

Sokol Children's Camping Volunteer Information and Registration

Dear Volunteers,

Thank you! Thank you! Thank you! Without you, there would be no Sokol Children's Camping!

In order to provide the highest level of programming and safety for campers and fellow volunteers we will be using the Missouri Family Care Safety Registry (FCSR) to process background screenings for **all** volunteers - cooks, night watch, counselors, counselors in training, as well as a bank of alternate volunteers for last minute needs. No exceptions will be made!

The FCSR searches the following databases:

- State criminal history records maintained by the Missouri State Highway Patrol
- Sex Offender Registry maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The employee disqualification list maintained by the Missouri Department of Health and Senior Services
- The employee disqualification registry maintained by the Missouri Department of Mental Health
- Child-care facility licensure records maintained by the Missouri Department of Health and Senior Services
- Foster parent licensure records maintained by the Missouri Department of Social Services

Please complete the attached FCSR Worker Registration and return it with your other required paperwork.

Failure to complete the form and return it with camper registration will result in not being allowed to volunteer at camp and cashing of your camp deposit check.

If two members of the same family might volunteer (ex: both parents night watching on the same night), both are required to complete the form and have a background screening completed. No exceptions will be made.

You DO NOT need to include the \$ 13 payment listed on the form in order to volunteer.

We are aware that volunteers may have already registered with FCSR. We still need a completed form from you in order to process your background screening. Everyone volunteering will be processed through FCSR, no other background screening documentation is wanted/needed.

Sokol will receive a copy of your results directly and you will receive a duplicate from the state for your records.

If you have any questions regarding the background screening please feel free to contact Marla Breidenbach at mabreiden@gmail.com.

Signed Paperwork must be submitted April 1, 2022.

This year, in order to better protect your private personal information, we have added another option for background screenings. All background screenings will be processed through the FCSR as they have been in previous years, but you now have the option to run your own background screening and forward results. Please review the attached Worker Registration Form – in order to protect your personal information, we are not collecting this form, but all the blacked-out information will be needed upon phone call to FCSR or with Leslie Echterhoff.

All camp counselor background screenings are DUE APRIL 1.

Please see below and choose the option for your background check that best describes you. Follow the directions listed.

OPTION 1

I have volunteered at Sokol Children's camp in the past 5 years and would like to run my own background check.

- Directions – Call the Family Care Safety Registry at (866) 422-6872. Hours: M-F 8a – 3pm. Press 0. Tell them that you are running the background screening on yourself. They will ask for your Social Security Number and Date of Birth (?) FORWARD EMAILED RESULTS TO LECHTERWHITE@GMAIL.COM.

You may only request your own background check (you cannot run your family member's background screening.)

Feel free to call Leslie at 314-608-5196 if you have any issues/questions with this.

OPTION 2

I have volunteered at Sokol Children's camp in the last 5 years and would like Leslie to run my background check via a phone call with her.

- Text or call Leslie at 314-608-5196. I will run your background screening while we are on the phone together. (A text first will be helpful, so we can make sure we are both available for the phone call.)

OPTION 3

I have never volunteered at Sokol Children's Camp or have not done so in the past 5 years.

- Text or call Leslie at 314-608-5196. It will require a phone call (A text first will be helpful, so we can make sure we are both available for the phone call.) We will get you registered with the FCSR and process your background check.

In an effort to hope for the best and plan for the worst during camping this year, I have prepared the following volunteer emergency information form. This document will only be used in case of a serious medical emergency and will accompany you to the hospital. Please be as thorough as you prefer. If for the sake of privacy, you would prefer to seal the form in a separate envelope labeled "(Name) Emergency Form," please feel free to do so. I will only open your envelope should an emergency occur. I will shred all forms at the end of the week. Thank you!

~Michelle Goldacker, BSN, RN

Sokol Children's Camping Volunteer Emergency Information Form

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Allergies & Reactions: _____

Please let camp staff know if you have a severe or anaphylactic allergy and are sealing this form in an envelope!

Medical Conditions/History: _____

Medications/Dose: _____

Medical Insurance Provider: _____ Policy Number: _____

Primary Care Physician Name: _____ Phone Number: _____

In Case of Emergency, please contact:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

SOKOL ST. LOUIS WAIVER OF LIABILITY & MEDICAL RELEASE FORM

As the parent or legal guardian of (camper's name) _____
I hereby give consent for my camper to participate in the program offered by Sokol St. Louis. I recognize that potentially severe injuries, including but not limited to sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity. I understand and accept that risk.

I further understand that while the payment of the registration fee and membership dues constitute a part of the consideration due to Sokol St. Louis, an additional and important part of the consideration due to Sokol St. Louis and the Children's Camping Program is this signed release.

Therefore, in consideration for allowing my child to use Sokol St. Louis's equipment and facilities, I hereby forever release Sokol St. Louis, its owners, officers, instructors, counselors, coaches and volunteers from all liabilities and for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sokol St. Louis, its officers, instructors, counselors, coaches, or volunteers.

As the parent or legal guardian of the aforementioned person, I hereby agree to personally provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at, for, or under the direction of Sokol St. Louis. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Release, waive, discharge and covenant not to sue **THE AMERICAN-CZECH EDUCATIONAL CENTER, GYMNASTIC ASSOCIATION SOKOL, SOKOL ST. LOUIS, or its affiliated clubs**, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

Subject to the provisions of this Agreement, each signing party has remised, released and forever discharge and by these presents, does himself and herself and his or her heirs, legal representatives, executors, administrators and assigns remise, release and forever discharge Gymnastic Association Sokol of all cause or causes of action, claims, rights or demands whatsoever in law or in equity, which said party hereto ever had or now has or may have against Gymnastic Association Sokol.

Signature of Participant: _____

Printed names of Participant: _____