

Part Time Participant Name: \_\_\_\_\_ Page 1 of 7

Mail to: Jana Elliott PO BOX 152 Pinnacle NC 27043  
Fax to 336-994-2116 Please return by May 25th, 2021



**Part Time Team Member:** May serve one or more hours on one or more days based on your availability.

**Availability:**

**Week of June 28<sup>th</sup>, 2021: M-F 7:30am-5:30pm.** Rural Hall Elementary 275 College St, Rural Hall, NC 27045

Please indicate the hours you are available to serve: \_\_\_\_\_

Please indicate the days you are available to serve: \_\_\_\_\_

**Week of July 12<sup>th</sup>, 2021: M-F 7:30am-5:30pm.** Forbush Middle School, 1431 Falcon Rd, East Bend, NC 27018

Please indicate the hours you are available to serve: \_\_\_\_\_

Please indicate the days you are available to serve: \_\_\_\_\_

**Week of July 26<sup>th</sup>, 2021: M-F 7:30am-5:30pm.** Meadowview Middle School 1282 McKinney Rd, Mt. Airy, NC 27030

Please indicate the hours you are available to serve: \_\_\_\_\_

Please indicate the days you are available to serve: \_\_\_\_\_

**Consent & Verification of Accuracy:**

I attest that I am the volunteer staffer over the age of 18 or the parent/legal guardian of \_\_\_\_\_ (staff member's name) & I have full authority to consent, attest to, and authorize Heroes Helping Heroes & its Seeds of Hope programs to the following information. Denial of permissions will be noted if applicable. As such, I certify (promise) that all information on this application is true as reported. I understand that the Seeds of Hope program may qualify for a Federal Feeding Grant or other funding opportunities based on the information I give. I understand that if I purposely give false information, I am jeopardizing funding for the Seeds of Hope programs for foster, adopted, & at-risk children.

**Signature of Staff Member:** \_\_\_\_\_

**Signature of Legal Guardian of Minor Staff Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pledge of Consideration:**

I, \_\_\_\_\_, Seeds of Hope camp staff applicant, **pledge to notify Jana immediately** should my plans change at 336-972-5266 & janak313@surry.net **I further promise**, that if for some unexpected reason, I am unable to fulfill my commitment to the service periods I have indicated above, I will make every effort to secure a replacement who will fulfill my job requirements as good or better than I would have. **I understand that Seeds of Hope's ability to serve these precious children depend on my communication, commitment, dependability, & accuracy.**

**Background Check Consents:**

I, \_\_\_\_\_, Seeds of Hope camp staff applicant understand that I must submit to a background check & be found to have a record devoid of criminal activity to be approved to work as a Seeds of Hope staff member each year that I apply.

**Character references with phone number (all applicants):**

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

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

Staff Member Referred by: \_\_\_\_\_

**Printed full name of Seeds of Hope camp staff applicant** including maiden, previous, current married name, or any aliases: \_\_\_\_\_  
\_\_\_\_\_

**Demographic Info:**

Participant's Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of June 1, 2020: \_\_\_\_\_ Last grade completed as of June 2020: \_\_\_\_\_

Ethnicity: Hispanic/Latino\_\_ Asian\_\_ American Indian or Alaska Native\_\_ African American\_\_

Caucasian\_\_ Native Hawaiian or other Pacific Islander\_\_ Gender: ( M/F) \_\_\_\_

T-Shirt Size: (Adult) \_\_\_\_/ (Youth): \_\_\_\_\_ New/Returning Staffer: \_\_\_\_\_

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

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

In case of emergency call: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor Staffer Lives With: \_\_\_\_\_ Relationship to Staffer: \_\_\_\_\_

Legal Guardians' Name(s): \_\_\_\_\_

Legal Guardians' relationship to the staffer: \_\_\_\_\_

Staffer's email address: \_\_\_\_\_

Legal Guardians' email address: \_\_\_\_\_

LGs' Daytime Phone: \_\_\_\_\_ LG's Cell# : \_\_\_\_\_ LG's Home: \_\_\_\_\_

Staffer's Daytime #: \_\_\_\_\_ Staffer's Cell# : \_\_\_\_\_ Staffer's Home: \_\_\_\_\_

Staffers Cell Phone Carrier (example: Verizon, AT&T, Sprint): \_\_\_\_\_

**PLEASE NOTE: It is extremely important that the staff member's phone number, cell plan provider, & email address be current should HHH need to provide updates or schedule changes.**

In order that Heroes Helping Heroes and its Seeds of Hope programs qualify for a Federal Feeding Grant as well as other funding opportunities, we ask that you provide the following information:

*Does your household receive benefits from WIC, SNAP, TANF, FDPIR, or free & reduced lunch?*

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what county are benefits received through \_\_\_\_\_

*Please check any that apply to the staff member:*

In Head Start \_\_\_\_\_ In foster care \_\_\_\_\_ Adopted \_\_\_\_\_ Homeless \_\_\_\_\_ Migrant \_\_\_\_\_

A runaway \_\_\_\_\_ Has a learning disability \_\_\_\_\_ Retained in grade at least once \_\_\_\_\_

Has an emotional/medical/behavioral disorder \_\_\_\_\_ Speaks English less than "very well" \_\_\_\_\_

Does not live with both parents \_\_\_\_\_ Either parent immigrated in past 5 years \_\_\_\_\_

Family income below \$10,000 \_\_\_\_\_ Neither parent/guardian employed \_\_\_\_\_

I certify (promise) that all information on this application is true as reported. I understand that the Seeds of Hope program may qualify for a Federal Feeding Grant or other funding opportunities based on the information I give. I understand that if I purposely give false information, I or the minor staff member may lose the ability to volunteer at HHH camps or associated programs.

**Permissions/Release Section**

**Release of Minor Staff Member:**

(Participant's Name) \_\_\_\_\_ may be picked up by the following people from the Seeds of Hope Summer programs:

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

**\*\*\*Please attach copies of picture identification for all parties responsible for pick-up of the minor staffer\*\*\***

(Participant's Name) \_\_\_\_\_ may **NOT** be picked up by the following people from the Seeds of Hope Summer programs: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Photography:**

I do authorize: \_\_\_\_\_ I do not authorize:  
Heroes Helping Heroes & its Seeds of Hope programs to publish photographs/likenesses of \_\_\_\_\_ (staff member's name) for use in the Heroes Helping Heroes & its Seeds of Hope program's print, online & video-based materials, as well as other publications. Further, I attest that I am the parent or legal guardian of the child listed above & that I have full authority to consent & authorize Heroes Helping Heroes & its Seeds of Hope programs to use their likenesses.

**Transportation (NOTE: this permission does NOT enroll you or the minor staffer in transportation to/from camp. This allows staffers chaperoning campers ages 8 & above to be transported off campus to the farm or campers in 7<sup>th</sup> grade or above participating in off campus Orange group activities):**

I do give: \_\_\_\_\_ I do not give:  
In the event that transportation should need to be provided to/from locations specific to Seeds of Hope activities or drop off locations, permission to Heroes Helping Heroes representatives as well as their authorized transportation providers with a valid NC driver's license to transport \_\_\_\_\_ (staff member's name).

**PLEASE NOTE: Transportation to & from the Seeds of Hope summer camps are not provided except in the case of true & verifiable hardship situations noted below in writing EACH year. Written explanations of transportation hardship must be received by Jana Elliott, Executive Director, no later than three weeks prior to the start date of the week(s) you are requesting you or the minor staffer attend camp as transportation provision is an extremely expensive undertaking & cannot be guaranteed without available funding. No consideration will be given requests that are not received in writing with an explanation of the situation. You will receive written notice of your approval for transportation should your request be granted.**

**Staff Member Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

In the event that transportation to/from Seeds of Hope campuses should be granted based on the verifiable hardship documented above, I \_\_\_\_\_, the volunteer staffer over the age of 18 or the parent/legal guardian of \_\_\_\_\_ (staff member's name) permission to Heroes Helping Heroes representatives as well as their authorized transportation providers with a valid NC driver's license to transport \_\_\_\_\_ (staff member's name).

**Insurance:**

I, the volunteer staffer over the age of 18 or the parent/legal guardian of \_\_\_\_\_ (staff member's name), do hereby verify that the above information is correct & do hereby release & forever discharge all staff, chaperones, Stokes County/Yadkin County/Elkin City Schools & Heroes Helping Heroes & its Seeds of Hope program representatives from any & all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Heroes Helping Heroes & its Seeds of Hope program events, field trips & related events.

**Medical Release**

In the event of a medical emergency or need, I, the volunteer staffer over the age of 18 or the parent/legal guardian of \_\_\_\_\_ (staff member's name), give the acting staff permission to act in the best interest of myself or my child to obtain medical treatment. I will be notified of the emergency/need as soon as possible.

**Administration of Tylenol or Ibuprofen (circle preference) for minor headaches based on the packaging directions by camper age:**

I do give permission

I do not give permission & request the following directions be followed:

\_\_\_\_\_

**Administration of Sunscreen (any brand):**

I do give:

I do not give permission & request the following directions be followed (if specific brands be required, staffer must supply): \_\_\_\_\_

\_\_\_\_\_

**Medical/Educational/Emotional Information**

Staff member's Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

\*\*\*\*\*A front & back copy of the staff member's insurance card(s) is required\*\*\*\*\*

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Seeds of Hope Full Time Staff Application**

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**Immunizations**

*List m/y if possible or state current*

\_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles  
\_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

**Medical/Social/Behavioral History**

Does/has the staff member experienced any of the following medical conditions? (Please check all that apply & attach additional information if needed.)

\_\_\_\_\_ Asthma \_\_\_\_\_ Kidney trouble \_\_\_\_\_ Heart trouble  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Headaches  
\_\_\_\_\_ Allergies \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other (specify) \_\_\_\_\_

Has the staff member ever had an allergic reaction to:

Food (specify): \_\_\_\_\_ Medication (specify): \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Please list all current medications: \_\_\_\_\_

Please list medications that can or need to be administered & for what conditions.

Condition: \_\_\_\_\_ Dosage \_\_\_\_\_

Med. Type/Name \_\_\_\_\_

**Educational:**

Does the staff member have an IEP or 504 plan in place? \_\_\_\_\_ What modifications are provided if yes: \_\_\_\_\_

**Emotional:**

Does the staff member have any mental, behavioral or social needs that we need to be aware of so that we can be sure to make you or the minor staffer's experience as fun & safe as possible: \_\_\_\_\_

**ROLE/ACTIVITY SELECTION**

**Please Check the Camp/Mentor Event Staff Role You are Interested in Filling**

\_\_\_ **First Aid Support Staff:** This position is focused on the health and safety of our campers. This position is solely devoted to providing care for campers and staff as minor emergencies occur within the camp environment. We desire for this position to be filled by someone who is experienced in or actively pursuing a degree or career in the nursing or emergency medical field. Volunteers may float anywhere between 7am-6pm.

\_\_\_ **Kitchen Support Staff:** Support people will work under the kitchen specialist to set up meals/beverages, serve campers and staff, monitor cafeteria cleanliness and camper conduct, and clean cafeteria/prep areas as needed. Shifts: Pre-camp Set Up (6:45-7:30am), Breakfast (8am-9:30am), lunch (11am-1pm), Snack (2:30pm-4pm).

### **Seeds of Hope Full Time Staff Application**

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\_\_\_ **Photography Support:** This position captures video and still photography of campers, staff, and camp activities both on and off campus and provides all images to the Video/Photography Specialist. Volunteers may float anywhere between 7am-6pm.

\_\_\_ **Organized Mass Chaos (OMC) Support Team (Thursday/Friday positions):** These positions will report directly to the OMC course specialist and follow his/her direction for set-up/tear down of all course elements, leading campers through the various challenge course activities, and helping provide routine maintenance.

\_\_\_ **Daily Clean-Up Team:** The daily clean-up team will be responsible for patrolling the outer and inner campus, returning the areas in use by the camp team to the proper condition. Trash will be collected and disposed of and bathrooms will be cleaned. After the conclusion of worship, the worship center will be cleaned and all trash removed from the area. Finally, once campers have left campus, the gymnasium and classroom spaces will be swept and cleaned as needed. Ideally, service times should begin after 2:30pm.

\_\_\_ **Part Time Administrative Support Team:** The admin support team will be responsible for registration, check-in, and check-out of campers. Check-in of campers will typically occur each morning between 7:15am and 9:30am, however, campers may drop in at any point during the day due to late arrivals or appointments. Check-out of campers typically occurs between 5pm and 5:45pm each day, however can also be impacted due to camper scheduling conflicts.

\_\_\_ **Off Campus Support Team:** The off campus support team may be called to one of two areas; on-site at the Worthington's farm or traveling to daily off campus activities with our oldest group of campers. Volunteers for both areas will need to be energetic, mature, outdoors oriented people who are inclined to think quickly & act according to the environment they are placed in. A wide variety of activities will occur each day & volunteers must be actively engaged to ensure the safety & enjoyment of each camper. For example, volunteers may be asked to engage in: hiking, creek walking, swimming, arts & crafts, nerf activities, frisbee golf, horse shoes, bouncy house, birthday party games, equine experience, petting zoo (Domestic Animals), farming demonstrations (planting & picking), team building exercises/games, transportation between private properties, college campus tours, scavenger hunts, or an outing to a baseball game. Farm volunteers are needed between 9am-3pm Monday-Thursday & volunteers departing with older campers are needed 9am-3pm daily. Volunteers may work multiple hours & days if available.

\_\_\_ **Daily Clean-Up Team:** The daily clean-up team will be responsible for patrolling the outer and inner campus after the conclusion of the afternoon snack, returning the areas in use by the camp team to the proper condition. Trash will be collected and disposed of and bathrooms will be cleaned. After the conclusion of worship, the worship center will be cleaned and all trash removed from the area. Finally, once campers have left campus, the gymnasium and classroom spaces will be swept and cleaned as needed.

\_\_\_ **End of Week Clean-Up Management Team: Every person will participate in the End of Week Clean-up, however, there will be a management team assigned to designate areas of responsibility.** The goal is to completely clean the campus of any trace of the Seeds of Hope camp. We WILL leave the campus cleaner than we found it. The end of the week clean-up management team will be responsible for managing the THURSDAY-PRE-BREAK DOWN: all track leaders should neatly pack down their track immediately following their last track on Thursday. All items made by staff and campers during track or HELP sessions should be sent home Thursday if at all possible. All food & paper goods, with the exception of that needed for Friday lunch/dinner should be packed & moved to the appropriate designated location or sent home with campers (if the items will expire prior to the next camp/mentor session). In addition, the end of week clean-up management team will manage FRIDAY-CLEAN UP (final clean-up will not start until every camper is out of the building). Areas that must be returned to their original condition (pictures of each space will be provided for reference) as well as a spotless condition will be: the girls' bathrooms, boys' bathrooms, library, all classrooms utilized, all storage rooms utilized, all gymnasiums utilized, the cafeteria, the football field, softball/baseball fields, soccer fields, hallways, and buses/vans used. In addition, the end of week clean-up team will load up & deliver all to the appropriate designated location.

\_\_\_ **HELP Leader:** The leader will be responsible for teaching 45 minutes of interactive games/crafts/object lessons that address one letter per day of the acronym. Lesson plans & materials will be provided & the leader is welcome to subtract & supplement based on the age group being taught & the appropriateness of materials provided. Visual

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aids & music are highly encouraged. The team is highly encouraged to meet & strategize before, during & after camp sessions.

**HELP Support:** The support will be responsible for assisting the leader for 45 minutes of interactive games/crafts/object lessons that address one letter per day of the acronym. Lesson plans & materials will be provided. The team is highly encouraged to meet & strategize before, during & after camp sessions.

**Activity Tracks (listed below): Please mark all areas of interest with an "L" for leader or an "A" for assistant. Positions are not guaranteed but we will do our best to put you in the tracks you choose.**

**Track Leader:** This position consists of preparing activities/projects that are age appropriate for each age group/gender of campers, coordinating set up & clean-up of all supplies on a daily basis, & teaching campers how to complete the specified daily activity/project. You will also be responsible for maintaining the inventory of supplies & being sure to identify when more supplies need to be purchased.

**Track Assistant:** This position will be responsible for assisting the Track Leader during all of the activities that occur during your specific track during our camp sessions. This position consists of aiding the leader preparing activities/projects that are age appropriate for each age group/gender of campers, assisting in set up & clean-up of all supplies on a daily basis, & encouraging & assisting campers as they complete the specified daily activity/project.

- Softball/baseball (all ages)
- Soccer (all ages)
- Cheerleading (all ages)
- Kickball/Dodgeball (all ages)
- Football (all ages)
- Fishing (all ages)
- Yoga (all ages)
- Puzzle Mania (all ages)
- Tumbling/Dance (all ages)
- Fun & Fitness (all ages)
- Kitchen Chaos (all ages)

- Builder Boys (ages 5-7)
- Kitchen Chaos (ages 5-7)
- Glitter Girls (ages 5-7)
- Simply Science (ages 5-7)
- Legoland (ages 5-7)
- Art (ages 5-7)
  
- Kitchen Chaos (ages 8-12)
- Ultimate Frisbee (ages 8-12)
- Basketball (ages 8-12)
- Legoland (ages 8-12)
- Builder Boys (ages 8-12)
- Art (ages 8-12)
- Mad Science (ages 8-12)
- Glitter Girls (ages 8-12)

Things the director should know regarding your interest in the tracks/positions you selected (i.e. Little kids make me break out in hives and suck my thumb OR I am a three time Olympic gold medalist in all Lego tower building and teaching is my jam.)

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