

Karmê Chöling Family Camp Counselor Application

July 29th - August 6th, 2017 As a counselor, please plan on arriving no later than 4:00 pm on Wednesday, July 26th.

Thank you for applying to be a counselor for this year's Family Camp! Please know that there are a limited number of Counselor positions available. Counselor applications will be reviewed and accepted based on experience and level of interest.

The application deadline is June 1stth.

Your name: _____

Street Address

City

State

Zip

Home Phone

E-mail address

Birth date: _____ Sex: M F

Do you speak French? If yes, please describe your level of comfort with the language:

Teenagers under the age of 16 are required to have their parents present at Family Camp. If you're between the ages of 16 and 17, AND your parents will not be present at Family Camp while you're here as a Counselor, your parents are required to sign a waiver of liability. Please have them complete and sign the enclosed waiver if this situation applies to you. In addition, please complete the following information:

Address of [primary] parent(s): Name(s): _____

Street Address

City

State

Zip

Home Phone

E-mail address

Work Phone

- please complete page 2 and ask a reference to complete and return the attached Family Camp Reference Form -

Please take a moment to answer the following questions:

Have you been a Counselor at Family Camp before?

Yes No

If yes, when: _____

Please indicate if you've participated in any of the following, and when if applicable:

ROP

Sun Camp

ROW

Shambhala Training Levels:

What age group of children would you like to work with?

List previous counselor experiences and experiences working with children. Please include the following information: (1) the type of work and your responsibility; (2) the age group of the children; and (3) the duration of this engagement: _____

List other skills, interests and experiences that you feel assist you in working with children:

What do you feel you can bring to the role of a Counselor that would enrich a child's experience of Family Camp?:

Describe what you hope to learn by participating as a teen staff member:

***Please send this application as an email attachment, with the Parental Waiver Form if applicable, to
Tracy Suchocki at Tracy@CPro.cc***

Family Camp Counselor Reference

Your Name: _____

Street Address

City

State

Zip

Phone

E-mail address

Name of the person for whom you're providing this reference: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Why would you recommend this applicant as a Counselor for Family Camp? _____

*Please return this reference as an email attachment to
Tracy Suchocki at Tracy@CPro.cc*

Release of Liability

Consent to Participate for Minor Child or Children

Karmê Chöling Shambhala Meditation Center (sometimes referred to herein as KCL) is a division of Shambhala International (Vajradhatu) (sometimes referred to herein as Shambhala), a non-profit, religious institution established to facilitate the access of interested individuals to the practices of Tibetan Buddhism and to the teaching of Chogyam Trungpa Rinpoche and Sakyong Mipham Rinpoche. Tail of the Tiger, Inc. (sometimes referred to herein as TOT) is a non-profit educational institution affiliated with Shambhala and housed at KCL.

To keep our program fees within reach of all participants, KCL functions using staff members who receive a very modest stipend, and many of these staff members are on work-study. Their working and living in the KCL community is part of their meditation practice – meditation in action. They are not professional innkeepers, administrators, or cooks. To the extent that space is available, we will lodge your child in our main building, at the Ashoka Bhavan building, or in a tent. This use of volunteer staff and KCL's lodging does entail risks that are greater than if one were in a professionally run hotel or program facility. KCL's ability to buy insurance to cover these additional risks is limited.

Karmê Chöling presents a special situation for minors, in that they are often directed and supervised by adults but, at times, older teenagers will provide that service under the direction of an adult. Karmê Chöling cannot ensure that all staff for programs will be professionally trained.

I have read and understand the above. On behalf of myself, my spouse, our heirs and assigns, we forever hold harmless and release KCL, Shambhala, TOT, and their respective officers, directors, employees, staff members, and agents from any liability that they or any of them may have for psychological, physical, or other injury to my son or daughter while participating in program activities at Karme Choling. This waiver of liability will extend to any injury caused to my son or daughter while traveling in an automobile driven by himself or herself or another during the actual period of the program or a period of residence.

Having considered the above, as my share in supporting KCL, I freely accept and voluntarily assume the risks of injury and release Shambhala, KCL, TOT, and their respective officers, directors, employees, staff members, and agents from any and all liability for personal injury or property damage resulting from the negligent conditions of the premises, operations of KCL, Shambhala, or TOT, or acts or omissions of their respective staff members or otherwise related to my son's or daughter's participation in KCL, TOT, or Shambhala programs and accept for myself the full responsibility for any such damage or injury of any kind that may result. I make this waiver for any program or any kind of injury that may result. I make this waiver for any program or period of residence in which my son or daughter may participate, and I insist that it include any claim that my spouse and/or children may make on my son or daughter's behalf.

Dated this _____ day of _____ 20__

Name of Spouse: _____

Name(s) of Minor Participant(s): _____

Emergency Contact:

Name

Address

(____) _____
Telephone

Signature of Parent: _____

Printed Name: _____

Witness: _____

Printed Name: _____