

Michael's Gate Youth Leadership Retreat Job Descriptions

Michael's Gate is a non profit organization dedicated to teaching leadership and team building skills to youth ages 10 through 12. Campers will engage in a variety of outdoor activities such as rock climbing, ropes/obstacle courses, canoeing and hiking. This six day leadership retreat is held at the Golden Bell Camp in Divide, CO. Golden Bell is a year round camp and conference center located 30 miles west of Colorado Springs. Majestic Pikes Peak and the Colorado Rockies dominate the horizon. This is a place set apart, with quality facilities, excellent food, and outstanding service!

Michael's Gate is currently looking to fill (5) Mentor and (5) Mentor Assistant positions for this summer session. The goals of these positions are to ensure that campers are safe, engaged in productive behaviors and kept busy developing effective skills and useful life strategies. Each team consists of 1 mentor, 1 assistant and five campers. In these volunteer positions, your primary responsibilities will include:

Mentor-With the support and guidance of the Mentor Coordinator, the Mentor is a catalyst for team building and personal growth. This position includes being a leader and role model to campers. Mentors supervise campers, facilitate team meetings, create camp spirit and support the logistical aspects of camp. They will ensure campers attend all activities, meals, maintain a clean dorm and abide by all camp rules. Basic First Aid course to be completed before camp and will be paid for by Michael's Gate.

Assistant Mentor- This position includes assisting the Mentor in being a leader and role model and friend to campers. Both Assistants and Mentors room with campers. Assistants work directly with Mentors to reinforce the camp spirit and support the logistical aspects of camp. They will help ensure campers attend all activities, meals, maintain a clean dorm and abide by all camp rules.

Core Support Team Volunteer (Full Time) - Takes direction from the Volunteer Coordinator. This position includes being a leader and role model to campers. Core Support Team Volunteers help with activities such as radio communications, photography/video, set-up, spotting, clean-up, transporting materials/food/water, Setting up camp fire, and any other task assigned.

Support Volunteer (Part Time) - Takes direction from the Volunteer Coordinator. This position includes being a leader and role model to campers. Support Volunteers help with activities such as Bus team, art (masks), orienteering day, ropes day, and any other task assigned.

This opportunity will afford you with many benefits:

- Develop outstanding leadership skills
- Gain valuable work experience
- Learn team-building skills
- Experience personal growth
- Make a difference in the lives of many people
- Meet new people with similar interests
- Room and board included in stay

General Qualifications:

- Mentors must be 18 years of age or older
- Assistants must be 14 years of age or older
- Work within a smoke, drug and alcohol-free environment
- Willing to work long hours, available 24 hours a day during camp.
- Willing to be away from home for 1 week
- Comfortable relating to adolescents 10-12 years of age
- Able to lift 20 lbs unassisted
- Aligns with Michael's Gate vision and philosophy

Leadership Qualifications:

- Highly committed to others
- Enthusiastic with high integrity and positive attitude
- Strong communication skills
- Playful, positive energy
- Self-motivated
- Negotiation skills

RELEVANT EMPLOYMENT/VOLUNTEER EXPERIENCE

<u>Employer & Supervisor:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Dates:</u>	<u>Position:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHARACTER REFERENCES

Please list below two individuals who can act as character references for you. References should be limited to former employers, teachers, coaches, religious advisors or former camp supervisors. References should not be family members or friends.

<u>Reference Name:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF EVALUATION Please use the the following numerical rating system in evaluating yourself in the categories below: 1-well above average; 2-above average; 3-average; 4-below average; 5-unable to rate oneself because of lack of experience.

- | | |
|--|---|
| ___ Ability to relate to children ages 10 to 12 | ___ Ability to follow and enforce regulations |
| ___ Dependability | ___ Honesty |
| ___ Willingness to volunteer | ___ Organizational ability |
| ___ Ability to remain calm in stressful situations | ___ Neatness |
| ___ Role model for kids | ___ Leadership ability |
| ___ Ability to relate to authority figures | ___ Ability to be away from home for 6 days |

CERTIFICATIONS/LICENSES HELD

AMERICAN RED CROSS CERTIFICATES (IDENTIFY) _____

Other _____

Why are you interested in volunteering?

Who has been a role model in your life? Why?

When were you a role model for someone else?

Have you ever used drugs or alcohol in the past? ___No ___Yes If yes please explain _____

Have you ever been convicted of a crime? ___No ___Yes If yes please explain in detail on an extra sheet.

- *I authorize the investigation of any or all statements contained in this application and also authorize any person, school, law enforcement agency, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be usefull in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.*
- *I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*
- *I have read, understand, and by my signature, consent to these statements.*

Applicant's Signature

Date

Thank you for taking the time to complete our employment application. We'll be in touch within 2 weeks

Request for Background Information

To Whom It May Concern:

In order to comply with Michael's Gate liability insurance requirements, Michael's Gate must have on file background information covering the past 3 years. The following information with a signature will allow us to pull drive records, arrest record, social security verification and sex offender register check covering your last three years.

A. Full Name: _____

(Please print clearly)

Alias: _____

Date of Birth: _____ Social Security Number _____

B. STATE OF COLORADO INFORMATION: *If you have not lived in the state of Colorado for the past three years please fill out section C as well.*

Colorado License Number _____

Colorado Address _____

City _____ State _____ Zip _____

C. INFORMATION FROM ALL OTHER STATES OF RESIDENCY FOR THE LAST 3 YEARS

1) Address _____

City _____ State _____ Zip _____

License Number _____

2) Address _____

City _____ State _____ Zip _____

License Number _____

3) Address _____

City _____ State _____ Zip _____

License Number _____

I also give my consent for the information to be obtained, read and evaluated by the personnel at Michael's Gate. 4251 Kipling St. Suite 160, Wheat Ridge, CO 80033. **Please fax completed form to: 303-462-3353**

Signature

Date

FOR OFFICE USE ONLY

I will ___ will not ___X___ use any record information or transfer such information to another person for commercial solicitation purposes. I understand that improper use of the record may result in civil penalties under Federal Law

Request for CBI, Driving Record

To Whom It May Concern

I am requesting any and all personal information from the Department of Revenue Motor Vehicle Traffic Records.

Full Name: _____

(Please print clearly)

Date of Birth: _____

(Please print clearly)

Social Security Number: _____

(Please print clearly)

City of Residence: _____

(Please print clearly)

MY DRIVER'S LICENSE IS FROM THE STATE OF COLORADO:

(If no, please indicate the state your license is from)

Yes _____ No _____

License Number _____

I also give my consent for the information to be obtained, read and evaluated by the personnel at Michael's Gate. 4251 Kipling St. Suite 160, Wheat Ridge, CO 80033. **Please fax completed form to: 303-462-3353**

Signature

Date

FOR OFFICE USE ONLY

I will ___ will not _X_ use any record information or transfer such information to another person for commercial solicitation purposes. I understand that improper use of the record may result in civil penalties under Federal Law.

CONFIDENTIAL MEDICAL HISTORY
MICHAEL'S GATE ASSISTANT MENTORS

*(This form is for **Assistant Mentors ONLY**)*

Any information provided on this form will be held strictly confidential and will only be released to RETREAT staff as a means of ensuring the safety and well being of each participant.

General Information

Name _____ Date of Birth ____/____/____ Age _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number () _____ Cell Phone () _____

Parent/Guardian Name _____ Business Phone () _____

In case of emergency and parent/guardian is not reachable, notify:

1) _____ Relationship _____

Daytime Phone () _____ Evening Phone () _____

2) _____ Relationship _____

Daytime Phone () _____ Evening Phone () _____

Family Physician _____

Clinic Name _____

Clinic Address _____ City _____ State _____ Zip _____

Clinic Phone Number () _____ Date of last Physician visit _____

Please furnish the following information about your family's health / hospitalization insurance:

Name of Insurance Company _____

Address of Insurance Company _____

Subscriber's Name _____

Certificate / Policy Number: _____

Group Number: _____

Phone Number () _____

Please include a copy of your insurance card with this form.

Name _____ Height _____ Weight _____

Health History - Attach separate sheet for any details (check and provide approximate dates).

	Frequent Colds		Asthma		Rheumatic Fever
	Frequents Sore Throats		Chicken Pox		Tuberculosis

	Sinusitis		Measles		Epilepsy
	Abscessed Ears		German Measles		Heart Trouble
	Fainting		Mumps		Kidney Trouble
	Bronchitis		Whooping Cough		Sleep Walking
	Stomach Upsets		Diabetes		Constipation
	Hay Fever		Polio		Arthritis
	Frost Bite or Frost Nip (Dates)		Sprains (Dates)		Operation, Serious Injuries (Dates)
	Fractures (Dates)		Misc.		Allergies (see Below)

List the reasons and date for any hospitalizations. Any other diseases or details on the above _____

Indicate if you have any allergic reactions to the following*:
 (Describe reaction, precautions, and treatment)

Medications	
Foods	
Insect Bites	
Plants	
Other	

Current medications: (*Please bring enough to cover your stay and have in original bottles) _____

Have you been treated for any illness or injuries in the last 12 months?

Yes	
No	

If yes, for what and by whom? _____

Immunization (give the dates of latest inoculations or booster)

DPT Series		Tetanus Booster		Polio Series	
Rubella		Measles		Small Pox	

Tuberculin Test (type):

Result:

If you have been exposed to any communicable diseases during the three weeks prior to your travel, please consult your physician. Indicate diseases or possible exposure:

Other information we should know to provide you with a safe experience:

I certify that the information provided is accurate and complete.

(This form is for **Assistant Mentors ONLY**)

DATE:

Signature of Parent/Guardian _____

Participant Name (please type/print):

Medical Treatment Authorization

The program staff must have permission to provide routine non-surgical medical care for participants/staff. Permission is also required to secure certain services which program/conference staff are not equipped to perform. These services include x-rays, laboratory tests and emergency room services. Such services are readily available at nearby community hospitals. The authorization needed is for the use of these services when deemed advisable by staff at the program. In the event of anything other than routine first aid issues, parents/guardians will be contacted immediately.

I hereby give permission to the Michael's Gate to secure emergency medical and surgical treatment and routine non-surgical medical care for:

Name of Participant (Please type/print)

Parent/Guardian Name (please type/print)

Parent/Guardian Signature /Date _____

Authorization to Dispense Non-Prescription Medication

If you so choose, you can give program staff permission to dispense non-prescription medication, including acetaminophen, ibuprofen and benadryl, for routine needs. Staff will keep a record of the time of administration and the dosage given. Please note that participants are not allowed to keep any medications, even over-the-counter medications, they might bring to the Retreat with them. All medications must be checked-in with staff upon arrival and will be dispensed as directed.

I hereby give permission to Michael's Gate to dispense non-prescription medication to:

Participant Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature/Date: _____

I do **NOT** give permission for staff to dispense non-prescription medication. (We ask that you inform your child of this decision before they arrive at the Retreat).

OFFICE USE ONLY

Medications:

1.	3.
2.	4.

Other concerns, red flags:

MICHAEL'S GATE PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK 09/24/06

In consideration of the services of Michael's Gate, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MG"), I hereby agree to release, indemnify, and discharge MG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that my participation in ropes course and/or climbing wall activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: This program is based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities and its potential for: slips and falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, MG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MG's equipment or facilities, **including any such claims which allege negligent acts or omissions of MG.**
- 4. Should MG or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against MG, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____
Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by MG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MG from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____
Print Name: _____ Date: _____