



# Great Basin Outdoor School

## Cabin Leader Application Checklist

**Please have the following forms completed, stapled together in this order, and ready to be turned at your Cabin Leader Training.**

- Cabin Leader Application
- Permission Slip / Liability Release (Signed by Parent if Under 18)
- Research Boat Permission – Spring and Fall Seasons Only (Signed by Parent if Under 18)
- Under 18 School Volunteer Application\* – Washoe County (Signed by Parent if Under 18)
- Health Inventory (Signed by Parent if Under 18)
- Prescription Medication Authorization (Signed by Parent if Under 18)
- Over-the-Counter Medication Authorization (Signed by Parent if Under 18)
- Code of Conduct for Cabin Leaders
- Appropriate Interactions with Children

**These reference forms may be stapled with the rest of the packet, or your references have the option of mailing them to us directly.**

- Cabin Leader Counselor Consent
- Cabin Leader Personal Reference (ex. Teacher)

**\*If you are 18 years of age or older** You need to be fingerprinted and have a background check a minimum of 6 weeks prior to the week you will be volunteering at Great Basin Outdoor School in order to participate. If you are volunteering for Washoe County School District we will provide a form for you to have this done for FREE at the Washoe County School District Administration Office. For those who are volunteering for a school not in Washoe County School District, charges may be covered by your school and we will provide fingerprint cards for you to take to your local law enforcement office.

*Remember, the sooner we get your ENTIRE application packet, the more likely you will be assigned to the week of your choice!*



# UNDER 18 SCHOOL VOLUNTEER APPLICATION

(CONFIDENTIAL-Please Print)

**Welcome and thank you** for your interest in volunteering in Washoe County School District. In an effort to keep our schools safe, we ask that you take a few moments to complete this volunteer application form. **Return the completed application to your school contact.**

Date\_\_\_\_\_ Picture ID Check\_\_\_\_\_   
 (Initial and attach a copy of picture ID)

Ethnic Code Identification: (Check the code that best represents your ethnic identity)

Alaskan / Indian\_\_\_\_\_ Asian / Pacific\_\_\_\_\_ African-American\_\_\_\_\_ Hispanic\_\_\_\_\_ Caucasian \_\_\_\_\_

School \_\_\_\_\_ Program/Purpose \_\_\_\_\_

Name \_\_\_\_\_   
 (Last) (First) (MI)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_   
 (Street) (City & State) (Zip Code)

Date of Birth \_\_\_\_\_

In Case of Emergency contact:

\_\_\_\_\_  
(Name) (Relationship to you) (Phone)

Are you a student in a WCSD School? If yes, please list the school:

Are you volunteering as part of a school, community organization or business? If yes, please list the name/s:

If you are NOT a WCSD student, please provide two (2) references (non-relative) who know you:

\_\_\_\_\_  
(Name) (Relationship) (Phone) (Initial Reference Checked)

\_\_\_\_\_  
(Name) (Relationship) (Phone) (Initial Reference Checked)

## OFFICIAL USE ONLY

**Questions? Contact Lisa-Marie Lightfoot, Volunteer Services (District mail address), Located at 7495 South Virginia, Reno, NV 89511-1113, Phone: 775-851-5655 Fax: 775-851-5669 Email: [lightfoot@washoe.k12.nv.us](mailto:lightfoot@washoe.k12.nv.us)**

School Police check \_\_\_\_\_ Valid DL \_\_\_\_\_ SO Check \_\_\_\_\_ Fingerprinting check \_\_\_\_\_

Notes: \_\_\_\_\_

**DISTRIBUTION:** School, Volunteer Services; FIB Office, Volunteer Services

(Continued)

PARENT PERMISSION TO VOLUNTEER WITH THE WASHOE COUNTY SCHOOL DISTRICT

I, the undersigned parent/guardian agree to hold the WCSD and its agents harmless from all suits and claims arising out of and in conjunction with student volunteering at WCSD.

In case of an accident or illness, the acting supervisor has my permission to secure medical attention as deemed necessary and if unable to communicate with immediately.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* \* \* \* \*

**VOLUNTEER COMMITMENT AND PROCEDURES**  
**READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION**

**Screening:** For the safety of students, all prospective volunteers will be asked to complete an Under 18 School Volunteer Application and provide a photo I.D.

**Confidentiality:** What you hear and observe about students, families, and staff while volunteering in a school is **confidential**. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. For schools to provide the best environment for learning, everyone's privacy must be respected.

**Liability:** The Washoe County School District is proud to provide liability coverage and an accident policy for its volunteers, which will provide up to \$1,500 after any other valid and collectable insurance. In order to have this protection, **all volunteers must sign in on the school's volunteer / visitor sign in sheet** (in every school office) every time they volunteer. Volunteers are not covered by Workers' Compensation. Parents are discouraged from bringing younger children to school, but the final decision rests with each school principal/authority.

**Child neglect and abuse reporting:** School volunteers are obligated under mandatory child reporting laws to report any suspected child neglect or abuse. If you suspect child abuse, immediately contact the school principal or school counselor.

**Supervision:** Volunteers perform under the direction and supervision of school personnel. Volunteers should know and follow school policies and rules. The District, in its discretion and without a statement of reasons, may suspend any volunteer from further volunteer activities pending any background check. No statement by the District establishes a property right to perform volunteer work.

**Communication:** If you are unable to make it to school when you are expected, please call the school and leave a message. Similarly, school staff will contact you if your time is cancelled or changed for any unforeseen reason. You may contact the WCSD Volunteer Services Office at 775-851-5655, or email llightfoot@washoe.k12.nv.us with questions or for assistance.

**Student / Volunteer relationships:** Volunteers function in a position of trust and Washoe County School District does not extend that volunteer / student trust relationship outside of the supervised school environment. It is the responsibility of the volunteer to notify the site administrator immediately if he/she becomes involved with a student / family outside the WCSD environment.

***I affirm that I have read and understand all the information on this Adult School Volunteer Application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that WCSD reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize Washoe County School District to obtain information relating to my current and / or previous employment, education, and personal history records.***

\_\_\_\_\_  
(Volunteer Signature)

\_\_\_\_\_  
(Date)

**VOLUNTEER, PLEASE PRINT NAME HERE:** \_\_\_\_\_

Birth Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Date attending GBOS \_\_\_\_\_ Teacher's Name \_\_\_\_\_

## Health Inventory

### *Contact Information*

Custodial Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Second parent, if needed \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Is there a custody agreement we should be aware of? NO YES (if yes, attach additional information)

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

NOTE: We are authorized to release the child only to the contacts listed above unless a note from the custodial parent/guardian states otherwise.

### *Family Doctor*

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Religious Preference \_\_\_\_\_

### *Insurance*

The following insurance information is required if a doctor visit or entry into a hospital is necessary:

Do you have Health Insurance Coverage? YES NO

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Name Listed on the Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

### *Medications*

Will your child be taking *prescription* medication while at the Outdoor School? NO YES

If yes, have your doctor fill out and sign the **GBOS Prescription Medication Authorization** and attach to this form. Prescription meds will be stored in a secure area and given by the classroom teacher.

Will your child be bringing or taking *over-the-counter* medication while at the Outdoor School? NO YES

If yes, fill out and sign the **GBOS Over-the-Counter Medication Authorization** and attach to this form.

Over-the-counter meds will be stored in a secure area and self-administered by the child, under supervision of the classroom teacher.

## Health Conditions

	Yes		Yes		Yes
1. Asthma/inhaler		8. Diabetes		16. Recent illness or injury	
2. Life threatening reaction to bee stings or insect bites		9. Epilepsy/seizures		17. Recent exposure to contagious disease	
		10. Chronic illness			
3. Epi-pen		11. Depression		18. Car sickness	
4. Severe allergy to medication		12. Hearing problems		19. Sleepwalking	
5. Severe allergy to food		13. Vision problems		20. Bed wetting	
6. Other severe allergies		14. Wear glasses/contacts		21. First time away from home or overnight?	
7. ADD or ADHD		15. Eating disorders			

Please provide details for each checked box, being as specific as possible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there other medical or social concerns that would assist us in providing a supportive and rewarding experience at GBOS? \_\_\_\_\_

Immunizations up to date? YES NO Date of last tetanus inoculation \_\_\_\_\_

List any DIETARY restrictions \_\_\_\_\_

Is your child a vegetarian? YES NO

List any ACTIVITY restrictions \_\_\_\_\_

### Parent Authorization

A parent/guardian SIGNATURE is REQUIRED for anyone under 18 to receive medical treatment.

I verify that this Health Inventory is correct and complete to the best of my ability. The person named above has permission to participate in all GBOS activities except as noted. I understand that my child may walk as much as 5 miles a day and that exposure to natural features such as sun, wind, insects, and uneven walking surfaces will be encountered and are not under the control of GBOS.

For the duration of the GBOS program, I also give my permission to GBOS to provide routine first aid and care and to seek emergency medical treatment. I agree to the release of any records for insurance purposes. I give permission to GBOS to arrange necessary related transportation for treatment.

In the event I cannot be reached in an emergency, I authorize the appropriate health care provider selected by GBOS or the classroom teacher to administer any necessary medical, surgical, and/or hospital care while the person named above is attending and/or en route to and from the Great Basin Outdoor School.

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

\_\_\_\_\_  
Date

If you do not want medical care given to your child, do not sign above, and please briefly state your reason(s) below:

\_\_\_\_\_

\_\_\_\_\_

Birth Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Date attending GBOS \_\_\_\_\_ Teacher's Name \_\_\_\_\_

## *Prescription* Medication Authorization

### *Sending Medications*

In order for your child to receive prescription medication while attending the Great Basin Outdoor School, the following must be filled out by your child's physician. All medications along with this completed form must be turned in to your child's classroom teacher. Prescription medications will be stored in a secure area and given by the classroom teacher. Prescription medication must be in its original container with the pharmacy label attached and must be prescribed to the student to whom it will be administered. No prescription medications will be administered without a current physician's authorization AND signature.

### *Medication Information*

Medication	Dosage and times taken	Condition being treated	Possible side effects
	<input type="checkbox"/> Required <input type="checkbox"/> As Needed		
	<input type="checkbox"/> Required <input type="checkbox"/> As Needed		
	<input type="checkbox"/> Required <input type="checkbox"/> As Needed		
	<input type="checkbox"/> Required <input type="checkbox"/> As Needed		

Please note if these medications should not be taken with specific over-the-counter medications, or any other remarks:

\_\_\_\_\_

\_\_\_\_\_

### *Physician Authorization*

Printed Physician's Name \_\_\_\_\_

Title \_\_\_\_\_ License No. \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

### *Parent Authorization*

I have reviewed and understand the above and acknowledge that the information provided is accurate. I request that my child, named above, be administered medication as directed by my child's Health Care Provider. My signature below also authorizes the designated staff person or classroom teacher to consult the above named Health Care Provider regarding my child's medical/medication needs. I understand that I must notify the teacher if the medication is changed or stopped.

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

\_\_\_\_\_  
*Date*

Birth Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Date attending GBOS \_\_\_\_\_ Teacher's Name \_\_\_\_\_

## *Over-the-Counter* Medication Authorization

### *Sending Medication*

In order for your child to receive *over-the-counter* (non-prescription) medications while at outdoor school, this form must be completed and signed. All medications along with this completed form must be turned in to your child's classroom teacher. Over-the-counter medications will be stored in a secure area and self-administered by the child, under the supervision of the classroom teacher. Over-the-counter medication must be in its original container.

Sunscreen, moisturizing lotion, lip balm and insect repellent do not require any special authorization and may be kept by the student during the week, but should not be shared with other students. No sprays should be sent due to health and allergy concerns for other students. If your child did not bring but requests any of these four medications during the week, the classroom teacher may provide them from GBOS stock if you initial the item below.

\_\_\_\_\_ sunscreen    \_\_\_\_\_ moisturizing lotion    \_\_\_\_\_ lip balm    \_\_\_\_\_ insect repellent

GBOS does not stock and cannot provide any medications not indicated on this form. If you wish your child to have access to tylenol or ibuprofen, you must enter the information below and provide the medication.

GBOS and the classroom teacher are relieved of any responsibility for the benefits or consequences of the medication that is parent-prescribed and acknowledge that the school bears no responsibility for ensuring that the medication is taken.

### *Medication Information*

Medication	Dosage and times taken	Condition being treated	Possible side effects

### *Parent Authorization*

I have reviewed and understand the above and acknowledge that the information provided is accurate.

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

\_\_\_\_\_  
*Date*

# Mentor Equipment List – Winter Program

If in doubt, it is better to over-pack rather than under-pack. Old clothes are ideal. A complete change of clothing is recommended for each day, since students will be outdoors and active. Great Basin temperatures can vary from cool days to very cold nights. If you don't have, and can't borrow or buy, these items, please let your teacher know, as GBOS has limited quantities of some items to loan.

**Please mark all items with your name! Come to school with equipment packed in a small, easily carried bag. Dress in long pants, an additional layer and closed-toed shoes or boots. Think layers for warmth!**

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## Required Items

### *Sleeping*

- Sleeping bag (or sheets and 3 blankets)**
- Pillow with pillow case

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### *Clothing*

- long underwear or sweatpants (not cotton)**
- wool hat or beanie**
- warm jacket**
- 2 pairs of socks (not cotton)**
- sweater or sweatshirt
- extra pair of long pants
- long-sleeved shirt
- 1 change of underwear
- pajamas or change of clothing for sleep
- snow / waterproof pants
- rain poncho or rain jacket
- mittens or gloves
- extra pair of closed-toed shoes
- snow boots
- ball cap or other hat

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### *Personal Gear*

- water bottle (any 32 oz [1 liter] plastic container, such as a plastic soda bottle)**
- sunglasses**
- sunscreen (30+, share)**
- chapstick**
- daypack or book bag**
- flashlight with batteries**
- lunch for the first day**
- toothbrush and toothpaste**
- garbage bag for wet and dirty clothes**

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## Mentor Items

- watch**
- travel alarm clock
- musical instruments
- books with short stories or fables for children

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## Optional Items

- bath towel
- soap
- hand towel and wash cloth
- comb or hair brush
- shampoo
- shower sandals
- tissues
- bandana
- camera and film (or disposable)
- notebook or journal, writing paper
- binoculars
- natural history study tools

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## Prohibited Items

Candy, gum, food (except first lunch), electronic games or devices, cell phones, money, knives, and illegal substances. You may bring a small amount of snack food and drinks, which will be stored away from sleeping areas, for use on your brief breaks when you are not with the students. Keep it healthy!





# Great Basin Outdoor School

## Cabin Leader Application

**HIGH SCHOOL AND COLLEGE CABIN LEADERS** are introduced to careers in the sciences, teaching, or leadership fields while they supervise and mentor fifth and sixth grade students during four-day spring and fall programs and two- and three-day winter programs. Students may earn community service hours, internship credit, or Work Study credit by prior arrangement with their schools.

**DUTIES:** Be a positive role model. Keep children safe, happy and involved. Assist with on-the-trail field instruction, songs, and skits. Supervise children in cabin and cafeteria.

**GREAT BASIN OUTDOOR SCHOOL** is a Nevada non-profit organization devoted to youth development in the outdoor classroom. Activities connect classroom learning to real-life experiences to promote insight, confidence, and a love for learning and the outdoors.

**HANDS-ON DISCOVERY** in the outdoor classroom builds cooperation, respect, and responsibility and exposure to related career fields during four-day field studies through standards-based science, language arts, math, social studies, and the arts, individual and group activities.

**Applications are accepted at any time, and most trainings are in March, April and November.**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Why do you want to be a cabin leader? \_\_\_\_\_  
\_\_\_\_\_

What are your hobbies/skills you feel would benefit campers? \_\_\_\_\_  
\_\_\_\_\_

Do you work? Yes  No  If yes, give a short description of what you do. \_\_\_\_\_  
\_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

Why do you want to work with children? \_\_\_\_\_

What if any community service projects have you participated in? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature needed if under 18 years of age.

\_\_\_\_\_  
Date

**Include the following with the application:** Permission slip/liability release, counselor consent form and personal reference from the community, Code of Conduct and Appropriate Interactions with Children form, and the Health Inventory. Leaders serving Washoe County School District children must also complete a WCSD Volunteer Application. Leaders 18 and over must be background checked (no charge). Those serving WCSD children may do so at WCSD at least six weeks in advance. Most forms can be found at <http://greatbasin-os.org> under the heading "Cabin Leaders."

**Mail to:** Great Basin Outdoor School, 1000 Bible Way #53, Reno, NV 89502 by US mail.

*phone 775-324-0936 (office), 775-450-0474 (Kim)*



## Code of Conduct for Cabin Leaders

- 1) If a rule is not stated, common sense and good judgment, courtesy, respect, and safety should apply.
- 2) As good citizens, we obey all state and federal laws.
- 3) All living creatures are to be treated with courtesy and respect. This precludes use of obscenities, jokes or slurs relating to another's race, religion, sex, or physical or mental limitations.
- 4) Your care in using living and nonliving resources helps to preserve our unique environments. Watch, examine, and observe without disturbing.
- 5) A GBOS staff member should be contacted immediately if someone is sick or hurt.
- 6) Smoking or use of smokeless tobacco by minors or the use of alcohol or drugs is not allowed. The use of any illegal substance will result in immediate dismissal from the program.
- 7) Quiet hours are observed between 9:40 p.m. and 7:00 a.m. except under special circumstances. During this time participants should be in their bunks and quiet.
- 8) Separate sleeping areas for male and female participants will be strictly maintained. Displays of physical affection will not be allowed. Participants should not visit others' sleeping areas.
- 9) Revealing clothing is not appropriate & underwear should not be visible. Closed toed shoes must be worn at all times except in cabin. No inappropriate words, products, etc. allowed on clothing.
- 10) No participant may enter any vehicle other than the bus during the trip. Conduct yourselves as ladies and gentlemen admirably representing your school and family.
- 11) No foul, obscene, or abusive language will be tolerated.
- 12) All participants must be aware of time. **BRING A WATCH!!!**
- 13) Violation of these policies, particularly those that relate to an individual's physical or mental health and well-being, are grounds for immediate dismissal from our programs. **In the event of a dismissal, parents or guardians are responsible for making transportation arrangements** to pick up their child in the field.

**I understand and agree to follow all the rules listed above. I also agree to give up my right to be included as part of this group if I fail to live up to these standards or associate with others who are in violation of these regulations.**

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Signature of Cabin Leader

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Date

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Signature of Parent

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Phone day/evening

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Date



## Appropriate Interactions

We are extremely concerned that each student attending Great Basin Outdoor School feel well cared for, safe and secure. We are also concerned about you and your need to be sensitive to actions that could be misinterpreted by students. For this reason you are asked to read and be aware of the following behaviors considered appropriate when interacting with children.

- Generally a child's upper back and upper arm are acceptable areas for an encouraging touch. The area covered by a bathing suit is a good reference for what is accepted as a "do not touch" zone.
- We use a "buddy system" to ensure that an adult is never alone with a child. There should always be either two children with an adult or two adults with a child minimum.
- Intentional and unintentional "meanness" toward students such as critical, sarcastic or cutting remarks is never appropriate.
- Any action or remark, intentional or unintentional, which could cause a student to feel embarrassed, fearful, or insecure is not appropriate. This includes showering and nudity when students are in the cabin.
- Any display, physical or verbal, that is sexual in nature is unacceptable.
- Offering, allowing or encouraging in any way the use of inappropriate pictures, magazines, books, or paraphernalia is unacceptable.
- Participating in, encouraging or allowing inappropriate discussions or acts, particularly of a sexual or sexist nature is unacceptable.

We, as staff, are expected to protect the children in our care, therefore, it is imperative that you refrain from any potentially abusive acts – remember, use your intuition! We also ask that you be aware to the possibility of abusive situations going on around you. Your help in preventing and dealing with this sensitive issue promptly allows students to feel safe and secure. If you have any questions at any time, or have concerns or doubts on how to handle a situation, ask the Program Facilitator or Program Director immediately.

I have read the preceding and understand its content and will refrain from any act that could be considered inappropriate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_



# Great Basin Outdoor School

## Cabin Leader Counselor Consent

\_\_\_\_\_ has applied to become a volunteer cabin leader for Great Basin Outdoor School. As part of our screening and eligibility procedure we ask the school counselor or principal to please review this job description and comment on the following as it relates to this student.

### General Function

The cabin leader supervises, guides, and monitors behavior of fifth and sixth grade students for the Great Basin Outdoor School.

### Qualifications

- 16 years of age minimum
- Maintains grade of C average or above
- Demonstrates maturity and responsibility
- Shows enthusiasm!

### Areas of Responsibility

- Supervise grade school students in groups of about 10 during the two-day to four-day programs.
- Supervise students during meal, cabin and bed times, following established guidelines.
- Ensure and maintain appropriate student behavior by stating clear expectations and consequences, in accordance with GBOS discipline policies.
- Usher students to appropriate locations on time and prepared for the activity.
- Support naturalists in the presentation of lessons.
- Provide appropriate cabin activities that support group participation and cooperation and respect for others and their belongings.
- Lead a portion of the night hike program.
- Identify, support, and seek assistance for students who may need help.

I have reviewed attendance, grade, and discipline records and

- I know of no reason that the student named above should not serve as a cabin leader for the students at Great Basin Outdoor School.
- I CANNOT recommend the student named above as a cabin leader for Great Basin Outdoor School.

Print Name

Signature

School  
Phone

Date

This review is kept in strict confidence. Please return to: "GBOS" through WCSSD school mail or Great Basin Outdoor School, 1000 Bible Way #53, Reno, NV 89502 through US mail. If you have any concerns, questions or comments please call 324-0936 or email [Haley@greatbasin-os.org](mailto:Haley@greatbasin-os.org).



# Great Basin Outdoor School

## Cabin Leader Personal Reference

\_\_\_\_\_ has applied to become a volunteer cabin leader for Great Basin Outdoor School. The success of Great Basin Outdoor School largely depends upon the quality of its staff. As part of our screening and eligibility procedure we ask that references be provided. Your honest appraisal is greatly appreciated. Please review this job description and comment on the following as it relates to the person named above.

### General Function

The cabin leader supervises, guides, and mentors children participating in Great Basin Outdoor School.

### Qualifications

- 16 years of age minimum
- Maintains grade of C average or above
- Demonstrates maturity and responsibility
- Shows enthusiasm!

### Areas of Responsibility

- Supervise grade school students in groups of about 10 during the 4-day program.
- Supervise students during meal, cabin and bed times, following established guidelines.
- Ensure and maintain appropriate student behavior by stating clear expectations and consequences, in accordance with GBOS discipline policies.
- Usher students to appropriate locations on time and prepared for the activity.
- Support naturalists in the presentation of lessons.
- Provide appropriate cabin activities that support group participation and cooperation and respect for others and their belongings.
- Lead a portion of the night hike program.
- Identify, support, and seek assistance for students who may need help.

### I. Knowledge of Applicant:

How long have you known the applicant? \_\_\_\_\_

In what capacity have you know the applicant? \_\_\_\_\_

### II. Work Performance:

In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? *Please check one.*

- Outstanding performance
- Above average performance
- Satisfactory
- Non-satisfactory performance

Considering such qualities as dependability, initiative, and ability to work with minimum supervision or as a member of a team, please comment on your rating.

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

**III. Relationships with other people:**

Cabin leaders must serve with staff, teachers, and students of various backgrounds. How would you rate the applicant’s ability to build relationships with other people? *Please check one.*

- Works well with others; can lead or follow in most situations.
- Has average working relationships with others.
- Has difficulty working with others.
- Does not work well with others.

Considering such qualities as the ability to understand other people’s viewpoints and problems and to communicate respectfully, please comment briefly on the applicant’s relationships with others:

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**IV. Emotional Maturity:**

Cabin leaders live with 5<sup>th</sup> and 6<sup>th</sup> grade students in a dorm setting. They must be able to deal with new situations and at times stress. With these considerations in mind, how would you rate the applicant? *Please check one.*

- Able to adapt to changing conditions or situations.
- About average in adapting to changing conditions or situations.
- May not be able to stand up well in changing conditions or situations.
- Completely unable to handle or adapt to changing conditions or situations.

Please comment briefly:

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**V. Additional Comments and Supporting Information:**

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**VI. Overall Recommendation:**

- I recommend this applicant as a cabin leader.
- I have reservations, but I feel applicant has a reasonable chance of success.
- I do not recommend this applicant as a cabin leader.

Your name (print) \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

I **authorize** the Great Basin Outdoor School to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

I **DO NOT authorize** Great Basin Outdoor School to identify me as the source of this reference, or the release of a copy of this reference.

Please submit to: Great Basin Outdoor School, 1000 Bible Way #53, Reno, NV 89502  
or to "GBOS" through WCSD school mail.