF CONSENT TO  
TREATMENT  
AND RELEASE**  
*"Where the Adventure Begins"*  
(Please Type or Print)

**FOR** \_\_\_\_\_

Your Full Name

**CONSENT TO TREATMENT**

This health history is correct so far as I know, and I may engage in all prescribed Camp activities except as noted by the examining physician and me. I hereby give permission to the physician selected by the Camp Director to order x-rays, routine tests and treatment for the health of myself, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the named above. This authorization is given pursuant of Section 25.8 of the Civil Code of California. This authorization shall remain effective until December 31, 2011, unless sooner revoked in writing delivered to said agent. Also, for good and valuable consideration, I hereby consent to and authorize the reproduction, publication and use by the UNITED BOYS AND GIRLS CLUBS OF SANTA BARBARA, CAMP WHITTIER, and the American Camping Association, and their successors and assigns, for advertising, commercial, or any other purposes, of any photograph, picture or likeness of me.

**HOLD HARMLESS CLAUSE**

I further agree that the UNITED BOYS AND GIRLS CLUBS OF SANTA BARBARA COUNTY and CAMP WHITTIER, its Board of Directors, Officers and Staff are hereby relieved of all liability in the event of accident or injury to myself. Camp activities include: Rock Climbing, Ropes Course, Hiking, Swimming, Archery, Arts & Crafts, Native American Studies, Fishing, Games, Campfires and Boating.

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE

For questions please call (805) 962-6776

Camp Whittier is owned and operated by The United Boys & Girls Clubs of Santa Barbara County



## STAFF EXPECTATIONS

Because we care for the safety of the campers and staff attending camp and wish to maintain and protect the integrity and reputation of the program, there are certain guidelines that we expect of all the camp staff.

Even though we work in a casual environment you are expected to present yourself in a professional manner. Remember that you represent **Camp Whittier** on or off the camp grounds.

Please keep in mind that we all want to insure that each camper has a safe and fun time while here at camp and that as staff we will accomplish this effort together by supporting and encouraging each other. The following guidelines *must* be observed:

1. Zero tolerance policy for drugs, alcohol and tobacco. This means that illegal drugs and alcohol are not permitted on camp property at any time. Camp Whittier is a no-smoking camp. (Random drug tests may be done with staff)
2. We avoid swearing, foul language and unkind remarks at any time on camp property. Please encourage our campers to follow this guideline to ensure that kindness is the expected standard.
3. All clothing shall be neat, clean and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for Camp Whittier. Items of clothing which expose bare midriffs, chests, and undergarments are prohibited. Camp T-shirts, long pants and modest shorts are allowed. "Short" shorts, male or female, are not allowed.
4. **Swimming**: For men: swim trunks only, no cut offs, shorts or Speedos. For woman: one piece suits recommended; however two piece suits are allowed as long as they are modestly cut. No string, thong or crochet allowed.
5. All staff must sleep in their assigned bunks and be present in their assigned cabins by the appointed time for the safety of the campers. Lights out is 11:00 p.m.
6. Please avoid public displays of affection for a partner or girl/boy friend at **Camp Whittier**. We ask that you keep your romantic endeavors private and legal.
7. No weapons of any kind will be allowed on the camp grounds.

Should you fail to adhere to any of these guidelines; it will be considered grounds for immediate termination. By signing this form, I agree to abide by the guidelines of **Camp Whittier**.

Signed Name \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_  
(Signature gives Camp Whittier permission to perform drug screening if deemed appropriate by Camp Director)

## CAMP WHITTIER RELEASE AND INDEMNITY AGREEMENT

THIS CAMP WHITTIER RELEASE AND INDEMNITY AGREEMENT (the "Agreement") is being executed by the undersigned Participant, who hereby declares:

**1A. Acknowledgment:** I acknowledge that: I intend to participate in one or more team and leadership building courses operated under the name "CAMP WHITTIER" and sponsored by or at a facility owned, operated, or otherwise connected with the United Boys and Girls Clubs of Santa Barbara, Inc. ("United"), and each of the separate Boys and Girls Club corporations affiliated with that entity (including but not limited to those for Camp Whittier, Carpenteria, Westside Santa Barbara, Goleta, and Lompoc) (United and all such other corporations are collectively referred to herein as the "Corporations").

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1A: \_\_\_\_\_.**

**1B. The Camp Whittier Courses involve a number of risky activities,** including backpacking, hiking, rock climbing, high ropes course, initiative games, new games, team building activities, and other physical activities. These pose risks and dangers to participants, including but not limited to those arising from (1) the negligence of other program participants and spectators; (2) the negligence of equipment manufacturers or defects in their products; (3) the failure or negligent use of equipment; (4) slips, trips, falls, collisions, and other encounters with training equipment, trails, rocks, plant life, animal life, falling rocks, and other objects at or around the area where the Camp Whittier Courses are conducted; and (5) the negligence or inadequate training of those persons at the Camp Whittier Courses who seek to assist with medical care or other help for the Participant either before or after an injury has occurred.

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1B: \_\_\_\_\_.**

**1C. Participation:** The Camp Whittier Course facilitators will encourage and ask me to Participate in the Camp Whittier Courses, I have no duty or obligation to participate, and I am and at all times solely responsible for deciding whether to participate, in each, any or all of the Camp Whittier Courses or activities.

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1C: \_\_\_\_\_.**

**2. Release:** I Release, as a condition of my participation in any Camp Whittier Course, the Corporations, their respective officers, directors, trustees, employees, and other agents, and each instructor in the Camp Whittier Courses from any and all claims, costs, damages and expenses arising from or in any way related to my participating in any one or more of the Camp Whittier Courses, and further acknowledge and agree that (a) this Release extends to all claims of every nature and kind whatsoever relating to the Camp Whittier Courses and the matters described in Section 1, above, whether such claims be known or unknown, suspected or unsuspected, concealed or otherwise, and (b) expressly waives all rights under California Civil Code 1542, which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 2: \_\_\_\_\_.**

**3. Indemnity:** I agree to indemnify, defend, and hold the corporations, their respective officers, directors, trustees, employees, and other agents, and each facilitator of the Camp Whittier Courses, free and harmless from any and all costs, claims, damages, and expenses arising from or in any way related to my participating in any one or more of the Camp Whittier Courses.

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 3: \_\_\_\_\_.**

**4. Miscellaneous.** I further understand, acknowledge, and agree that: **A.** This Agreement supersedes all prior and contemporaneous understandings, whether oral or Written, between myself and the Corporations and the Camp Whittier Course facilitators, and may not be modified or amended, except by a written instrument executed by an authorized representative of the Corporation and the myself. **B.** Prior to signing this Agreement, I have had sufficient time to read, understand, and consider this Agreement, and to ask any questions I deem appropriate concerning the Camp Whittier Courses and this Agreement, and that I have not been coerced in any way into signing this Agreement against my Wishes.

**PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 4: \_\_\_\_\_.**

**IN WITNESS WHEREOF,** the Participant (or, if the Participant is a minor child, the parent or legal Guardian of the Participant) has signed this Release on the date set forth below.

Participant's Printed Name: \_\_\_\_\_

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

**SIGNATURE OF PARTICIPANT (OTHER THAN MINOR CHILD)**

**SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR CHILD/PARTICIPANT**

The undersigned represents and warrants to the Corporations and each instructor in the Camp Whittier Courses that the undersigned is the parent or legal guardian of the Participant, and has read, understood, and hereby consents to and executes this Agreement on behalf of the Participant.

Printed Name of Parent or Legal Guardian; \_\_\_\_\_

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

**Voluntary Disclosure Statement**  
**All Camp Staff FM 16**

Developed and approved by the  
American Camp Association

Mail this form to the address below by \_\_\_\_\_ (date)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

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

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

? No If yes, please explain:

(Use a separate sheet, if necessary.)?Yes

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

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? ? No?Yes

- 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 the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

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4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
? No If yes, please explain: (Use a separate sheet, if necessary.)?Yes

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  
? No?Yes

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  
? No?Yes

If yes, please explain:

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I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) 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; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
 UNITED BOYS & GIRLS CLUBS  
 OF SANTA BARBARA COUNTY

CLUB: \_\_\_\_\_ POSITION: EMPLOYEE VOLUNTEER

During the application process and at any time during the tenure of my employment/service with the United Boys & Girls Clubs, I hereby authorize ChoicePoint Services Inc., on behalf of the United Boys & Girls Clubs to procure an investigative consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Employee Signature	Date	
Social Security Number *	Date of Birth *	
First Name	Last Name	M.I.
Street #	Street Name	Apt #
City	State	Zip

\* For identification purposes only

CA Residents please note: Under California State law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.  
 NO, I do not want a free copy of my consumer report.

HEALTH  
HISTORY FORM  
CAMP WHITTIER



**BOYS & GIRLS CLUBS**  
UNITED BOYS & GIRLS CLUBS  
OF SANTA BARBARA COUNTY

**Camper / Staff  
Name** \_\_\_\_\_

Last First M.I.

Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AUTHORIZATION and CONSENT TO TREAT**

*If for any reason you wish not to authorize treatment, please attach a letter of explanation.*

I attest that (camper / staff name) \_\_\_\_\_ is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that camper / staff is properly prepared for camp including having proper clothes and equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's health care staff for various problems, except as I have noted in this form. I authorize the camp to share information on this Health History document with selected camp staff (health care, etc.) and professional health care providers on a need-to-know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician, or one of the alternates listed on this form, or my application form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and order injection, anesthesia or surgery for me. I authorize the camp to arrange and/or provide necessary related transportation for me. I agree to be responsible for expenses incurred during the care and treatment.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18) \_\_\_\_\_

**MEDICAL INSURANCE and PHYSICIAN INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of primary insured person \_\_\_\_\_  
Name of primary physician \_\_\_\_\_  
Name of clinic/hospital \_\_\_\_\_  
City & State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**Name** \_\_\_\_\_  
Last First M.I.

Parent/Guardian with legal custody to be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship to Staff: \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Second parent/guardian to contact:

Name: \_\_\_\_\_ Relationship to Staff: \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Additional contacts in event parents cannot be reached:

Name: \_\_\_\_\_ Relationship to Staff: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Staff: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

M.I.

First

Last

**ALLERGIES***Please list all known allergies, including reaction and treatment to be given:*

- No known allergies
- Food allergies
- Medication
- Environmental/seasonal
- Other

**DIET and NUTRITION***Please check all that apply, and give any specifics that will help the kitchen staff provide the best possible nutritional support.*

- Eats a normal diet
- Vegetarian
- Other (specify): \_\_\_\_\_

**HEALTH HISTORY***Does camper / staff have a history of any of the following? Check all that apply:*

- Asthma
- Hospitalization
- Migraines
- Diabetes
- Surgery
- Seizures
- Sleepwalking
- Chronic illness
- Recent injuries
- Nightmares
- Mononucleosis
- Physical disabilities
- Bed wetting
- Heart problems
- Other (specify): \_\_\_\_\_

*Please explain any items checked above:**Any restrictions on your activity while at camp? If yes, please explain:*

- Yes
- No

**MENTAL & EMOTIONAL HEALTH***Has camper / staff been diagnosed or treated for any of the following?*

- ADD
- AD/HD
- Anxiety
- Learning disability
- PTSD
- OCD
- ODD
- Eating disorder
- Depression
- Developmental disabilities
- Other psychiatric diagnosis (specify): \_\_\_\_\_

*Please explain any items checked above:**Does Camper / Staff see a mental health professional?  Yes  No**Any home, family or other life experiences or circumstances that we should know about? Please explain:***ANYTHING ELSE?***Is there anything else we should know about camper / staff?*

## MEDICATIONS

List ALL medication that are coming with camper / staff to camp, including vitamins, prescriptions and over-the-counter meds. All medication must have:

- Original pharmacy or manufacturer containers
- Name (meds belonging to anyone else are not accepted)
- Current date (expired meds are not accepted)
- Written directions from pharmacy or physician (your instructions for prescription medications are not accepted)

Name of medication	Reason for taking medication	Amount or dose given	When it is given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	

The following over-the-counter medications (or their generic equivalents) may be stocked in the camp Med Lodge and administered as needed. Cross out any medications that should not be given:

### Pain, Illness & Allergies

Bendaryl  
 Sinu-Cleanse  
 Claritin  
 Saline Solution  
 Cough Drops  
 Advil  
 Robitussin  
 Calcium/Magnesium/  
 Zinc

Preparation H  
 Icy Hot  
 Acetaminophen  
 Ibuprofen  
 Eye Wash  
 Emergen-C  
 Orajel

### Digestion/Upset Stomach

Electrolyte Tablets  
 Calcium Antacid  
 Anti Diarrheal  
 Gatorade

**Other**

Lice comb  
 Breath Rx  
 Ammonia Inhalants  
 Tecnu

### Topical/Skin Products

Wart Remover (Freeze Away, Clear Away & Liquid)  
 Calamine Lotion  
 Aloe Vera  
 Burn Cream  
 Hydrocortisone  
 Bug Spray  
 Sunblock  
 Baby Oil  
 Petroleum Jelly  
 Baby Powder

## MEDICAL EXAMINATION

We require that camper/staff have a medical examination and physician's authorization within the last 24 months prior to camp. You may also attach a copy of a school or sports physical exam.

**Physician's statement** - I find the camper/staff member to be in good health and able to take part in outdoor activities at Camp Whittier with the following exceptions:

Physician's signature \_\_\_\_\_ Date of exam \_\_\_\_\_

Print Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## IMMUNIZATIONS

Give the dates of the last immunization or booster, or attach a copy of official immunization record:

Have you had chicken pox?  Yes  No

Tetanus/Booster: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Hepatitis A: \_\_\_\_\_ Influenza: \_\_\_\_\_  
 HPV: \_\_\_\_\_ Measles, Mumps, Rubella: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Other: \_\_\_\_\_



# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.