



Dear Volunteer and Parent/Guardian:

Thank you for your interest in volunteering with [Walden West Outdoor Science School](#) operated by the Santa Clara County Office of Education. Our week-long experience for 5th and 6th grade students offers a chance to explore and learn about the natural sciences in a beautiful setting. Volunteers are an important part of the overall experience. To learn more about participating at Walden West, please visit [Participant Information](#).

As a volunteer, you will assist staff as part of a team and have the opportunity to gain experience working with peers. You will develop valuable leadership and mentoring skills while being a role model to student campers. Cabin leaders participate in all camp activities including hiking, meals and evening programs. They are assigned to one group of students and stay with them throughout the week in their cabin. We always have female cabin leaders in girl cabins and strive to have male cabin leaders in boy cabins. We do hike every day, even in the rain, so please remember to bring your raincoat and smile. For more details about the week and applying, visit the [FAQs](#) on our volunteer page.

Volunteers all meet at the Saratoga site for a comprehensive training the day before our program starts (Sunday, 3pm most weeks) and stay until noon on Friday. During that training, the volunteers are then divided between our two campuses. Those volunteering at our Cupertino campus will be transported there by our staff. This hands-on workshop covers topics including cabin leader responsibilities and child safety. All meals are provided at no cost, beginning with dinner on training night, and you will be given a camp T-shirt to wear on the first day and to take home.

At the end of the week, you will receive an evaluation from our staff and earn 100 hours of community service (80 hours for 4 day programs) and a Certificate of Achievement. Evaluations and service hours are valuable for graduation, college/job applications.

Thank you for taking the time to read the information in this packet and completing the necessary forms which allow you to participate as a cabin leader at Walden West Outdoor School. If you have questions/concerns, please feel free to contact me at waldenwest_cabinleaders@sccoe.org or call Walden West at 408-573-3056.

Thank you,

Leigh "Rain" Jones
Volunteer Liaison/Recruiter
Human Resources
Executive Services Division
Santa Clara County Office of Education
(408)573-5056
leigh_jones@sccoe.org



WALDEN WEST OUTDOOR SCIENCE SCHOOL VOLUNTEER PARTICIPANT PACKET

Walden West (at Saratoga)

15555 Sanborn Road
Saratoga, CA 95070

Walden West (at Cupertino)

13851 Stevens Canyon Road
Cupertino, CA 95014

Volunteer's Name: _____

Be sure you have applied online and received a date confirmation before you continue. Please read and complete each page of this packet carefully and type or write in pen clearly

➤ **REQUIRED FORMS** (all forms must be turned two weeks prior to attendance)

- | | | |
|------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 1. Registration | <input type="checkbox"/> 3. Participant Waiver | <input type="checkbox"/> 5. Volunteer Code of Conduct |
| <input type="checkbox"/> 2. Health Information | <input type="checkbox"/> 4. Excused Absence | <input type="checkbox"/> 6. Reference |

➤ **REQUIRED FOR VOLUNTEERS 18 AND OLDER** (call TODAY for a fingerprint appointment)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Live Scan Fingerprinting/Background Check at the Santa Clara County Office of Education
Call 408-453-4305 to make an appointment, complete Live Scan Authorization Form bring SSN and government issued ID to appointment | <input type="checkbox"/> 2. TB Risk Assessment Form (if not in high school)
Complete the linked assessment form, OR send copy of negative TB test, within 60 days of completion before volunteering |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

➤ **IF NEEDED FORMS** (turn in with the required forms, *healthcare provider's signature required on items 2-7*)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Restricted Dietary Needs Form
(allergies/intolerances, or restricted diets) | <input type="checkbox"/> 4. Medication Form |
| <input type="checkbox"/> 2. Anaphylaxis Emergency Action Plan | <input type="checkbox"/> 5. Asthma Action Plan |
| <input type="checkbox"/> 3. Diabetes Medical Management Plan | <input type="checkbox"/> 6. Seizure Action Plan |
| (Contact the Health Technician at (408) 573-3063 Saratoga (408) 867-1120 Cupertino OR email waldenwest_healthaide@sccoe.org) | <input type="checkbox"/> 7. TB Risk Assessment Form (if 18 or older and not in high school) |

➤ **PACKING LIST**

ACCREDITATION

We are a member of the [American Camp Association](#) and undergo a thorough accreditation process where we meet or exceed nationally recognized criteria. We value all campers' experiences and hold ourselves to the highest standards.

QUESTIONS?

Please contact Leigh Jones leigh_jones@sccoe.org or (408)573-3056

Our main Walden West office telephone number is (408) 573-3050 M-F 8:30 am to 4:30 pm. In case of emergency after hours, please call the program office Saratoga (408) 573-3060 or Cupertino (408) 867-1120 Visiting teachers' room Saratoga is (408) 573-3061.

WALDEN WEST REGISTRATION FORM

PARTICIPANT INFORMATION

Week Attending: _____

Participant's Legal Name:		Other Name(s) Used:	
School/District:		Teacher Name:	Ethnicity:
Birthdate:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Non-Binary

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name:		Parent/Guardian 2 Name:	
Street Address:		Street Address:	
City, State, Zip Code:		City, State, Zip Code:	
Email:		Email:	
Home Phone:		Home Phone:	
Cellphone:		Cellphone:	
Work Phone:		Work Phone:	

EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency, when parents cannot be reached:

Name	Phone	Relationship

MINOR RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up your child from Walden West:

Name	Phone	Relationship

Persons **NOT AUTHORIZED** to pick up your child from Walden West:

HEALTHCARE INFORMATION

Insurance Company	Policy #	Medical ID #
Physician Name	Phone	Address

Name	Relationship

PHOTO RELEASE

Check this box **to opt out** of consenting to the use of your/the minor's name, voice, statements, photographs, videotape, and related representations involving use of the minor's voice or pictures, or both, by any and all entities that comprise Walden West, for the purposes of press-related items, training, and testimonials, including but not limited to brochures, posters, press releases, fliers, newsletters, the Walden West website, Facebook and any and all other promotional or training items. By not checking the box, you further acknowledge and agree that you/the minor will receive no compensation. Walden West is the absolute owner of any and all photographs, recordings, and other items (and all rights therein, including the copyright) to which this agreement applies. *Exception: (ex: weekly slideshow, cabin photos and all camp photos)*

TRANSPORTATION AUTHORIZATION

I authorize Walden West staff to provide transportation services to the participant in conjunction with camp activities, and hereby voluntarily release, waive, discharge, hold harmless Walden West and its owners, agents, officers and employees from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing of transportation services to my child including without limitation transportation to, from or during any outdoor school activity.

 Parent/Guardian Signature: _____ Date: _____

WALDEN WEST HEALTH INFORMATION FORM

Participant's Name: _____ **Week Attending** _____

MEDICATION INFORMATION

Is participant bringing medication* to camp? NO YES (If yes, completed **Medication Form** is required)
*including vitamins, supplements, over-the-counter or prescribed medicine

All immunizations, required for school including the following are up to date:

	YES	NO
Diphtheria, Tetanus and Pertussis (DTaP)	Measles, Mumps and Rubella (MMR)	Hepatitis B Varicella (Chicken Pox)

Date of last Tetanus shot (month/year) _____

ADDITIONAL MEDICAL NEEDS (REQUIRING SPECIFIC FORMS)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asthma - Asthma Action Plan | <input type="checkbox"/> Diabetes - Contact waldenwest_healthaide@scooe.org |
| <input type="checkbox"/> Bee sting allergy - Anaphylaxis Emergency Action Plan | <input type="checkbox"/> Seizures - Seizure Action Plan |
| <input type="checkbox"/> Food allergies/restrictions - Anaphylaxis Emergency Action Plan / Restricted Dietary Needs | |

RESTRICTIONS

Any reason to restrict full activity including long hikes, strenuous physical games, and challenge course activities? NO YES
If yes, please explain: _____

OTHER IMPORTANT THINGS TO KNOW/SHARE:

GENERAL HEALTH other

- | | | | | | |
|-----------------------------------------|---------------------------------------------|-----------------------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergies/seasonal | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Bleeding/clotting | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Fainting | <input type="checkbox"/> German measles | <input type="checkbox"/> Head lice (recent) | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other _____ | | | |

Recent Hospitalization:

Recent Injury:

Psychological Conditions:

CONSENT

I give my consent to administer first aid and/or emergency medical treatment. I authorize Walden West staff to administer any necessary non-emergency first aid treatment which may include, but is not limited to: cleaning, applying antibiotic ointment to, and bandaging cuts or abrasions; removal of ticks and splinters; and applying an ice-pack to bites, stings, or an injury.

I hereby consent and give my permission to Walden West and the medical personnel selected by them to render such emergency medical diagnosis and treatment as is deemed necessary, including but not limited to x-ray examination, injection, anesthesia, and/or surgery. Such authorization for emergency treatment shall also include, but not be limited to, costs incurred for the provision of such aid, treatment, and arranging evacuation if it is determined that such evacuation is medically necessary and desirable. **I further agree and will assume financial responsibility for the costs of any specialized means of evacuation and the necessary medical care.** I understand and acknowledge that these costs are my parent/legal responsibility.

 **Parent/Guardian Signature:** _____ **Date:** _____



WALDEN WEST PARTICIPANT WAIVER, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE CLAIMS FORM

I hereby **consent to participate or that my son/daughter may participate in the Walden West operated by the Santa Clara County Office of Education(SCCOE)**, and I hereby execute this Agreement, Waiver, and Release on my or his/her behalf. California Education Code Section 35330 states: "All persons making the field trip and activity trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field or activity trip."

I understand the program offered through Walden West will take place in a dynamic environment and may include, but is not limited to, the following potentially hazardous indoor and outdoor activities: archery, hiking, swimming, games and events, and low ropes courses. I state that I or said minor is physically able to participate in said activities. I understand that the inherent risks of these activities include the following: personal injury, property damage, illness or death. The information given on these forms is correct and complete to the best of my knowledge, and Walden West has my consent to share the information with all personnel who will be supervising minor camper/volunteer for the duration while at Walden West or who may be responsible for the welfare of such minor.

As a parent/guardian, I am committed to being available to answer a phone call from Walden West and its staff. I have provided a phone number to Walden West where I can be reached at any time during camp hours. I also commit to being available or making arrangements for my child to be picked up for any reason. **I or my minor child will cooperate and comply with all reasonable directions and instructions** received from Walden West staff, will follow all camp safety rules while participating in activities and will be familiar with the expectations and consequences of behaviors should I or my child choose not to cooperate. I understand that any violation of camp rules will result in consequences, and ultimately dismissal from camp and I will not receive a refund for any unused portion of the pre-paid camp fee and transportation is my responsibility.

I hereby represent and warrant to Walden West that **I have the authority to execute this Participant Waiver Form** on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent/guardian. In consideration for being permitted to participate in Walden West activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation. **This release is intended to discharge in advance Walden West (its officers, employees, volunteers and agents) and Walden West from any and all liability arising out of or connected in any way with my participation in said activity**, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. Every attempt will be made to safeguard students and equipment. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to release and to hold Walden West or the above entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I specifically understand that I am releasing, discharging and waiving any claim or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, officers or employees of Walden West.

Pursuant to Education Code Section 35330, I have read this entire "**acknowledgement and assumption of risk and release claims**" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns. I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will.

PLEASE READ AND SIGN MUST BE SIGNED BY PARENT or LEGAL GUARDIAN OF MINOR

I hereby state that I am the parent or legal guardian of the minor whose information appears in this registration form. I am familiar with this consent and agree to the term and provisions set forth in this release.

Participant's Name (print): _____  Signature (If over age 18): _____

 Parent/Guardian's Signature: _____ Date: _____



Walden West Outdoor Science School Excused Absence Form

The following student has applied to be a volunteer cabin leader at [Walden West Outdoor Science School](#) (Walden West) operated by [The Santa Clara County Office of Education](#) (SCCOE). Walden West offers science education for 5th and 6th grade students in a residential camp setting. Cabin leaders are an important part of the program. They act as role models to student campers and have the opportunity to gain experience working with peers while developing valuable leadership and mentoring skills.

Volunteers must have approval from all teachers, a school administrator, the attendance office and parent/guardian. Each student is responsible for adhering to their school's policies for absences and make up work.

Student Name: _____ **Week of Absence:** _____ **School:** _____

Period	Class	Teacher (Printed Name)	Teacher Signature	Date
0				
1				
2				
3				
4				
5				
6				
7				

I believe this student possesses the maturity necessary to uphold the responsibilities of a cabin leader and to act as a role model for elementary school students. I understand that he/she is required to make prior arrangements for any schoolwork before attending Walden West Outdoor School.

ADMINISTRATION

Administrator Name: _____	Title: _____
Email: _____	Phone Number: _____
Signature: _____	Date: _____

ATTENDANCE OFFICE

Name: _____	
Email: _____	Phone Number: _____
Signature: _____	Date: _____
School Contact for Service Hours: Name: _____	Email: _____

PARENT/GUARDIAN

Name: _____	
Signature: _____	Date: _____

Volunteer Code of Conduct

Walden West aims to develop and maintain a safe and secure learning environment for all students, staff, volunteers and its community. Walden West (WW) expects all persons to act in the best personal and educational interests of every student and to treat all students equally. The safety, welfare, and well-being of all students are of primary concern to all. To promote the basic principles of awareness and protection for our youth this Volunteer Code of Conduct has been developed to help achieve this goal. Please read this code thoroughly and **check off each box** indicating that you will observe all Walden West Volunteer directives.

Volunteers Must:

- 1. Portray a positive role model for students by maintaining an attitude of respect, patience, courtesy, and maturity
- 2. Not be alone with a student(s) where Walden West staff cannot observe
- 3. Not pray with students, encourage them to pray, or discuss their faith
- 4. Not have visitors or leave the Walden West campus without parent/guardian approval (if leaving during school hours, parent/guardian and notify volunteer's school). Parents/guardian must sign out volunteers with Walden West staff.
- 5. Not use, possess, or be under the influence of alcohol or illegal drugs while on an WW site
- 6. Fully cooperate with the WW policies and procedures in the best interest of students and staff
- 7. Not release students to anyone but will contact the WW staff if someone asks for a student
- 8. Not give out nor accept money or personal information such as telephone numbers, email or home address from students
- 9. Appear clean, neat, and appropriately attired and use only appropriate language
- 10. Not abuse students. This includes physical abuse (strike, spank, shake, slap), verbal or mental abuse (humiliate, degrade, threaten), sexual abuse (inappropriate sexual touching or exposure), neglect (withhold food, water, basic care, etc.)
- 11. Not give any medication or first aid to a student but will notify a staff member if a student is ill
- 12. Not transport a student nor meet with a student outside of the WW activity site
- 13. Not drive WW vehicles or be in possession of WW site keys, computer passwords, or utilize office equipment
- 14. Not share food with students (some may have special meal requirements or might be allergic to certain foods)
- 15. Not take photographs or video tape of students or staff
- 16. Report suspected or known child abuse or neglect immediately
- 17. Stay on the Walden West site unless I have written parental permission to leave. I will be signed out when I leave.
- 18. Not exchange contact information with any students (Facebook, email, phone number, Twitter, Instagram, etc.) or have future relationships with students in any way.
- 19. Follow all of the rules of Walden West. I understand that any infraction of the above statements can result in my immediate dismissal (at my own/parents/guardians expense.)

Cellphone/Media device policy at Walden West

Volunteers are not allowed to possess any device that can take pictures, record or view media while they are with students at Walden West. This policy is to maintain a safe and secure campus for all students, staff and volunteers. We want volunteers to unplug and enjoy a week without the distraction of technology at their fingertips. Any devices brought to Walden West will be collected upon arrival and returned just prior to departure. Cell phone service is limited at our sites and volunteers will not have wireless access. **Walden West is not responsible for any lost, damaged or misplaced devices.** Please plan accordingly.

If volunteers need to be reached while they are on campus, please phone our offices directly:

Walden West Office: (408) 573-3050 **Saratoga Camp Office:** (408) 573-3060 **Cupertino Camp Office:** (408) 867-1120

If you have questions/concerns with any of the above agreements, please contact the Volunteer Liaison/Recruiter at 408-573-3056 or at waldenwest_cabinleaders@sccoe.org.

Volunteer's Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

(Parent Signature not required if volunteer is 18 years or older)

Volunteer Reference Form

Prospective volunteer: Please ask someone, not related to you (teacher, counselor, or employer over the age of 18) whom you have known for six or more months, to complete this reference form based on their interactions with you. Then submit along with your volunteer application.

References: We are seeking responsible volunteers to be excellent role models for youth. The Walden West volunteer applicant listed below has given your name as a reference. Thank you for your time completing this reference form and returning it to the applicant for submission. We may follow up with you by telephone.

Date: _____ **Volunteer's Name:** _____
Name of Reference: _____ **Signature:** _____
Telephone Number: _____ **Best Time to Contact:** _____
How do you know the potential volunteer?: _____

1. In your opinion, is this person:

	Very Little	Little	Average	Strong	Don't Know
Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Good Role Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you seen this person behaving as a positive role model for youth? Please elaborate:

3. Would you recommend this person as a role model for youth? Please check one of the following:

- I strongly recommend the applicant I recommend the applicant
 I recommend the applicant with reservation I do not recommend the applicant

Comments:

Reference reviewed/completed by: _____	** for office use**	Follow-up telephone call date: _____
--------------------------------------------------	----------------------------	------------------------------------------------

VOLUNTEER PACKING LIST

Paperwork Originals (copies sent in prior to trip):

- Registration
- Waiver
- Code of Conduct
- Proof of TB Clearance
(if 18 or older and not in high school)
- Health Information
- Excused Absence
- Reference (2 if no excused absence required)

Bedding:

- Sleeping bag/two blankets
- Pillow

Toiletries/Shower Items:

- Bathing suit (there are not private/individual showers)
- Towel/washcloth
- Toothbrush and toothpaste
- Brush/comb
- Shampoo, soap, deodorant

Clothing:

- Poncho/raincoat (1)
- Warm jacket/coat (1)
- Heavy sweater/sweatshirt (2)
- T-shirts/shirts (4-5)
- Long pants for hiking (3)
- Shorts for around campus (optional)
- Underwear (4-5)
- Pajamas (1 pair)
- Socks (4-6 pair)
- Comfortable, closed toe shoes for hiking
- Slippers/flip-flops for the shower (optional)

Refillable Water Bottle: You must carry water on hikes.

OPTIONAL ITEMS:

- Flashlight
- Lip balm
- Watch
- Day pack
- Sunblock
- Letter writing supplies/stamps
- Hat/sunglasses
- Shower shoes
- Gloves
- Tissues

Volunteers may bring money to purchase Walden West merchandise upon arrival.

Hoodie: \$27.00

Stainless Steel Water Bottle: \$16.00

Baseball Cap: \$16.00

Tote Bag: \$6.00

Do not bring anything valuable to Walden West. There is no locked area to store your items and we are not responsible for missing items.