

Dillon International Heritage Camps COUNSELOR/CAP* CONTRACT

To serve as a counselor/CAP at the Dillon International Heritage Camp. I understand the importance of my position and will do the best of my ability to fulfill my duties as a counselor/CAP. I understand that I am responsible to Camp Director and staff and will work with them to make camp a wonderful experience for the children in my care. I agree to the following guidelines for counselors/CAPS:

1. I will not bring I-pods, CD players, books, comic books, or other personal items to camp. Cell phones should be turned off during camp hours. **NO TEXTING IS ALLOWED!!!** Phones will be made available for use in case of an emergency.
2. I understand possession and/or use of (or suspicion of use) of drugs, alcohol, cigarettes or public displays of affection will be grounds for immediate dismissal from camp.
3. My personal appearance is important and I will reflect a positive attitude.
4. My clothing or hats will only have appropriate designs or slogans. Clothing will be modest (no short shorts or halter tops). I understand that my clothing, hair style, body piercing (only earrings for ears) and other outward appearance must not distract the children from their activities.
5. I will at all times be with my group or my camp assignment and giving my attention to my duties.
6. If I feel that I am having difficulty with anything, I will talk with the Camp Director.
7. I will be at camp on: Thursday, Friday and Saturday.
8. I will attend the mandatory counselor/CAP training and understand *if I do not attend I will not be allowed to be a counselor.*

**CAP fee is \$60- CAP's by definition are Counselors in Training. This will be their 1st year as a teen helper and will be mentored by someone older.*

**Counselor's have no fee. Counselor's by definition are seasoned teen helpers. This will be at least their 2nd year as a teen helper.*

****Please make sure you fill out your Social Security Number on the Background check!
Incomplete applications will not be processed!***

Please read and keep for your records

Make sure all forms are filled out and signed.
Send them via mail to Dillon International, Inc. 3227 E. 31st Street, Tulsa, OK 74105



**Dillon International Heritage Camps
TEEN COUNSELOR and CAP APPLICATION
(Make sure you keep and read Guidelines!)**

| Counselor's Name | Male /Female | Adopted through Dillon | Adopted Yes/no | Birthdate | Grade complete | Years at camp |
|------------------|--------------|------------------------|----------------|-----------|----------------|---------------|
| | | | | | | |

This year I will be a: CAP _____ Teen Counselor _____

I will be attending: India Camp _____ China Camp _____ Korea Camp _____ (Check all that apply)

T-Shirt Size: _____ YS (6-8) _____ YM (10-12) _____ YL (14-16)
 _____ S _____ M _____ L _____ XL (S.M.L.XL are adult sizes)

Parent's Name _____ Email _____
 Phone: (H) _____ (W) _____ (Cell) _____
 Address: _____ City: _____ State: _____ Zip: _____

What experience have you had in working with children and young people?

Have you attended Heritage Camp before? Please explain.

Have you been a CAP/Teen Counselor before? If so, what grade did you work with?

Why do you want to be a counselor?

What do you hope your personal experience will be at camp?

What age group are you most comfortable working with?

If you are an adoptee:

Birthplace:

How do you feel about your adoption experience?

If you are not an adoptee:

Birthplace:

What, if any, experience do you have with adoption?

Knowledge and Interest

Are you knowledgeable or do you have an interest in any of these areas? (Check all that apply)

____ First Aid Certificate ____ Martial Arts ____ Lifeguard Certificate
 ____ Lead Games ____ Dance ____ Cooking ____ Language

Describe other areas of special interest or talents that you have that might be helpful at camps:

Health and Medical Information: Do you have any special medical, learning, behavior, or physical challenges that we need to be aware of? Please complete medical form and return with this application.

The staff of Dillon International, Inc. respects your privacy. Your answers will not automatically reduce your eligibility as a counselor. These questions are being asked due to current liability and safety issues. Thank you for your answers.

Insurance Information

Do you have medical/hospital insurance?

Yes

No

Carrier or Plan Name

Group Number

Please photocopy front and back of health insurance card and return it with this form.

List any medical conditions you have and any medications you have taken during the past 6 months (including over-the-counter medications):

Explain any restrictions to your diet:

Explain any restrictions to activity:

Have you been or are you now in counseling/therapy? Please explain. Dillon International may send you a release of information so that we may contact your counselor/therapist for a reference.

General Questions

1. Have you ever been referred to the juvenile authorities regarding any issue?

Yes

No

*Please explain if yes. Please attach additional pages for explanation.

Please note that the facilities used by Dillon International are smoke-free.

References

Please list three references, excluding relatives. Include at least one teacher and your pastor, youth leader or employer.

| <u>Name (First, Last)</u> | <u>Phone</u> | <u>E-mail</u> |
|----------------------------------|---------------------|----------------------|
|----------------------------------|---------------------|----------------------|

1.

2.

3.

I have read and fully understand each of the CAP/Counselor Guidelines and I agree to follow each.

Signature: _____ Date: _____

AmericanChecked, Inc.
Investigative Report Disclosure & Release for Volunteers
For Dillon International, Inc.

In connection with my volunteerism with Dillon International, a volunteer background check may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: criminal background check, sex and violent offenders check, SSN verification, address locator and wanted persons security screening. I authorize AMERICANCHECKED, INC. to run this check. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., anyone affiliated with them and anyone providing information to them from all claims and damages arising out of or relating to any investigation of my background for volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for volunteerism. I agree that such information may be supplied to AMERICANCHECKED, INC. If I become a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of volunteer checks at any time during my volunteerism.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my volunteerism.

_____ Signature _____

_____ Date _____

_____ Print your full name _____

Signature of parent/guardian required if a minor: _____

Printed name of parent or guardian: _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____ (Example – maiden name)

Home Address _____ City _____

State _____ Zip _____ Social Security No. _____

Date of Birth _____ Driver's License No. _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

List States and Counties of Residence for the past **3 years** (Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Notice to California Applicants: Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St. Ste. 211 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

Please complete the following:

Name _____ Address _____ City _____ Zip _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission. ***Please take this with you.***

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |