



# Exploring New Horizons Outdoor Schools

"Inspiring, empowering and transforming children's lives through outdoor education."  
www.exploringnewhorizons.org  
ENH Loma Mar: 650.879.0608

## CABIN LEADER APPLICATION

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Have you: Attended an ENH program as a student? \_\_\_\_\_ Attended an ENH program as a cabin leader? \_\_\_\_\_

Elementary school you attended \_\_\_\_\_

*Please feel free to attach pages if you wish.*

1. Why do you want to be an outdoor school cabin leader?

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2. How will you be an effective role model for the students you supervise?

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3. Please list your experience working with young people.

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4. What do you enjoy doing in your leisure time?

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5. Please indicate your experiences and interests in the outdoors.

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes  No

If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause of disqualification. Please list the nature of the offense, the date of the offense, and surrounding circumstances and the relevance of the offense to the position applying for: \_\_\_\_\_

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If you are a high school **GIRL**, and if necessary, would you be willing to be a cabin leader for a boys cabin if we do not have enough high school boys as counselors? Yes  No

### **Parents/Guardians:**

I understand that my child is applying as an outdoor education cabin leader. My child has the maturity and ability to supervise children in the fifth and sixth grade. I understand that if selected, my child will miss school for a period of four or five days.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you. You will be receiving more information. If you have questions, please contact your contact ENH Loma Mar at (650).879.0608



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## CABIN LEADER TEACHER PERMISSION FORM

I, \_\_\_\_\_, have applied for the position of cabin leader with Exploring New Horizons Outdoor Schools (ENH). ENH is a non-profit that empowers students, builds environmental literacy, and strengthens school communities through residential environmental education programs. An extremely important role in the program is filled by high school students who volunteer as cabin leaders. Acting as role models, cabin leaders are responsible for the care and wellbeing of 7-12 5th or 6th grade students on a 24-hour-a-day basis, ensuring students are working together as a team and getting to meals and hikes prepared and on time. Cabin leaders gain valuable leadership and communication skills, community service credit, and references for college or job applications. **In order to serve as a cabin leader I must have approval from all my teachers, a school administrator, and the attendance office.**

Teachers, please sign your name below indicating your agreement that serving as a cabin leader for a week would be a good opportunity for me. I understand that you may withdraw your permission at any time should my grades or citizenship drop to an unsatisfactory level. "I support the above-named student to be a cabin leader for outdoor school. I understand that if this student is chosen he/she will be absent for a full week of classes and will have to make up all missed work."

Students, please print the class and teacher's name. You must also get signatures from the attendance office as well as a school administrator.

| CLASS | TEACHER | TEACHER'S SIGNATURE |
|-------|---------|---------------------|
|       |         |                     |
|       |         |                     |
|       |         |                     |
|       |         |                     |
|       |         |                     |
|       |         |                     |
|       |         |                     |
|       |         |                     |

Administrator's signature: \_\_\_\_\_

Attendance office: \_\_\_\_\_

**Note: Students who attend the outdoor school as cabin leaders are responsible for making up all missed school work.**

**THANK YOU FOR YOUR SUPPORT OF THE ENVIRONMENTAL EDUCATION PROGRAM.**

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## CABIN LEADER MEDICAL HISTORY & AUTHORIZATION FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail (please write clearly): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

Street

City

State

Zip

Parent #1 Name: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### If parents cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

The following information is required to ensure that your child's individual needs are met while attending outdoor school. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For your child's safety, no child will be allowed to attend without a completed and **signed** Consent Medical Authorization (see below).

Family Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please check the appropriate boxes below and fill out ANY information that the outdoor school staff should be aware of concerning your child.

- Asthma
- Seizures
- Diabetes
- Headaches
- Hypoglycemia
- Hyperactivity
- Allergies
  - \_\_\_ Pollen/grass
  - \_\_\_ Dust/mold
  - \_\_\_ Foods
  - \_\_\_ Insect bites
- ADD/ADHD
- Bedwetting
- Sleepwalking
- Sleep talking
- Recent injuries
- Other \_\_\_\_\_

Please explain any medical, physical or emotional condition/reaction or other problem(s) that we need to be aware of during program, including any boxes checked:

\_\_\_\_\_

\_\_\_\_\_

List any dietary restrictions/allergies and the reactions your child has (e.g., food allergies, lactose intolerance, vegetarian, etc.) *Note:*

*If your child requires specialized care or diet, please contact us as soon as possible so that we can make arrangements:* \_\_\_\_\_

**I authorize the following medications to be administered as needed:**

|           |  |                 |  |   |
|-----------|--|-----------------|--|---|
| Neosporin | <input type="checkbox"/> YES <input type="checkbox"/> NO | Calamine Lotion | <input type="checkbox"/> YES <input type="checkbox"/> NO | Date of last tetanus shot<br>____/____/____ |
| Ibuprofen | <input type="checkbox"/> YES <input type="checkbox"/> NO | Tylenol         | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| Benadryl  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Tums            | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

List ALL medications (including prescription medications, vitamins, and over the counter medications) your child will bring and instructions for administering. Please send the medication in **ORIGINAL** containers. Attach additional paper if necessary.

| Medication | Dosage and Time | As needed or daily? |
|------------|-----------------|---------------------|
| 1.         |                 |                     |
| 2.         |                 |                     |
| 3.         |                 |                     |

I wish to add my name to the Exploring New Horizons mailing list to receive information about related events:  YES  NO

The health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Exploring New Horizons to secure all proper and required treatment for the individual listed. My child is in good health and I accept all financial responsibility for my child's attendance. All expenses not covered by Exploring New Horizons Insurance Policy shall be paid by the parent or guardian (pre-existing conditions are not covered; e.g. asthma). I recognize that my child must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies may cause for your child's dismissal from program.

In the event that a decision is made that a student should be sent home from disciplinary reasons, homesickness or for a violation of the outdoor school rules, there will be no refund of fees and it will be the responsibility of the parents to arrange transportation home.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_



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## CABIN LEADER RESPONSIBILITY CONTRACT

The primary responsibility of an Exploring New Horizons Outdoor Schools cabin leader is the emotional well-being and safety of the children in her or his care. The following contract clarifies the responsibilities of the cabin leader to ensure that children have a safe, positive experience.

**Please initial the following statements and sign the document in the appropriate place.**

I must ensure that I guide the children in my care fairly and consistently. I will take care to treat them with respect.  
\_\_\_\_\_

I will remain with the children unless it is my specified time off. I will report all injuries, illnesses, and potentially dangerous situations. \_\_\_\_\_

Because the children are easily influenced, I will protect them from foul language and inappropriate or frightening stories and activities. No uncomplimentary remarks about race, gender, religion, sex or sexual orientation will be tolerated in my cabin group. \_\_\_\_\_

I agree that while at the outdoor school I will not use tobacco products, alcohol, or illegal drugs. \_\_\_\_\_

I understand that for my own protection, I should never touch a child inappropriately and I agree to never hit or mishandle a child. \_\_\_\_\_

I will not allow any student to enter a cabin or village that she or he is not assigned to, nor encourage or lead cabin raids. \_\_\_\_\_

If I have any difficulty, I understand the outdoor school staff is available to help me and it is my responsibility to ask for help when it is needed. \_\_\_\_\_

I will not exchange contact information with any students (Facebook, email, phone number, Twitter, Instagram, etc.).  
\_\_\_\_\_

I will not feed any student any food/candy/gum that is not an official menu item from the program. I understand students have allergies and health concerns that can be effected by diet. \_\_\_\_\_

I understand that I must follow all of the rules of Exploring New Horizons Outdoor Schools. I understand that any infraction of the above statements can result in my immediate dismissal. \_\_\_\_\_

*I have read and agree to the responsibilities listed above.*

\_\_\_\_\_  
Print your full name

\_\_\_\_\_  
Sign your full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's full name

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_