

Prospective Camp Counselors

For Cedar Way Elementary at Camp Orkila

Cedar Way Elementary will need approximately 6 camp counselors for our outdoor camp, **Sept. 27-Sept. 30**. We are encouraging high school students who are enthusiastic, outdoor loving, kid loving and teamwork oriented to apply. Applicants must be willing to abide by rules concerning behavior and dress while at camp and be part of the leadership team.

Sept. 14	Applications turn in
Sept. 16	Parents sign liability waiver
Sept. 19 Monday	Meeting & Training at Cedar Way Elementary, room 604 at 3:20pm
Sept. 27	7:30 Arrive at Cedar Way
Sept. 30	3:00 Arrive with bus at Mountlake Terrace High

Application Steps

Call 425-431-2108 to let us know you are interested.

Fill out the attached forms completely. (The essay is not necessary for returning counselors or counselors that I have already confirmed, just fill in the absence signatures from teachers).

- Be sure to get required signatures from parent, teachers, counselor and administrator.
- Do a thorough job of writing your essay on how you can contribute to our students' camp experience.
- Read Chaperone Handbook ([link](#)) on Cedar Way webpage/activities/outdoor school information and links
- The health form is required too.
- Turn into Cedar Way on time.

If you have questions or need to communicate, e-mail is the best:

overleese@edmonds.wednet.edu or phone 425-431- 2108

Accepted applicants must be able to attend interview meeting and attend meeting with campers.

Many Thanks it's going to awesome! - Erik Overleese, Cedar Way Elementary

EDMONDS SCHOOL DISTRICT NO. 15
ENVIRONMENTAL EDUCATION STUDENT LEADER APPLICATION

Name _____ Grade _____ School _____

Address _____ e-mail _____

Home Phone _____ Student's phone _____ Boy ___ Girl

_____ Previous Counselor Experience: Yes _____ No

_____ If yes, please tell where and who the
teacher was. _____

Do you have any dates that conflict with our dates at camp or the training schedule?

NO _____ YES _____ When?

_____ Do you play
the guitar, ukulele, or other song leading instrument? _____ What?

_____ Can you lead songs and skits with children?

_____ If you have tutored in an elementary school,
which school, who was the teacher, and for how long?

_____ Other experience working with children.

Have you had any other leadership or team building training? Explain? What did you learn?



EDMONDS SCHOOL DISTRICT
HEALTH FORM FOR CAMP, OUTDOOR
SCHOOL AND EXTENDED FIELD TRIP

Student's Name _____

Parent/Guardian _____

Address _____

Day Phone (____) _____

Evening Phone (____) _____

Pager/Cell (____) _____

Emergency Contact _____

Relationship _____

Day (____) _____

Evening (____) _____

Check if you child has any of the following conditions:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Sting Allergy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food/Medicine Allergies | <input type="checkbox"/> Menstrual Disorders | |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Seizures | |

If checked above, please explain _____

Date of last tetanus shot _____

If your child has any symptoms of illness or has been exposed to a communicable disease and may be in the infectious stage, he/she needs to stay home.

MEDICATIONS:

ALL medication (prescription and over-the-counter) kept by school staff must be in a pharmacy or manufacturer's container, which is clearly labeled. Please list all medication your child **must** take on the back. Contact your licensed health professional to complete his/her section of the medication form before returning it to school.

My child may self-administer Sunscreen Insect Repellent. To prevent eye injury please send non-aerosol forms of sunscreen and insect repellent.

MEDICAL RELEASE:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Signature of Parent/Guardian _____ Date _____

(over)