

CAMP ADAM FISHER 2008

Volunteer Application

(Please type or print neatly)

Position: ___Physician___Nurse___Counselor___Dietician **Returning**___ **New**___

___Other_____

Date of Application:_____ Social Security Number_____

Name:_____ Gender:___M___F
Last First Middle

Permanent Address:_____

Current/College Address:_____
(If different from above)

Mail should be sent to: (*Check One*) ___Permanent Address___ Current Address

Home Phone()_____ Work Phone:()_____ Call at work? ___Y___N

Cell Phone:()_____ Email:_____@_____

Drivers License # & State_____ Age:_____ DOB:___/___/___

Current Employment Position:_____

Current Employer (*Name and Phone No.*)_____

How many years have you been to camp as a volunteer? _____ Position:_____

In case of emergency contact:_____ Phone #_____

T-shirt Size: ___S___M___L___XL___XXL

PLEASE INCLUDE A CLEAR PHOTOCOPY OF YOUR DRIVER'S LICENSE FOR OUR RECORDS.

This Section for New Volunteers

Describe any previous experience with diabetes/diabetes camps_____

Describe any leadership experience with children_____

References (Give names and addresses of 2 persons not related to you who have Knowledge of your character, experience and ability.)

Name		
Address		
Day time phone (Include area code)		

Position to be held while at camp _____

Description of responsibilities while at camp _____

What skills and abilities will you bring to Camp Adam Fisher? _____

Age of campers with whom you would prefer to work with: _____ (optional)

Mandatory for all Medical Staff (New and Returning)

What license do you hold? _____ License Number _____

What state(s) are you licensed in? _____

Please attach a copy of your current license for the state in which camp occurs.

Has your license ever been revoked? ___ Yes ___ No

If Yes, please explain:

Have you ever been accused of, convicted of, or had deferred adjudication of medical malpractice? ___ Yes ___ No

If Yes, please explain:

Do you have malpractice insurance covering your service at camp? ___ Yes ___ No

I certify that, to the best of my knowledge, the information I have given is complete and accurate. I also certify that I am over 18 years of age, a high school graduate, and have never been convicted of felony, child abuse or molestation, or criminal sexual assault.

*Signature:*_____ *Date:*_____

Mail all forms to:

Elizabeth Todd Heckel
Family Practice Center
3209 Colonial Drive
Columbia, SC 29203

CAMP ADAM FISHER 2008

Volunteer Agreement

(Please Read Carefully)

I _____, have volunteered as a _____ and hereby authorize **CAMP ADAM FISHER** to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. This information will include but not be limited to allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by the state and federal law.

I also authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

Should I be required to or desire to drive any Camp Adam Fisher vehicle or any vehicle rented by them, I agree to a check being done on my license.

I understand that Camp Adam Fisher is a seven-day residential camp and I will be required to remain on site during the entire session if volunteering as a counselor. I understand that Camp Adam Fisher is a drug and alcohol free environment. If caught doing any of these things during the camp session, I understand I will be required to leave the camp immediately.

The above statements are true and complete to the best of my knowledge.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or dismissal. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

Signature

Date

PLEASE RETURN THIS APPLICATION ALONG WITH A COPY OF YOUR
DRIVERS LICENSE TO CAMP ADAM FISHER.

PLEASE MAIL TO:
Elizabeth Todd Heckel
Family Practice Center
3209 Colonial Drive
Columbia, SC 20201
Elizabeth.todd@palmettohealth.org

Camp Adam Fisher 2008

Photography/Publicity Release

Volunteer's Name: _____

I consent and authorize the designated staff of Camp Adam Fisher, their members, successors, assigns and nominees to use and reproduce my name, home address, home phone number, interviews, photographs, and video taken of myself while attending Camp Adam Fisher, Held at Camp Bob Cooper, in Summerton, South Carolina, and to circulate the same for any and all promotions of all kinds in all media. (Home Phone numbers and home addresses will only be released to the American Diabetes Association through contractual agreements.)

The undersigned does hereby release Camp Adam Fisher, Clemson University, their members, successors, assigns, and nominees, and any and all persons associated in any capacity with a summer camp known as Camp Adam Fisher from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

Signature of Volunteer: _____

Witness: _____

Date: _____

COUNSELOR PERSONNEL POLICIES

1. Camp personnel are expected to abide by all camp rules.
2. You must be with your assigned campers at all times unless you have made specific arrangements with the Camp Director.
3. Your groups medical notebook must remain at all times with a counselor and the group.
4. Be on time to all activities.
5. Never allow a camper to go off alone. Always use the buddy system. Always know where your campers are.
6. All campers must go to all activities unless they are sick. Sick campers should go to the infirmary.
7. Help the Bob Cooper staff enforce sanitation rules and try to set a good example as a role model in the helping keep cabin areas clean.
8. Discipline is important in any group situation. Try to lead by example and not by edict. Do not use physical force or belittle the camper in front of others. Avoid profanity. Refer any chronic behavior problem to the Camp Director. Counselors should not argue or discuss campers or other camp problems in front of the campers. Suggestions on dealing with children are included in another section of the manual.
9. Personal visitors are not allowed.
10. Fatigue can be a problem. Try to arrange to get some "personal" time. Arrangements with other counselors can be made.
11. Do not leave camp without the permission of the Camp Director.
12. C.I.T.'s are expected to be role models for campers. As a C.I.T., you are expected to be able to manage your own diabetes in an adequate fashion, understand and follow camp policies, assist your counselor in helping the campers manage their diabetes, and be a friend and confidant for the campers.
13. Use the camp medical staff for advice on all minor illness.
14. Be aware that we are responsible for cleaning up the cabins, restrooms, and campgrounds before we leave the final day of camp. **No counselors or C.I.T.s can leave the final day until final approval of the campgrounds has been given to the camp director.** I would advise doing much of the cleanup prior to the last day.
15. Please review the organization and camp structure carefully so you will know whom to contact in case of problems. If at any time you are not sure how to handle a problem you may ask the Camp Director.
16. All volunteer personnel must report to camp for orientation, time and date to be determined.
17. Always have your group medical kits and backpacks with you when your with your campers and keep it adequately supplied.

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General Volunteer Guidelines

Guidelines for the volunteer:

1. The example you set for the camper is the most powerful tool you have. This includes a positive, or accepting, attitude.
2. Your enthusiasm is infectious. You will be expected to encourage and be enthusiastic about all activities.
3. Don't feel bad about mistakes. If you're not making any, you are probably not involved.
4. Accept all volunteers and campers for who they are. You can certainly try to get along with everyone.
5. Constructive criticism, with positive solutions, is welcomed. Complaining about things you are unwilling to change is destructive.
6. A crisis is not an event. A crisis is determined by how one reacts to an event. Campers respond to your cues.

Guidelines regarding the campers:

7. Children like praise, and will usually behave in a manner that will produce it. Don't be stingy with compliments and verbal rewards.
8. Often, misbehavior is a child's bid for attention. Recognize it as such and provide opportunities for the camper to experience success and achieve attention for positive actions.
9. When a child fails, or loses, allow them their feelings. Be sure to convey the message that failure is not falling down, but staying down.
10. Try to avoid sarcasm and ridicule.
11. To the best of your ability, treat all campers equally (they are great scorekeepers).
12. When things are going well, exert extra effort to maintain the trend.
13. Whenever feasible, allow the camper to experience the consequences of his or her actions.
14. Let campers settle their own disputes, provided there is no bullying involved.
15. Try to develop a group unity and cohesiveness that will permit acceptance of the weakest member of your group.

CAMP ADAM FISHER 2008
CONSENT TO OBTAIN HIV/HBV STATUS

The Occupational Safety and Health Administration in the Department of Labor (OSHA) requires by law that we perform measures to prevent any camper and staff from accidental exposure. An accidental exposure is defined as a situation when the staff or camper has been in contact with blood, body fluids or potentially infectious material from another camper or staff. If this happens at camp the law requires that all campers and Camp Adam Fisher staff persons involved must be tested. This test includes a blood test for HIV and Hepatitis B.

This blood test would be performed at no cost to you. The results will be given to you and to the medical team. We will not disclose the results of these tests to others except as required by law or as necessary to safeguard the well being of other health care workers involved in the medical care of the camper or other persons at risk. I understand that the results will be placed in the Camp Adam Fisher, Inc. Exposure Control Records.

I give consent to the performance of a blood test to detect my HIV and Hepatitis B status in the event of an accidental exposure.

Name of Volunteer _____

Signature of Volunteer _____

Date _____

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Camp rules

1. Firearms, knives, personal archery equipment, or other weapons are not allowed in camp. Please check on each camper as they come into camp to ensure these are not brought in.
2. Consumption of alcoholic beverages on campgrounds is absolutely forbidden. Illegal drug use is forbidden.
3. Smoking is not allowed in any cabin, mess hall, recreational area or around campers.
4. All vehicles must be parked in the designated parking areas. Parking by cabins is not allowed.
5. Personal visitation by friends or family members during camp is not allowed.
6. Sanitation is absolutely essential to maintain a clean and healthy camp. All rules and directives regarding cleaning of cabins, toilet, shower facilities and campgrounds must be followed.
7. Campers may not be transported to or from activities in personal vehicles.
8. Campers and counselors are not allowed in the kitchen facilities at any time. The ice machine is to be accessed only by designated personnel.
9. No camper is allowed to be in a cabin without supervision. There should never be anyone in a cabin alone.
10. Campers should always use a buddy system. A camper should always be with another camper and never alone.
11. Campers must go to assigned activities unless they are ill. In this case they are to go to the infirmary.
12. Campers may not make personal phone calls. If they need to make calls home, this should be done through the management staff.
13. All campers must be in their cabins at lights out. Campers leaving their cabins after lights out will be subject to being sent home.
14. Male and female campers are not permitted to visit opposite sex cabins at any time.
15. All radios must be turned off at lights out. Campers may listen to a radio with personal headsets not audible to other campers.
16. Stealing, fighting, bullying, threatening, or excessive abusive language are not permitted and are reason for dismissal from camp.
17. Deliberately defacing property will result in dismissal. Persons breaking equipment, windows, or otherwise destroying camp property will be personally responsible for replacement.
18. Extra food is not allowed in cabins. Campers should have food only at authorized meals, snacks, or if treating hypoglycemia.

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Code of Ethics

Protection of Campers:

- Campers are not to be left alone without the supervision of at least two adults at any time. Proper supervision may prevent potential injury and abuse.
- Camp personnel will never be alone with campers or an individual camper.
- Camp personnel will not abuse campers including:
 - a) Physical abuse: strike, spank, shake, slap
 - b) Verbal abuse: humiliate, degrade, threaten, use profanity
 - c) Sexual abuse: including inappropriate touching, display, or inappropriate exposure
 - d) Mental abuse: hazing, negative manipulation
- Camp personnel will treat campers of all ethnic, religious, and cultural backgrounds with respect and consideration.
- Camp personnel will report any suspicions of abuse or neglect to the appropriate camp leadership (Camp Director or Medical Director) immediately in compliance with state reporting regulations.
- Camp personnel will use positive guidance techniques including redirection, anticipation, and/or elimination of potential problems, positive reinforcement, support and encouragement rather than competition, comparison, criticism, or humiliating discipline techniques.
- **Camp personnel will report any incident or accident immediately to the Camp Director, Medical Director, or Program Director.**

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Volunteer Behavioral Guidelines

- Camp personnel will portray a positive role model for campers, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact, and maturity.
- Camp personnel will not use profanity or discuss adult subject matter in the presence of campers.
- Camp personnel will dress appropriately for camp (guidelines will be discussed during staff training).
- Camp personnel will not use, possess, or be under the influence of alcohol or illegal drugs while at camp or camp training events.
- Camp personnel are prohibited from having firearms or other weapons while at camp.
- Camp personnel will comply with the outlined activities and expectations of their defined jobs at camp and participate in all required activities prior to camp, i.e., camp training.
- Camp personnel must be willing and prepared to assist campers in meeting daily personal needs.
- Camp personnel must accommodate and be sensitive to the developmental differences and abilities of individual campers.
- Camp personnel will not offer or accept gifts of goods or money from campers or their families.
- Camp personnel will not abuse, steal from, or show disrespect to their fellow staff, campers, or camp/personal property.
- Camp personnel will adhere to the outlined camp policies, procedures, and standards.
- Camp personnel will agree to all criminal and other background check information requested of them and must meet qualification standards established by the camp.

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Volunteer Behavioral Guidelines Contract

This page must accompany camp application!

I understand and agree to adhere to all expectations and rules established by the R.M. Cooper Leadership Center and Camp Adam Fisher as explained in the **Behavioral Guidelines, Personnel Policies, Camp Rules, and Camp Staff Code of Ethics**. I understand that failure to comply may result in dismissal.

Signature: _____ Date: _____

Print Name: _____

If camp staff member is under the age of 18 the signature of his/her parent or guardian must also be provided below:

Signature: _____ Date: _____