



GREEK ORTHODOX ARCHDIOCESE OF AMERICA

OFFICE OF IONIAN VILLAGE

Fall 2007

Dear Staff Applicant,

Greetings in the Lord!

Thank you for your interest in joining the Ionian Village 2008 Staff. This year's application process consists of a written application, an evaluative in-person or phone interview (scheduled upon receipt of your complete application), and an investigative background check. Requirements for the staff selection process are as follows:

- 1. REVIEW STAFF APPLICATION PACKET:** Please review the staff Job Description carefully before considering the Ionian Village Program.
- 2. SUBMISSION OF COMPLETE APPLICATION INCLUDES:**
 - *Staff Application* including short essays
 - Signed and notarized *Voluntary Disclosure Statement*
 - Original *Medical Form* and insurance card copy
 - *Reference Request Forms* (two non-relative adults and your parish priest)
 - Postmarked and sent to the Ionian Village office by January 21, 2008

Notification of final selections will be mailed and postmarked by Tuesday, February 26, 2008. Please keep in mind that we receive a large number of applications each year. If you are not accepted for the upcoming summer, we strongly encourage you to reapply next year. If you have any questions, please feel free to contact the Office of Ionian Village at 646.519.6190. Praying that our Lord continues to bless you.

In Christ,

†Rev. Fr. Constantine Lazarakis
Camp Director, Ionian Village

* Dates and times are subject to change

Application Date: _____
 Have you applied before? Yes No
 If yes, how many times? _____ Which year(s)? _____
 You were selected as: Staff Alternate Not Accepted
 Are you applying to be Medical Staff? Yes No

PERSONAL INFORMATION

Name: _____ E-mail: _____
Last Name First Name Middle
 Current Address: _____
Street & Number City State Zip
 Permanent Address: _____
Street & Number City State Zip
 Date of Birth: _____ Home Phone: _____ Cell Phone: _____
 Are you an Orthodox Christian? Yes No If No, Specify _____
 Parish: _____ City/State: _____ Parish Priest: _____

ADDITIONAL INFORMATION

- Major city in which you can be interviewed: _____
- Greek Language Proficiency? (None 0 - 1 - 2 - 3 Fluent) Have you been to Greece before? Yes No
- Will you be available to work from June 19- August 18, 2008? Yes No
- Are there any reasons you may have difficulty in performing any of the duties of a camp counselor? Yes No
 If yes, explain: _____

- Have you ever been convicted of any misdemeanor or felony? (*Do not include traffic infractions*) Yes No
 If yes, please give dates, country, state, county and sentence information: _____

- All Ionian Village staff members are required to be First Aid and CPR certified before summer session begins. **Proof of certification must be submitted before camp in order to be eligible.** Check certifications you currently hold:
 RN MD Lifeguard WSI/ASL First Aid CPR Other _____

DEPARTMENT INFORMATION AND SKILL ASSESSMENT

During days at camp, you will be teaching and leading activities within a specific department. Please rank your department preference (choose your top three) by the area in which you feel most comfortable leading/ teaching:

- | | | |
|-------|----------------------------------|---|
| _____ | Arts & Crafts | <i>Ceramics/Pottery, Decoupage, Drawing/Sketching, Iconography, Painting, Photography</i> |
| _____ | Athletics | <i>Aerobics, Soccer, Basketball, Tennis, Volleyball, Softball, Ping-pong</i> |
| _____ | Infirmary | <i>RN or MD certification required</i> |
| _____ | Administration | <i>Microsoft Office (Word, Excel, Powerpoint), Organizational Skills, Updating website photos</i> |
| _____ | Music & Greek Culture | <i>Song leading, Guitar, Greek Language, Greek History, Greek Dancing, Greek Music</i> |
| _____ | Orthodox Life | <i>Theology, Counseling, Byzantine Music</i> |
| _____ | Aquatics | <i>(Lifeguard, ALS or WSI certification required) Snorkeling, Water Aerobics, Water games</i> |

YOUTH MINISTRY /TEACHING EXPERIENCE

Program / Ministry

Duties / Position

Date / Year

CAMP EXPERIENCE

Camp Name / Location

Director's Name

Duties / Position (Camper, Staff, etc)

Date / Year

WORK EXPERIENCE

Employer

Address / Phone

Duties / Position

Date / Year

EDUCATION

Name of Institution

Major

Degree

Date / Year

REFERENCES *Please list two non-relatives and your parish priest; all three must complete and return the enclosed Reference Request forms.*

Name

Address / Phone

Relationship

SHORT ESSAYS *Please attach your responses*

1. In one sentence give your number one reason for wanting to join the Ionian Village Staff.
2. Why are you interested in working in a camp setting? Why specifically does Ionian Village interest you?
3. What contributions do you think you can make at camp?
4. Tell about a challenging experience you've had working with teenagers.
5. Describe an experience that has had a major impact on your life.

SEND YOUR COMPLETED APPLICATION BY JANUARY 21, 2008 TO:

Ionian Village • 83 St. Basil Road • Garrison, NY 10524
Phone: 646.519.6190 • Fax: 646.519.6192 • Email: ionianvillage@goarch.org

BACKGROUND

- Ionian Village is a summer camp and travel program in Greece for young people, grades 8-12, operated by the Greek Orthodox Archdiocese of America. There are two sessions during the summer: Summer Travel Camp (June 27-July 17) and Byzantine Venture (July 26-August 14). Each session is approximately three weeks long.
- Ionian Village is not a vacation! You will be expected to work hard and give 100%. Although demanding, it is also an extremely rewarding experience.
- The Ionian Village Office offers round trip airfare New York/Athens, and full room and board for the duration of camp. Days off, shopping, and traveling on your own between sessions or after camp are all at your expense. After your responsibilities are finished on August 18th, you will have the option to extend your stay in Greece at your own expense. Travel to and from JFK airport is not covered by Ionian Village.

ELIGIBILITY

- You must be an Orthodox Christian and 21 years of age or older by June 20, 2008. No Exceptions.
- You must be available to work from June 19 through August 18, 2008 (Dates subject to change)
- You must be basic CPR and First Aid certified. Please note that copies of your certifications must be received before camp begins.

PURPOSE *As a staff member, it will be your goal to ensure that the objectives of the camp are met for each and every camper:*

- For all the participants to have a safe, positive, and fun experience. For participants to increase their understanding of the Orthodox Faith and Hellenic culture.
- For participants to return to their homes with an increased enthusiasm to continue to learn and grow in their Orthodox Faith and Hellenic culture.

DUTIES AND RESPONSIBILITIES *As a staff member your assigned duties will include, but are not limited to:*

- Assignment and lodging in a cabin of 12-18 campers with one or two other staff members. This includes all assigned aspects of the campers' day including: worship, cabin clean-up, meal times, daily activities, cabin time, getting ready for bed, as well as other aspects specified by the Ionian Village Director.
- Assignment to a department area, such as Administration, Arts and Crafts, Athletics, Aquatics, Music and Greek Culture, Orthodox Life or the Infirmary.
- Assignment to specific duties while on trips, such as tour guide, bus leader or first aid station.
- To execute and support the camp policies and procedures.
- To assist with supervision of flights to and from Greece, specified by the director
- To assist with airport procedure, specified by the director

EXPECTATIONS

- To be a positive role model for campers and others, which includes adhering to camp policies and rules, as well as maintaining cleanliness, punctuality, sportsmanship, table manners, proper attire, and Orthodox Christian faith and morality.
- Ionian Village is an Orthodox Christian program and staff members are expected to adhere to standards of behavior that are appropriate to the morals and values of the Orthodox Church. Staff will also be expected to model Christian modesty in their choice of attire and behavior.
- To desire and be able to work with teenagers.
- To have enthusiasm, a sense of humor, patience and self-control.
- To ensure the physical, emotional, and spiritual health and safety of our campers.
- To work well in close proximity with others throughout the summer.
- To be willing to take direction.

_____ has applied for a staff position with the Ionian Village program and has given your name as a reference who could evaluate his/her past performance and potential for the position for which they are applying. We would appreciate your feedback as indicated below. Information provided will remain confidential. The references are an important part of the application process and your thoughtful and frank comments will be appreciated. Please return this form to us by **January 21, 2008**.

Ionian Village is a summer camp and travel program in Greece operated by the Greek Orthodox Archdiocese of America. Each summer, hundreds of teenagers from the United States and Canada participate in the recreational, educational, and spiritual programs, and travel to various parts of Greece with the Ionian Village program. The applicant will work as a camp counselor with children 12 to 18 years of age.

Objective Rating

Under each question, check the phrase which most accurately describes the applicant's habitual behavior with regard to that specific trait. Please remember that it will be the truly exceptional person who ranks high in *all* categories.

1. How well is the applicant able to direct and influence others along definite lines of action?
 - Poor leader; incapable of leading others
 - Usually follows the lead of others
 - Normally successful in directing and controlling others
 - Very successful in leading others
 - Exceptional leader; inspires others along desirable lines of action
2. How well does the applicant work with associates and others for the good of the group?
 - Cooperates grudgingly: makes trouble - obstructionist
 - Gives limited cooperation: neglects common good for own interests
 - Cooperates with others toward accomplishment of common cause
 - Cooperates willingly and actively regardless of self-benefit: makes things go smoothly
 - Exceptionally successful in working with others and inspiring confidence
3. How does this applicant react to suggestions or criticisms by others?
 - Takes criticism as a personal insult
 - Resents suggestions
 - Listens to suggestions but may act without considering them
 - Follows suggestions willingly
 - Asks for criticisms and suggestions
4. How responsible is the applicant? Able to competently get things done on his/her own?
 - Irresponsible even under supervision
 - With constant supervision will do satisfactory work
 - Usually needs detailed instructions with regular checks of work
 - Carries out routine activity on own responsibility
 - Exceptionally able to accomplish work without close supervision
5. How well does this applicant put his/her principles and convictions into action?
 - Fails to carry out convictions under adverse circumstances
 - Acts according to convictions under normal circumstances
 - Carries out principles and convictions constantly and boldly even in face of obstacles
6. How well does this applicant apply energy and persistence in following a job through?
 - Needs much prodding to complete work
 - Rather indifferent; does not finish job
 - Completes assigned tasks of own accord
 - Industrious, energetic; dependable at all times
 - Unusual perseverance; does more than expected

7. How well does this applicant control his/her emotions?
- Easily depressed, irritated or elated
 - Tends to be over-emotional
 - Unresponsive; apathetic
 - Tends to be unresponsive
 - Usually well-balanced
 - Well balanced
 - Unusual balance between responsiveness and control

Narrative Report

Please state briefly specific instances in which you have observed the applicant's behavior as it applies to any of these items. If you have no knowledge, please say so.

- a. Impression of suitability as a camp counselor. Would you be willing to have your children under this individual's supervision for a period of weeks in a camp situation? If not, why not?
- b. Maturity of judgment. How does this person react in situations of stress, i.e. decision making?
- c. Ability to lead campers toward the spiritual objectives of the camp. Ability to lead discussions, prayers? Provide a positive influence and example.
- d. Nature of associates. Describe the types of people with whom the individual habitually associates.
- e. Dependability. Can he/she be relied upon? Does this person weaken in the absence of authority?
- f. Have you had the opportunity to observe the applicant working in leadership situations with school aged children? If so, in what kind of setting? How did the applicant perform?
- g. How would you describe this applicant in terms of character and maturity?
- h. To what extent does the individual use drugs/alcohol?
- i. To your knowledge, does this individual have any tendency toward child or sexual abuse?
- j. Priests: Please reflect on the applicant's spiritual maturity. What role does his/her Orthodox faith play in their life?
- k. How long have you known this applicant? _____ In what capacity _____

Name: _____ Position: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Signature: _____ Date: _____

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 Phone: 646.519.6190 • Fax: 646.519.6192 • Email: ionianvillage@goarch.org

Voluntary Disclosure Statement
All Camp Staff **FM 16**

Developed and approved by the
American Camp Association
Expires 10/01/07

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet, if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a. The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

Health History and Examination Form for Children, Youth and Adults Attending Camps

FM 08N

Suggested for resident camp use.

Developed and approved by American Camp Association with the American Academy of Pediatrics Expires 10/01/07

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

Year

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians

of minors or by adults themselves. Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street Address City State Zip

Social security number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address (if different from above) _____
Street Address City State Zip

Business address _____
Street Address City State Zip Phone _____

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

► Photocopy of front and back of health insurance card must be attached to this form.

Important — These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal

representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Cabin or Group

Name

Health History

The following information must be filled in by the parent/ guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records.

Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known.

Describe reaction and management of the reaction.

Medication allergies (list)

_____	_____
_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the

prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test

Date of last test _____

Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. (ACA-accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel _____
Printed _____ Title _____
Address _____
Phone _____ Date _____

For camp use only

Screening Record
Date screened _____ Time _____ am pm
Meds received _____
Updates/additions to health history noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required
Current health needs identified _____
Observational notes _____
Screened by _____