



## 2025 OPTIMIST CHILDREN'S CAMP

[www.OptimistChildrensCamp.org](http://www.OptimistChildrensCamp.org)

[www.facebook/optimistchildrencamp.com](http://www.facebook/optimistchildrencamp.com)

### OCC MISSION STATEMENT:

PROVIDE A LEGENDARY SUMMER CAMP FOR CHILDREN WITH SPECIAL NEEDS THROUGH QUALITY CARE, MEANINGFUL FELLOWSHIP AND MAXIMUM FUN!

THE FOCUS OF THE OPTIMIST CHILDREN'S CAMP IS TO CREATE A FUN, SAFE, AND INCLUSIVE CAMPING EXPERIENCE FOR KIDS AND YOUNG ADULTS WITH SPECIAL NEEDS AGED 8 TO 21. CAMPERS ARE THE PRIORITY! CAMP COUNSELORS MUST BE COMMITTED TO PROVIDE A SAFE, HIGH QUALITY AND FUN CAMP EXPERIENCE FOR CAMPERS WITH SPECIAL NEEDS.

## VOLUNTEER COUNSELOR APPLICATION PACKET

**PLEASE PRINT AND MAIL THE COMPLETED APPLICATION TO:**

OPTIMIST CHILDREN'S CAMP  
C/O ALAN NIVEN  
ARROWHEAD MARKETING  
1645 AVENUE D  
SUITE J  
BILLINGS, MT 59102

[www.OptimistChildrensCamp.org](http://www.OptimistChildrensCamp.org)

**OPTIMIST CHILDREN'S CAMP DATES:**  
**SUNDAY, JULY 27<sup>TH</sup> – SATURDAY, AUGUST 2<sup>ND</sup>, 2025**  
LION'S BEARTOOTH MOUNTAIN YOUTH CAMP  
HIGHWAY 212 SOUTH OF RED LODGE, MT

Sponsored by all Billings area Optimist Clubs:

Breakfast Optimist Club  
Founded 1957

Magic City Optimist Club  
Founded 2007

Big Sky Optimist Club  
Founded 1987

Heights Optimist Club  
Founded 2002

Lockwood Optimist Club  
Founded 2019

Optimist Children's Camp Club  
Founded 2023



## **OPTIMIST CHILDREN'S CAMP**

### **Duties / Responsibilities:**

**POSITION: Volunteer Camp Counselor** (Minimum Age - 15)

**PURPOSE:** The focus of the Optimist Children's Camp is to create a fun and safe camping experience for kids and young adults with special needs aged 8 to 21. Campers are the priority! Camp Counselors must be committed to providing a safe, high quality and fun Camp experience for Campers with special needs.

**REPORTS TO:** Team Leader, Assistant Camp Director, and Camp Director.

### **DUTIES / RESPONSIBILITIES:**

1. Understand and adhere to the Optimist Children's Camp Policies and Procedures and all posted rules of the Lion's Camp.
2. Attend any required Counselor training prior to the start of Camp unless excused by the Camp Director.
3. Work as a team with other Counselors and Staff at Camp.
4. Camp Counselors are to ensure the physical and emotional wellbeing of Campers assigned to them.
5. To meet with the families of assigned Campers during check in process to discuss concerns, likes, dislikes, fears of the Camper or families.
6. Camp Counselors will travel to and from camp on buses with the campers. No personal cars are allowed unless expressly authorized prior to the start of camp.
7. Camp Counselors will live in the cabins with their assigned Campers.
8. Have a positive caring attitude and maintain a professional attitude while caring for Campers.
9. Be a positive role model by displaying strong personal integrity, adaptability, emotional maturity, patience, and self-control when interacting with Campers and Staff.
10. Counselors will accompany groups of Campers through all their daily activities.
11. Monitor individual Camper's behavior in various situations and devise plans to help them effectively cope with any stressful situations.
12. Be willing to seek help or guidance and accept supervision to resolve stressful situations associated with Campers as needed.
13. Attend nightly Counselor meetings as required.
14. Make sure that Campers arrive at Mess Hall on time for meals. Ensure Campers are eating meals and report issues to Team Leader, Camp Director, and Nurses if there are any issues.
15. Work with Nurses to make sure that Campers are available to take all medications at the required times.
16. Report ANY injuries or medical issues to Nurses immediately.
17. Assist Campers who may require additional attention, assistance, or time completing daily tasks.
18. Supervise the health and personal hygiene of all Campers in your care. Ensuring daily that they are showering, brushing teeth, wearing clean appropriate clothing for the day's activities etc.
19. Make sure that Campers arrive on time for all scheduled activities, dressed properly and ready to go. Assist in cleaning up after activities as needed.
20. Supervise the daily housekeeping of your cabin. Making sure that the cabins are picked up, keeping Camper's personal belongings separate from others. No food is allowed in the cabins.
21. Enjoy a fun and rewarding experience helping to ensure that the Optimist Children's Camp is a safe and enjoyable experience that Campers look forward to year after year!

### **OPTIMIST CHILDREN'S CAMP MISSION STATEMENT:**

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## **OPTIMIST CHILDREN'S CAMP**

### **Optimist Children's Camp's Alcohol, Tobacco, Vaping and Drug Policy:**

All Billings area Optimist Clubs are committed to making the Optimist Children's Camp a fun and safe experience for all staff, counselors, and campers. The purpose of this policy is to ensure the ability of all staff and counselors to perform their duties and responsibilities to safely care for campers at all times. It is also to protect all campers from exposure to any adverse effects posed by the use of alcohol, tobacco, vaping, and drugs (including marijuana). This policy does not prohibit the use of drugs legally prescribed by a physician in the course of medical treatment. The misuse or abuse of legally prescribed medication/drug is prohibited.

#### **Alcohol: "Zero-Tolerance Policy"**

The possession and/or use of any alcoholic beverage or drinks containing alcohol that when consumed alters or impairs a person's ability to function in a normal manner is strictly prohibited for the entire duration of the OCC.

- Any staff member, camp counselor, or camper engaging in the use of any alcoholic substance while at the OCC will be relieved of their duties and responsibilities and removed from the camp as soon as it is safe to do so.
- If any illegal activity is suspected, such as underage drinking, local law enforcement and the parents/guardians of all those involved will be notified immediately.

#### **Tobacco:**

**THE OPTIMIST CHILDREN'S CAMP IS A SMOKE-FREE ENVIROMENT.** Specifically, this means no smoking of cigarettes, e-cigarettes (vaping), cigars, or pipes. The use of smokeless tobacco products, or any nicotine delivery device not prescribed by a physician is not permitted at the OCC. The OCC is committed to the health and safety of staff, counselors, campers, and visitors. Smoking has been declared to be a well-known health hazard to both smokers and non-smokers alike. The adverse effects of the exposure to smoke or secondhand smoke can be even greater for campers with multiple health issues. Due to the increased health risks to campers the following rules must be followed:

- Campers are prohibited from using any tobacco product listed above while attending the OCC.
- Counselors are prohibited from using any tobacco products listed above while attending the OCC.
- All staff are prohibited from the use of any tobacco product listed above while on duty at camp or on a field trip.
- Any adult staff over the age of 18 must be off duty and off of camp property in order to use tobacco products, and never in the presence of camper's or counselors.
- The use of tobacco products, especially smoking, is extremely dangerous outdoors in the Custer Gallatin National Forest. If anyone chooses to use tobacco in the national forest, they must follow the current restrictions/regulations in force by the Custer Gallatin National Forest at that time, whether visibly posted or not.
- Any adult staff member who chooses to use tobacco must follow these rules and assume any and all risk if a fire occurs while partaking in the activity.

#### **Drugs: "Zero-Tolerance Policy"**

The possession and/or use of any form of "psychoactive drug" (i.e. depressants, stimulants, or hallucinogens, including marijuana) taken to gain an altered state of consciousness or intoxicating effect are strictly prohibited for the entire duration of the OCC.

- Any staff member, camp counselor, or camper engaging in the use of any psychoactive substance while at the OCC will be relieved of their duties and responsibilities and removed from the camp as soon as it is safe to do so.
- If any drug use is suspected, local law enforcement will be notified immediately, along with the parents/guardians of those under legal age.

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# 2025 OCC VOLUNTEER COUNSELOR APPLICATION:

Volunteer counselors are by campers' sides day and night so that they can do all the activities that The Optimist Children's Camp offers. Volunteers may assist campers with daily tasks such as dressing, bathing, and feeding, aiding and encouragement during activities, helping ensure the safety of each camper. Volunteers must be at least 15 years old and with the ability to lift and care for campers, assisting with campers' personal care as needed. Volunteer applicant's applications will be screened and include a criminal background check.

Counselor name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender (Male/Female): \_\_\_\_\_ Age: \_\_\_\_\_ School/Employer: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### \*Required to complete if Volunteer is under age eighteen (18):

\*Parent/Legal Guardian: \_\_\_\_\_  
\*Address (if different from above): \_\_\_\_\_  
\*City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
\*Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
\*E-mail address: \_\_\_\_\_

Do you have any experience working with people with disabilities? YES  NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you previously been a counselor at The Optimist Children's Camp? YES  NO

If YES, how many years were you a counselor and what did you like most about the experience?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Optimist Children's Camp: \_\_\_\_\_

Why would you like to be a counselor at The Optimist Special Children's Camp, and what do you hope to gain from the experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything in your medical history that may interfere in any way with your ability to perform the duties for which you have applied? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size: (Men's adult sizes): X-Small \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_  
XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

### PERSONAL REFERENCES: (Please list employers, teachers, counselors, etc. Do not list relatives)

Name	Relationship	Phone
1.		
2.		
3.		

# 2025 “OVER THE COUNTER” MEDICAL CONSENT FORM

**\*This form must be completed for all counselors under the age of eighteen (18).**

I \_\_\_\_\_ authorize the OCC Registered Nurses to administer  
(Parent/Legal Guardian’s Name)

the following “Over-the-Counter” medications to \_\_\_\_\_  
(Minor Counselor Name)

as necessary while at the Optimist Children’s Camp.

## **POSSIBLE LIST OF “OTC” MEDICATIONS:**

1. Hydrocortisone Cream (Cortaid)
2. Antibiotic Ointment (Neosporin)
3. Ibuprofen (Motrin, Advil)
4. Acetaminophen (Tylenol)
5. Tums
6. Children's Senna Laxative Strips
7. Imodium Anti-diarrheal
8. Diphenhydramine (Benadryl) Oral or Topical
9. Loratadine (Claritin)
10. Cough Drops

Please cross off and initial any “OTC” medications above that should not be administered to camper/minor counselor by the Registered Nurses while attending camp.

Any additional “OTC” medications not listed above that the camper/minor counselor takes regularly or as needed must be given to the Registered Nurses at check-in to administer while at camp, please list below:

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**Signature of Parent/Legal Guardian**

(Date)

**MEDICAL INFORMATION:**

Counselor name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

List any Medications: \_\_\_\_\_

\_\_\_\_\_

List any allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY ROOM CONSENT TO TREAT**

**This consent is given from 1:00pm, Sunday, July 27<sup>th</sup>, 2025, until 1:00pm, Saturday, August 2<sup>ND</sup>, 2025.**

Permission is given to any physician or member of hospital staff to perform emergency treatment, and procedures for volunteer named below, as he/she deems necessary, and to continue until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to a hospital if the attending physician deems it necessary.

\_\_\_\_\_

Counselor Printed Name:

\_\_\_\_\_

**Signature of Counselor** (Required if counselor is over age 18)

Date

\_\_\_\_\_

**Signature of Parent/Legal Guardian** (Required if counselor is under age 18)

Date

**EMERGENCY CONTACT INFORMATION:** (Must have at least one (1) contact listed.)

<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Cell #:</b>	<b>Cell #:</b>
<b>Home #:</b>	<b>Home #:</b>
<b>Work #:</b>	<b>Work #:</b>

**MEDICAL INSURANCE INFORMATION:**

**Health Insurance Provider:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**CAMP POLICIES/PROCEDURES & COUNSELOR DUTIES/RESPONSIBILITIES AGREEMENT:**

I have received and read the two pages at the beginning of this application: (Initial below after reading.)

Optimist Children’s Camp Counselor Duties/Responsibilities. (Page attached)

Optimist Children’s Camp Alcohol, Tobacco, Vaping and Drug Policy. (Page attached)

I understand and agree to strictly abide by and adhere to all Optimist Children’s Camp Policies/Procedures as well as the Counselor Duties/Responsibilities. I further agree to follow any on-site posted rules and regulations of the Lion’s Beartooth Mountain Youth Camp & Custer Gallatin National Forest.

**COUNSELOR RELEASE AND WAIVER OF LIABILITY**

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

The Counselor, &/or Parent/Legal Guardian of a minor Counselor (hereafter referred to as “Counselor”), releases the Optimist Clubs of Billings, MT, and the Optimist Children’s Camp and each of its directors, officers, staff, and agents. This Release and Waiver of Liability (hereafter referred to as “Release”) will be executed for the duration of the Optimist Children’s Camp (hereafter referred to as “OCC”) dated **July 27<sup>th</sup> to August 2<sup>nd</sup>, 2025**. When the “OCC” has ended, the “OCC” has no liability for any “Counselor”. I/We hereby give consent for “Counselor” participation in all activities at the “OCC” unless expressly precluded in the application above.

**1. Waiver and Release:** As a “Counselor”, I/we fully and forever release, discharge and hold harmless the “OCC” , its successors, predecessors, officers, directors, affiliates, attorneys, representatives, agents, contractors, and assigns from any and all liability, claims, and demands of any nature, either in law or in equity, which arise or may hereafter arise from the activities as a “Counselor”. I/we understand and acknowledge that this “Release” discharges any liability or claim that I/we may have against the “OCC” with respect to bodily injury, personal injury, illness, death, or property damage that may result while participating as a “Counselor” at the “OCC.”

**2. Insurance:** I/we affirm that the “Counselor” is covered by primary medical insurance and understand that I/we are responsible for medical bills if injury occurs. Further, I/we understand that “OCC” does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property. I/we expressly waive any such claim for compensation or liability on the part of “OCC.”

**3. Photographic Release:** I/we grant and convey to “OCC” all rights, title, and interests in all photographs, images, video or audio recordings of Counselors likeness or voice made in connection with the ”OCC”.

**4. Assumption of Risk:** A “Counselor” who participates in any sport or recreational opportunity at “OCC” assumes the inherent risk of that activity, whether those risks known or unknown, and is legally responsible for all injury or death to the “Counselor” and for all damage to the Counselors property that result from the inherent risks of the activity. Known risks are, but not limited to cuts, bruises, burns, illness, slipping, tripping, falling, collision with others, rapidly moving, deep or cold water, insects, snakes, wildlife including large predators, becoming lost, rapidly changing weather, extreme cold, extreme hot, lightning, snow, high winds, forest fires.

**By signing this document you may be waiving your legal rights to a jury trial to hold the provider legally responsible for any injuries or damage resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

\_\_\_\_\_  
Counselor’s Printed Name:

\_\_\_\_\_  
**Signature of Counselor** (Required if Counselor is over age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Parent/Legal Guardian** (Required if Counselor is under age 18)

\_\_\_\_\_  
Date