



COUNSELOR APPLICATION & PERMISSION TO ATTEND




2025-2026

Foothill Horizons Outdoor School | TEL: (209) 532-6673 | For more information visit: www.Foothillhorizons.com

STAFF USE ONLY:		GROUP LETTER
<input type="checkbox"/> Returning	<input type="checkbox"/> Attended Training: _____	
<input type="checkbox"/> Entered into Database: _____		

STUDENT INFORMATION:			
Name: _____	School: _____	Grade: _____	
Student ID: _____	Dorm: <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's Date: _____	
<small>(Please check one)</small>			

SCHOOL STAFF MEMBER APPROVAL:		
<p>To the best of my knowledge, this student is in good or excellent academic standing, has a great attendance record, has the ability to miss a week of school, is mentally and emotionally stable, exercises sound judgment, and will be a positive role model for 6th-grade students.</p> <p>Based upon what I know of the student, I would trust this student to supervise my own children or children I love. I have also informed this student that they <i>must complete the mandatory counselor training</i> found on the Foothill website before they attend.</p>		
PRINT: Staff Member's Full Name _____	Staff Member's Signature 	Date _____

APPLICATION CHECKLIST:
<input type="checkbox"/> Complete this entire packet and get all necessary signatures: <ul style="list-style-type: none"> <input type="checkbox"/> One of your teachers or school counselors must sign the box above. <input type="checkbox"/> You must sign pages 3 & 4. <input type="checkbox"/> It is very important you read every word on page 4. <input type="checkbox"/> A parent must sign pages 4 & 5 <u>and</u> page 7 if you take any medication. <input type="checkbox"/> Your doctor must also sign page 7 if you take medications (including things like Tylenol or Ibuprofen). <input type="checkbox"/> Let your school know which week you prefer to attend. <input type="checkbox"/> Return this completed application to your school counselor or WEX teacher to be considered for participation. *They should make a copy and return the original to you, so you can bring it with you on the bus once it's approved. <input type="checkbox"/> Your high school will confirm your attendance dates and provide transportation information. <input type="checkbox"/> All high school students must ride the bus. <input type="checkbox"/> You must complete the mandatory training before you attend. It can be found at: www.foothillhorizons.com/overnight-programs/counselors <input type="checkbox"/> This packet is your permission to go to Foothill Horizons. You must bring it with you to get on the bus!

IF YOU TAKE ANY MEDICATION
<p>You must have the <i>Request for Administration of Medication</i> (page 7) signed by both your doctor and your parent. This includes prescriptions and over-the-counter medications like Advil, Tylenol, cough drops, and even vitamins. If you have diabetes, you must contact us in advance. For questions, please call us at 209-532-6673.</p>

STUDENT INFORMATION

Full Name: _____ School: _____ Grade: _____

Your Phone Number: _____  Birthdate: _____ Age: _____

Email Address: _____ T-Shirt Size (for volunteer shirt): _____
(Please print clearly)




Home Address: _____

Mailing Address: _____
(If different from above) Street or P.O. Box City Zip Code

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names _____

Parent/Guardian Address: _____
(If different from above) Street or P.O. Box City Zip Code

Home Phone: _____  Cell Phone: _____  Work Phone: _____ 

QUESTIONS FOR STUDENTS

Have you volunteered for this program before? Yes No If yes, what month/year? _____

List the dates you wish to attend: _____

Did a 6th grade teacher request you?
If so, please enter their name here: _____

If you know a specific 6th grader* who will be attending that week, please write their name here: _____

List any other languages you can speak fluently here: _____

*Note: We cannot promise you'll be in the same dorm as them.

PLEASE CHECK THE CATEGORIES BELOW THAT DESCRIBE YOU:

Like working with kids	<input type="checkbox"/>	Can live without a cell phone	<input type="checkbox"/>
Enjoy hiking and being outdoors	<input type="checkbox"/>	Can work with adults	<input type="checkbox"/>
Can be responsible for kids 24 hours/day	<input type="checkbox"/>	Can miss a week of school	<input type="checkbox"/>
Can function well with a lack of sleep	<input type="checkbox"/>	Can be a teacher's aide	<input type="checkbox"/>
Can be an appropriate role model	<input type="checkbox"/>	Like singing and laughing	<input type="checkbox"/>

By checking off the categories above, you're showing that you have what it takes to be a counselor!

IMPORTANT:

All signature blanks must be signed for you to be able to attend.

TO BE COMPLETED BY THE STUDENT:

1. How did you find out about being a counselor?

2. Why are you interested in being a counselor?

3. Students will rely on your leadership and attention.

a. Have you had experience working with children?

b. What do you look forward to about working with children?

4. Students will look up to you as a role model.

a. Describe someone that *you* looked up to when you were a sixth grader.

b. What made that person great?

5. What kinds of careers or plans are you considering for your future?

6. How will being a counselor help you meet your goals?

TO BE COMPLETED BY THE STUDENT:

I am volunteering as a counselor at Foothill Horizons Outdoor School. I understand I will not be paid, but I will receive room, board, and health and accident insurance. I understand that I will be living with students and will supervise them overnight and during daily activities. I will follow all the rules and regulations set forth by the school administration (see page 4) and I understand that I will be expelled from the program if I do not. I will complete the mandatory training found on the foothillhorizons.com website, and I have read the information about what to pack, what not to bring, and the dress code on page 9.

Student Signature: _____

PLEASE USE INK TO SIGN











Date: _____

FOOTHILL HORIZONS OUTDOOR SCHOOL

VOLUNTEER COUNSELOR CONTRACT



****You must sign and have a parent/guardian sign the bottom of this contract. ****

Please read each statement below carefully and put your initials next to every single one.

	I am emotionally and mentally capable of providing 24-hour supervision for a group of students and can keep them safe and accounted for. I understand that I may not be assigned a co-counselor and will be an independent leader of a group of students.
	I will protect students from bad language, unsafe activities, and scary stories. I will not discuss race, religion, sex, sexual preference, gender identity, politics or my personal life with students.
	I will communicate to Foothill Horizons staff or visiting teachers any difficulties I am having with students - including discipline matters, injury, inappropriate language, or sickness.
	I will not bring alcohol, tobacco, nicotine, vapor-emitting devices or illegal drugs to Foothill.
	If I bring a cell phone, smart watch, earbuds, speakers or other devices, I will turn them in upon arrival to be stored in a locked cabinet in the Health Office. I understand that I'll be able to ask to use my devices during daily breaks and that the students should not see or hear me using these devices.
	Any snacks I bring for my time off will be stored in the staff office. For their safety (regarding allergies, etc), I will not share any food with students. I will not chew gum in front of students
	I will enforce all school rules and policies, for myself as well as others, including the Outdoor School Dress Code and health and wellness policies.
	I will never leave my students alone. I will never physically punish or verbally abuse a child.
	I understand that for my protection and the emotional safety of the children, I will limit physical contact with children to interactions such as: high fives, handshakes and fist bumps.
	I will not share my personal contact information, phone numbers, gaming accounts or social media accounts with the students. I will not post photos, audio files or videos taken of students, teachers or staff at Foothill Horizons on the internet, including but not limited to: YouTube, Facebook, TikTok, Snapchat, Twitter, Instagram, etc.
	I will complete the mandatory training and quiz before I attend. The training can be found at: www.foothillhorizons.com/overnight-programs/counselors

By signing below, you are agreeing to:

- I have read and agree to the responsibilities listed above.
- I understand that I am subject to disciplinary actions if I violate any of the above statements.
- My parents/guardians and I understand **that they must transport me home** if I cannot uphold my end of this contract.
- I know that my parents, school counselor, and/or principal will be notified if I violate any part of this contract.

Print Student Name	Student Signature – Please Use Ink 	Date
Print Parent/Guardian Name	Parent/Guardian Signature – Please Use Ink 	Date

PARENT/GUARDIAN PAGE

Your child is volunteering to be a counselor at Foothill Horizons Outdoor School. Please fill out and sign this page and the bottom of page 4. If your child is bringing any prescription or over-the-counter medication, page 7 must be completed and signed by both a doctor and a parent.

Counselors gain valuable leadership and educational experience by living with and leading 6th grade students at Foothill Horizons Outdoor School. The counselor's responsibility is to be a positive role model and to assist teachers during classes and field trips. Foothill Horizons staff supervises counselors during their stay. Meals, transportation and secondary insurance are provided. Counselors must bring bedding or a sleeping bag, a pillow, towel, toiletries and appropriate clothes. SEE PACKING LIST. All counselors will receive a letter of recommendation or evaluation once they complete their week.

The address and contact information for Foothill Horizons Outdoor School is:

21925 Lyons Bald Mountain Road, Sonora, CA 95370

Telephone: (209) 532-6673

Fax: (209) 533-1390

AUTHORIZATION AND RULES

My child agrees to follow all school rules and the Counselor Contract at Foothill Horizons including not raiding other dormitories; going into the opposite sex's dormitory; hazing or bullying another student in any way. Students who violate these rules will be counseled and may be restricted from some activities; those who commit a serious offense will be sent home (families must pick them up), without a recommendation to return.

I agree that I or a designated emergency contact will pick up my child within 3 hours if my child has any communicable disease; at the discretion of our staff or is unable to participate in the program due to injury or behavior.

In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while they are attending or in route to or from the Stanislaus County Office of Education Program. Families will be notified of any serious illness or injury to their child and appropriate care will be given.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to photograph, record, or videotape my child's image and voice. I understand and agree that this may include their likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets, or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

I understand and acknowledge the risk to my child(ren) for injuries received while engaging in any sports, athletics, or unorganized play, beyond assurance that any injury will receive prompt professional care. I understand and acknowledge the risk to myself and, if applicable, my child(ren), of becoming exposed to or infected by COVID-19 at Foothill Horizons, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants, officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my child(ren), including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my child(ren), may experience or incur in connection with the SCOE-sponsored activity.




In consideration for Stanislaus County Office of Education allowing my child(ren) to participate in Foothill Horizons I, on behalf of my child(ren), hereby release and hold harmless SCOE, and any participants, officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation in the SCOE sponsored activity, including, but not limited to, injury, exposure to or infection by COVID-19. Further, I covenant (i.e., promise) not to sue SCOE, or any participant, official, employee, volunteer, and/or representative thereof, for any such harm or loss.

By signing below, you are agreeing to the above authorizations and rules.

Print Student Name	Student Signature – Please Use Ink	Date
Print Parent/Guardian Name	Parent/Guardian Signature – Please Use Ink	Date

Emergency Contact

Please provide us with the name, address and telephone number(s) of a person who, in an emergency, can find you or accept responsibility for your child:

Name	Relationship	
Cell Phone (Area Code & Number) 	Work Number (Area Code & Number) 	Work Number (Area Code & Number) 
Street Address	City	Zip Code

STUDENT HEALTH INFORMATION

PARENTS MUST ANSWER EVERY QUESTION

Please respond "Yes" or "No" to each question and **FILL IN EVERYTHING.**

YES NO

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, seizures, migraines, allergies? Please describe:

.....
.....
.....

2. Does your child have any behavioral or learning diagnoses? Please describe:

.....
.....
.....

3. Is your child engaging in **self-harm, under suicide watch** or been hospitalized for mental health concerns in the past month?

If YES, your child may NOT attend without additional assistance, please discuss with your school and email www.foothillhorizons@stanoec.org.

4. Does your child **take any medications**?

If YES, you **MUST** complete "**Request for Administration of Medication at Outdoor School**" -- **BOTH** prescription and over the counter medications (i.e., Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

5. Does your child have any serious allergies to foods, insect stings, medications, or other substances? If YES, what is your child allergic to?

ALLERGEN:	
Is it life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating
Is an Epi Pen required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Airborne/inhalation
ALLERGEN:	
Is it life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating
Is an Epi Pen required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Airborne/inhalation

6. **Special diets:** Are there foods they CANNOT eat?

No Beef No Pork Vegetarian Vegan Other:

For multiple and/or life-threatening allergies email www.foothillhorizons@stanoec.org a description.

All Special Diets must be in writing. Refer to the **Special Diet Policy**.

7. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)?

If YES, please work with your Health Care Provider and fill out the **Limited Activities List**.

8. Do you have insurance coverage for your child?

Please enter your child's health insurance information below.

(If none, state "None")

Carrier: Policy Number:

Doctor's Name: Phone: Fax:

If your child takes **MEDICINE**, they will not be able to attend outdoor school unless your Health Care Provider correctly completes the "Request for Administration" form (next page). All medication must be in a pharmacy-labeled or original container with the child's name, name of medication, and instructions for administration on the label. Even over-the-counter medications like Tylenol, Advil, vitamins, cough drops etc. need to be entered on the following form.

Please make a copy of the form if you have more than 3 medications.

If you have questions about medications, please contact our health office: 209-532-6673.



Student: _____ Birth Date: _____ School: _____

MUST BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

MEDICATION INFORMATION: *Contact Foothill Horizons to make special arrangements if this student needs assistance with injections, intravenous medications, OR takes medications at time other than those that are listed below.**

Medication 1: _____ Strength (mg, ml): _____ Dose: _____ Frequency: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other*: _____
 PRN (List all symptoms PRN meds can be taken for: _____)

Medication 2: _____ Strength (mg, ml): _____ Dose: _____ Frequency: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other*: _____
 PRN (List all symptoms PRN meds can be taken for: _____)

Medication 3: _____ Strength (mg, ml): _____ Dose: _____ Frequency: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other*: _____
 PRN (List all symptoms PRN meds can be taken for: _____)

REQUEST FOR SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS

This student is both capable and responsible for self-administering auto-injectable epinephrine and/or inhaled asthma medication:

Yes, unsupervised Yes, supervised No Please explain why: _____
 This student may carry their emergency medication: Yes No Please explain why: _____

Doctor's Signature: _____ Email: _____
 Doctor's Name: _____ Phone: _____ Fax: _____

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

SECTION A: SIGN HERE FOR NON-EMERGENCY MEDICATIONS (MOST MEDICATIONS)

SECTION A: Parent / Legal Guardian consent for medication to be administered by school personnel
 I, the **parent(s)/ legal guardian(s)** of _____, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled or original container.
 Signature: _____ Date: _____ Phone: _____

SECTION B: SIGN HERE IF YOUR CHILD MAY CARRY HIS/HER OWN RESCUE INHALER, EPI PEN, OR GLUCAGON KIT

SECTION B: Parent / Legal Guardian consent for self-administered of medication
 I hereby consent for my child _____, to self-administer his/her
 ASTHMA INHALER **EPI-PEN** **GLUCAGON**
 while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.
 Signature: _____ Date: _____ Phone: _____

INSTRUCTIONS ON HOW TO USE THIS FORM ON PAGE 8



As a school in the state of California, Foothill Horizons must follow the regulations listed below:

California Code of Regulations, Title 5, Education Article 4.1:

- Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day
- §600. CEC Pursuant to Section 49423 49423.1. Section 49423.6. (b)

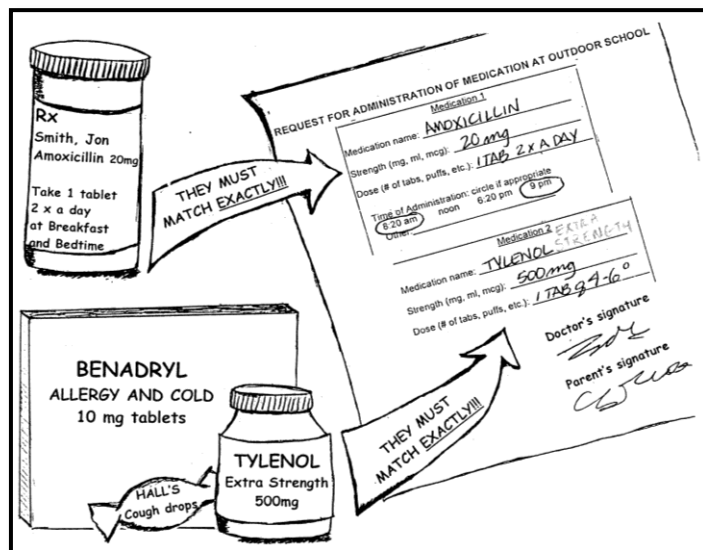
NOTE TO FAMILIES:

1. Follow the steps below if you want your child to take ANY KIND of medication (**including over the counter drugs** like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.).
2. Your child **will NOT be allowed** stay at Foothill Horizons if the medication forms are not filled out completely and correctly.

INSTRUCTIONS:

How to fill out the form

1. **Ask your child's Health Care Provider (HCP) fill out the other side of this form.**
 - a. The label on the medicine and what the HCP writes on the form **must match exactly.**
 - b. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the HCP's prescription.
 - c. **The HCP must fill the form out completely then sign all forms including those for over-the-counter drugs.**
2. Check the form to make sure the dose and time matches how you administer the medication at home.
 - a. If there are any discrepancies, please ask to your child's HCP to correct the form.
 - b. All medication forms must have a parent/guardian's signature.



How to get the medications ready

1. **Only send only medications your child needs!**
2. Write your child's name on any medication that does not have a label on it (i.e., over-the-counter medications).
3. Put all your child's medications in one Ziploc bag.
4. Write your child's name and school on the Ziploc bag.
5. Turn in your medication to the Health Clerk at Foothill. Do not put medications in your luggage.

This page is supplemental information and does not need to be turned in with the application.

COUNSELOR DRESS CODE:

Counselors must be dressed appropriately for hiking and outdoor activities that include crawling on rocks and sitting on the ground. Bring clothes that are appropriate for school and the outdoors. **DO NOT BRING YOUR BEST CLOTHES.**

Counselors who are not adhering to the dress code will be asked to change.

Disregard of this dress code may result in disciplinary action.

Counselors must follow these guidelines:

- Clothing must cover the shoulders, midriff (belly) and all undergarments at all times.
- Shorts are at least fingertip length or longer.
- Hats or visors are worn with the bill facing forward only.
- Crocs, sandals and slippers are to be worn only in the dorm building.
- Pajamas are worn only in the dorms.

Clothing not to bring:

- Clothing associated with gangs
- Baggy pants, pants are to be worn at waist.
- Tank tops or low-cut tops or tops that show the midriff (belly), lower back, or undergarments
- Clothing or items that contain offensive or vulgar writing or images, references to drug/sex, or alcohol/tobacco advertising.
- Skintight clothes

PACKING LIST:

Bedding: Bring sheets and blankets, or a sleeping bag, and a pillow.

Clothing: SEE ABOVE. Only bring what you are willing to get dirty. Check the weather - It can be much colder in Sonora!

- Socks and underwear - no one should ever be able to see your undergarments.
- Something to sleep in. PJs are to be worn only in the dorms.
- T-shirts (no tank tops, low cut or revealing tops, no shirts that show your belly or lower back, and no inappropriate messages or images)
- Shorts (at least finger-tip length)
- Long pants
- Long sleeve shirt or sweatshirt
- Shoes/hiking boots (2 pairs in case one gets wet) Crocs and sandals are for in dorm only.
- Jacket and/or raincoat (a sweatshirt will not be enough)
- During winter months: bring gloves or mittens, a beanie, and a warm coat.

TOILETRIES:

- Soap & Shampoo
- Toothbrush & toothpaste
- Comb or brush
- Towel & washcloth

EQUIPMENT:

- Watch (we do have one you can borrow)
- Camera (Optional-cannot be a phone)
- Fillable water bottle
- Non-electric musical instruments (Optional)
- Sunscreen & Chapstick
- Non-aerosol bug spray (needs to be the pump kind)
- Hat or sunglasses
- We also have a backpack that you can borrow

DO NOT BRING:

- Portable speakers, electronic games, knives or radios
- Hair dryers or curling irons
- Tobacco, alcohol, nicotine, vapor-emitting devices or illegal substances
- Do not bring money or valuables EXCEPT exact change (cash only) for a:
 - Foothill Horizons T-shirt (\$16), hat (\$14), hooded sweatshirt (\$32), or water bottle (\$10)

ALL Cell phones, air-pods, smart watches, chrome books, etc. will be kept in a locked cabinet during your stay. You can use them during most breaks.

Have questions?

Please visit www.foothillhorizons.com or call Diann at 209-532-6673

Don't forget to complete the online training and quiz before you attend!!

