

American Indian Culture Camp Counselor or Support Staff Application 2016

Name: _____ Age: _____ Gender: Male Female

Nickname _____ Tribe(s) _____

Address: _____ City: _____ State: _____ Zip: _____

Children's Name(s) attending camp: _____

Phone Number(s): H _____ W _____ C _____

E-mail Address: _____

____ Yes ____ No Have you ever been charged with or convicted of a crime against a child?

____ Yes ____ No Have you ever had a finding of abuse or neglect by a child welfare agency (DFS) or juvenile court?

I have dietary restrictions, (i.e. gluten-free) _____

_____ I am available full-time. _____ I am available part-time. If part-time, please list days/hours available: _____

Preferred area of assistance: _____ Cabin counselor _____ Crafts/Activities support

_____ Relief counselor _____ other support: _____

Checklist

- Completed KCIC Camp Counselor or Support Staff Application
- Volunteer Background Check Release and Volunteer Waiver Form
- Read camp policies and procedures
- Completed training

Person to Notify in case of emergency: Name: _____ Phone: _____

T-Shirt Size Requested (check one):

Adult Sizes: Small Medium Large XL XXL XXXL

I hereby give the Kansas City Indian Center Culture Camp Staff permission to seek medical attention for me in the event I cannot personally give consent and the medical treatment is absolutely necessary. I agree that the payment of such bills will be my sole responsibility.

I hereby give the Kansas City Indian Center, and its sponsors and affiliates the absolute right and permission to copyright, publish, televise, and use photographs, or audio recordings, or video, in which I may be included.

Signature

Date



Kansas City Indian Center
600 W 39th Street
Kansas City, MO 64111
(816) 421-7608

www.kcindiancenter.org

Volunteer Background Check Release and Volunteer Waiver Form

Volunteer Background Check Release

In order to provide a safe and healthy environment for children, please understand we will review relevant public documents regarding criminal activity of any person who is in contact with children. If the background check indicates you have had any charges related to any crimes against children you will not be considered as a volunteer; in addition, the Kansas City Indian Center reserves the right to deny a volunteer position at any time for any reason.

Name (Print): _____
(Last) (First) (Middle Initial) –Required

Other Names Used: _____

Address (street, city, state, zip): _____

Date of Birth: _____ - Sex: _____

I authorize the Kansas City Indian Center to process my application for serving as a volunteer by reviewing my criminal background. I hereby release the Kansas City Indian Center, its employees, and representatives and such from all liability for any damage whatsoever incurred in obtaining or furnishing such information. By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the Kansas City Indian Center permission to do a background check, as it deems necessary.

Signature: _____ Date: _____

Volunteer Waiver

It is my desire to perform volunteer services for the benefit of the Kansas City Indian Center. I understand that the Kansas City Indian Center is allowing me to perform these volunteer services subject to my complete understanding that the Kansas City Indian Center will not provide me with any type of insurance or other loss coverage. Based upon the above, I agree to indemnify, defend and hold harmless and release the Kansas City Indian Center and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to the activities performed at Kansas City Indian Center Culture Camp at Kansas City Rotary Camp 13.

By Signing this agreement, I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

Today's Date: _____

Signature of Volunteer: _____

MEDIA RELEASE

I _____ (“Employee/Volunteer/Camper”), hereby irrevocably assign to Rotary Club 13 and its Website Development (“Media”) the right to record my voice and likeness for use in media production (the “Production”).

In assigning these rights, Employee/Volunteer/Camper grants to Media and its successors, assigns, and licensees the full and irrevocable right to produce, copy distribute, exhibit, and transmit Employee/Volunteer/Camper’s voice and likeness in connection with the Production by means of broadcast or cablecast, videotape, film, website, or any other electronic or mechanical method now known or hereinafter invented.

Employee/Volunteer/Camper acknowledges that any picture or recording taken of Employee/Volunteer/Camper under the terms of this license will become the sole and exclusive property of Media in perpetuity. Employee/Volunteer/Camper and Employee/Volunteer/Camper’s heirs and assignees shall have no right to bring legal action against Media for any use of the pictures or recordings, regardless of whether such use is claimed to be defamatory or censorable in nature.

Employee/Volunteer/Camper further acknowledges that Media shall have the right to use Employee/ Volunteer/Camper’s name, portrait, picture, voice and biographical information to promote or publicize the Production and to authorize others to do the same. However, nothing shall require Media to use Employee/Volunteer/Camper’s name, voice, or likeness in any of the manners described in this license or to exercise any of the rights set forth herein.

Employee/Volunteer/Camper warrants and represents that he or she is free to enter into this license and that this agreement does not conflict with any existing contracts or agreements to which the Employee/ Volunteer/Camper is a party. Employee/Volunteer/Camper agrees to hold Media and any third parties harmless from and against any and all claims, liabilities, losses or damages that may arise from the use of Employee/Volunteer/Camper’s voice or image in the Production. Employee/Volunteer/Camper understands that in proceeding with the Production, Media will be relying upon the foregoing consent, permission, and indemnity.

It is agreed that the foregoing grant of rights is made for promotional consideration only, and Media’s exercise of the grant of rights shall be deemed full and complete consideration for such grant.

I acknowledge that I am the legal guardian of the Employee/Volunteer/Camper described above. Acting as the Employee/Volunteer/Camper’s legal guardian, I consent to the terms of this license and to the granting of the rights described herein. I also consent to indemnify and to hold harmless Media and all third parties against claims that may arise from the use of the minor’s name, image or likeness in the Production.

Employee/Volunteer/Camper (Print)

Employee/Volunteer/Camper (Signature)

Date

Legal Guardian of Employee/Volunteer/Camper (Signature)

Date