

FOR OFFICE USE

T-Shirt Size: _____
Position: _____
Campers: _____
Award: _____
Background Check: _____

2009 STAFF APPLICATION

Please include a photo

NAME: _____ **Age:** _____ **Birth date:** _____

MAILING ADDRESS: _____ **HOME PHONE:** (____) _____

_____ **WORK PHONE:** (____) _____

SOC. SEC. #: _____ **E-MAIL:** _____ **FAX:** (____) _____

OCCUPATION: _____ **T-SHIRT SIZE** _____

NAME OF HEALTH INSURANCE COMPANY: _____

PHONE NUMBER: _____ **MEMBER POLICY NUMBER:** _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

_____ **Phone -** (____) _____

WHAT AGE GROUPS DO YOU PREFER TO WORK? (Rank 1 – 3) :

- | | |
|--|-------------------------|
| _____ boys, ages 6-9 | _____ girls, ages 6-9 |
| _____ boys, ages 10-12 | _____ girls, ages 10-12 |
| _____ boys, ages 13-15 | _____ girls, ages 13-15 |
| _____ a child (boy or girl) with special needs (i.e. ADHD, blind, developmental delay) | |

Describe any previous camp counseling experience, or other experience you have had working with children:

List any languages (other than English) that you speak comfortably: _____

List any current certification(s) that you have (CPR, Red Cross First Aid, WSI, etc.):

Please describe a significant experience from a previous camp or working with children:

List 3 to 5 important qualities of a good camp counselor:

Anything else you would like to share:

RCFORMS:\forms\staffapp

FIRST TIME APPLICANTS ONLY:

Describe any personal experience that you have had with a person with cancer (relative or friend):

Please list 2 references that we may contact (no relatives):

1. _____ Phone - (____) _____
2. _____ Phone - (____) _____



2009 Staff Health Information

Name: _____		Allergies:				
Address: _____ _____						
Home Phone: (____) _____ Spouse Name: _____						
Health Insurance Information	Insurance Carrier: _____ Carrier Phone Number: _____	Policy Number:				
Routine Medications (Name/Dose/Frequency)	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="height: 25px;"> </td></tr> <tr><td style="height: 25px;"> </td></tr> <tr><td style="height: 25px;"> </td></tr> <tr><td style="height: 25px;"> </td></tr> </table>					
Chronic Health Conditions	<table border="1" style="width: 100%; height: 50px; border-collapse: collapse;"> <tr><td style="height: 25px;"> </td></tr> <tr><td style="height: 25px;"> </td></tr> </table>					
Chicken Pox History	Have you ever had chicken pox? Yes or No	Have you been exposed to someone with chicken pox in the last 4 weeks: Yes or No				
Immunization History (give dates for most recent shots)	DPT or Tetanus: Date: _____	MMR: Date: _____				
Emergency Contacts	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name: _____</td> <td>Phone: _____</td> </tr> <tr> <td>Name: _____</td> <td>Phone: _____</td> </tr> </table>		Name: _____	Phone: _____	Name: _____	Phone: _____
Name: _____	Phone: _____					
Name: _____	Phone: _____					
<p>I hereby grant the medical staff of The Rainbow Connection permission to administer to me any first aid as well as any emergency care that might be required. I understand that the person(s) I have designated will be notified as soon as possible in the event of an emergency.</p>						
Signature: _____		Date: _____				



2009 Volunteer Counselor Agreement

THE PHILOSOPHY OF THE RAINBOW CONNECTION: Children with cancer and blood disorders and their siblings are normal children. Summer camp provides them with an opportunity to rediscover the abilities and the self-esteem that they so often lose when the diagnosis of cancer or a blood disorder disrupts their lives.

STAFF RESPONSIBILITIES

As counselors, we are here to ensure that our campers have an exciting, fun-filled, and safe camp experience. To achieve this goal, there are some basic responsibilities that we must expect of each other:

- Set a good example. Be a positive role model and leader to your campers.
- Be familiar with camp policies of The Rainbow Connection and Camp For All. This includes: general camp rules, rules of individual activities, and emergency preparedness plans.
- Be alert to safety issues in the cabins, at activities, when planning/participating in pranks, etc. Always keep the safety of your campers in mind.
- Provide leadership in all program activities.
- Work as part of a team with fellow counselors in your activity group.
- Attend and participate in all program activities with your campers and activity group.
- Foster an atmosphere of enthusiasm, friendship, cooperation, teamwork and smiles.
- Encourage your campers – regardless of limitations- to attempt every activity.
- Obey the “sign of silence” (hands in the air). When hands go up, mouths should be immediately closed.
- Help your campers at mealtimes and insure they are eating before you sit down and eat yourself.
- Be certain that your campers receive (and take) their medicines at designated times.
- Do not leave the dining hall after meals until all announcements have been made.
- Your campers must be supervised at all times. Either by your or someone you have designated.
- Pay attention to hygiene. Have your campers shower, wash, brush their teeth, and clean their bunks.
- Be prepared to learn and sign all camp songs.
- Be supportive of campers. Encourage them to build their confidence with positive reinforcement. Pat them on the back for a job well done, or just for trying.
- Be flexible and creative. If you arrive at an activity and there are inadequate supplies, campers, or no activity counselor, that is not a signal to return to the cabin. Take a leadership role, be creative and develop an activity for the designated period.

In accordance with The Rainbow Connection and Camp For All policies, any staff member found to be using or to be in possession of alcoholic beverages or illegal substances, firearms, knives, or any other type of weapon during a camp session **shall be immediately terminated from their position** and ineligible for future assignment with The Rainbow Connection program. Consequences of violation of any other Standard of Conduct (see Staff Manual) will be determined by The Rainbow Connection Camp Director. The staff member agrees to accept that the conclusion of the Camp Director is final.

See page two for final agreement

By signing below I understand and agree with the following:

- I have read and understand the Philosophy and Objective of The Rainbow Connection.
- I have reviewed the content of the Staff Manual and am familiar with both Camp For All and Rainbow Connection camp policies.
- I have reviewed the Standards of Conduct and understand the expectations of a Rainbow Connection Staff Member.
- I agree to uphold the philosophy of the camp as well as abide by the Standards of Conduct outlined in the Staff Manual.
- I understand that if, at any time, I do not adhere to my responsibilities, or in any way compromise the safety of campers or staff, I may be relieved of my duties as a counselor and dismissed from camp immediately.

Counselor

Date

Camp Director

Date