



Health & Wellness Form

Today's Date:

Emergency Contact Name:

Your Name:

Emergency Relationship:

Email:

Emergency Email:

Phone #:

Emergency Phone #:

Birthday:

Anticipated Start/End Dates **required:*

All incoming staff (short-term volunteers, long-term volunteers, employees and contractors) are required to complete this form once per calendar year. Please complete this form with honesty and accuracy, to the best of your knowledge. This form will only be shared with the Holden Village Medic or Medical Director, who will give their recommendation to the Staffing Committee if deemed necessary.

Holden Village is located in the wilderness and we are neither prepared nor equipped to provide ongoing primary health care. We make every effort to have a medic available for first aid/emergency care, but there may not always be licensed medical personnel onsite. Prompt evacuation is not always possible. Careful planning and prevention on your part is necessary: Holden Village is at least 4 hours (and in the winter up to 4 days) from emergency medical care.

Holden Village asks about certain health issues out of respect for the needs of each individual and for the needs of the Village. Past medical history (with physical and/or mental health concerns) does not restrict you from volunteering; however, your openness to discussing these issues helps Holden know how to best address any health concerns that may arise if you reside in the Village. We ask these questions so that we can understand your needs and so that you can learn about the support Holden is able to offer you and what is beyond our ability to support.

Current Health Status of Holden Village: *Holden Village is committed to promoting the health of all members of our society; thus we practice public health measures and the science of health and wellness. As a part of this commitment, we require a record of immunization for tetanus, chicken pox, and measles, mumps and rubella (MMR).*

Immunizations

Measles, Mumps & Rubella (MMR) **required*

I had M/M/R at age:
**circle which one*

Vaccine Date:

Chicken Pox Vaccine **required*

I had Chicken Pox at age:

Vaccine Date:

Tetanus (TdaP) **required in the last 10 years*

Date of last TdaP:

Date of last tetanus booster:

TdaP required in last 5 years for stays including months of Oct 15 - May 1 due to remote location/limited access

TdaP required in last 10 years for stays during months of May 1 - Oct 15

Please Answer All Questions 1-6:

1. Allergies: Please describe all medication, food, and drug allergies and describe your reaction to each substance.

Respond with "NKA" if you have no known allergies.

2. Have you ever had a systemic allergic reaction to bee stings or food? If yes, what was the precipitating substance or reaction? What was the treatment?

3. Health History - Please describe your health history related to the following: anemia, anxiety, arthritis, asthma/COPD blood pressure issues, cancer, depression, diabetes, eating disorders, GI issues, heart issues, low blood sugar, migraines/headaches, seizures, sleep issues, stroke, hospitalizations in the last 12-months, or other (PLEASE LIST ALL OF YOUR MEDICAL HISTORY, even if it is not in the examples provided):

4. Health Condition- Briefly describe your general state of health as you perceive it:

5. Please list all medications you're currently taking. Include the dose and frequency for each medication:

6. Mental Health History - Completion of the Mental Health History section is encouraged for all, but only required by individuals submitting applications for long-term volunteer or employee positions.

Have you ever had individual, family or group counseling/treatment for personal growth or for emotional/psychological concerns? Please comment on your reasons for counseling/treatment, any medication prescribed, length of treatment, and the impact of treatment.

Have you ever received a mental health diagnosis from a mental health professional? If yes, please explain and please comment on your plans for self-care and treatment while you are working and living in the Village.

Have you experienced suicidal ideation? If yes, please explain and please comment on your plans for self-care and treatment while you are working and living in the Village.

Sometimes the Holden medics or directors ask staff to seek counseling if they display unhealthy behavior or if their behavior negatively affects work or community. How would you respond if asked to seek counseling?

Acknowledgement

- ☐ I understand the remote nature of Holden Village and its limitations to health care.
- ☐ I release this information to be used by Holden Village as needed to ensure safety.
- ☐ If I have severe allergies, I will bring my own EpiPen or Bee Sting Kit.

SIGNATURE

PRINTED NAME

DATE

***Please save & email this form to medic@holdenvillage.org,
OR return form to Holden Village Medic, HC0 Box 2 Chelan, WA 98816***



Release Waiver & Code of Conduct

"Holden Village has a physical setting that is both its great glory and chief challenge." -Charles Lutz

Holden Village has been welcoming workers and guests into the Cascade Mountains for six decades. As part of this welcome, Holden Village is committed to the health and well-being of the Village community, ever mindful of its remote alpine location with all the risks implied therein which can, of course, lead to illness or serious injury (including death) from those ever present risks in the great outdoors. Visitors coming to the Holden community must understand the challenges and dangers in a wilderness setting. As a human ecosystem interacting in a complex natural setting, Holden Village takes seriously the risks and wellness management needed for a safe and healthy community in the mountains. For your safety and the well-being of the community, **we require that you read, understand, and agree to the following:**

- ◆ Personal acceptance of all risks inherent when traveling to, living at, or working in a remote mountainous community. Awareness of all dangers while recreating in the Railroad Creek valley such as hiking and walking on Village pathways.
- ◆ Respecting and stewarding the wilderness of the Railroad Creek valley and beyond, joining Holden Village and the United States Forest Service in sharing responsibility for these lands. Being mindful of all fire dangers as wildfire precautions are a daily discipline at Holden Village.
- ◆ Remaining aware of the fragile ecosystem of the Railroad Creek valley and of the possibility of encountering wildlife both inside the Village and on the hiking trails. Never feeding or interfering with wildlife.
- ◆ Parents and guardians must exercise and take responsibility for minor children under age 18 while at Holden.
- ◆ Recognizing that medical care at Holden Village consists of First Aid triage and hospital care is far away and only available by boat or helicopter evacuation. Evacuation from Holden can be both expensive and lengthy depending on prevailing conditions. You are responsible for your own medical and evacuation costs. Guests, staff, and faculty must be in general good health and have no medical, physical, or mental conditions that could interfere with your health or safety or the safety of other Villagers. Bringing an adequate and extra supply of necessary medications to factor in potential travel delays entering and departing Holden. Understanding that helicopter insurance through LifeFlight is available at a prorated cost to those who request it in advance.

Acknowledgement

I agree and promise to accept and assume all of the risks and responsibilities during my visit to Holden, including, but not limited to, those listed above. I voluntarily waive any right to recovery, release, forever discharge and agree to indemnify and hold harmless Holden Village, its directors, trustees, staff, employees, volunteers, agents, associates and independent contractors ("Released Parties") from any and all claims, including claims for bodily injury and death, demands or causes of action that are in any way connected with me visiting Holden Village or the use of Holden's equipment or facilities, including all such claims that allege negligent acts or omissions of Holden. I hereby agree to indemnify Holden and all Released Parties from any claim made by me or my heirs or survivors on account of any injury or loss that I may suffer arising in any way out of my visit to Holden. I further indemnify Holden and all Released Parties from any claim that might be brought by a co-participant arising in any way from my conduct.

Please acknowledge your understanding and agreement with this form on the Health and Wellness Form.