

**12TH ANNUAL KODAWEST CAMP
INDIAN HILLS CAMP
JAMUL, CA**

TRAINING: JULY 6-8 | CAMP: JULY 8-14



STAFF APPLICATION

12TH ANNUAL KODAWEST STAFF APPLICATION

Nestled in Lee Valley in the backcountry of San Diego, lies Indian Hills Camp, an 80-acre campground made up of grassy knolls, bouldered mountainsides, pastures, and oak groves. Rich in history, the campground was once the seasonal home to bands of Kumeyaay Indians known as Tipai. Their presence here can be seen today with over one hundred matates and numerous artifacts.

Swimming Pool, Archery, BMX Biking, Obstacle Courses, Giant Playground, Zip Line, Hiking Trails, Themed Meals, Drama, Arts & Crafts, Nightly Campfires, and more!

Hearing kids of deaf adults (KODAs) **ages 8 thru 18** will enjoy an amazing experience, exploring their identities as bicultural individuals through increased awareness of ASL, deaf culture, hearing culture and by sharing their own stories.

Camp Director: **Molly Bowen**, a CODA from Northern California will provide activities that help KODA campers understand their unique heritage and leave with a deep appreciation of their group identity as KODAs.

Application Deadline: April 30, 2018

If you have any questions, please email KODAWest@gmail.com

“From the outside in, you can’t understand it. From the inside out, you can’t explain it.”
(Quoted by a CODA counselor at KODAWest camp, 2008)

KODAWest, Inc.
3727 W. Magnolia Bl., #273
Burbank, CA 91505

KODAWest Organization

MISSION:

KODAWest is a non-profit 501(c)3 organization which serves families of hearing children with deaf parent/s. KODAWest's mission is to bring hearing Kids of Deaf Adults (KODA) under 18 years of age together in a support/peer group type of environment. With this unique fellowship, these children will gain confidence and wisdom from their older peers who will help them develop a better understanding of, and ability to embrace their two worlds: the hearing and the deaf. This organization also aims to provide support to deaf parents who face common issues while raising their KODAs.

SERVICES-KODAWest Camp:

Our biggest event of the year is the low-cost camp for these underserved KODAs. At this one-week camp, our campers will participate in leadership and team building skills as well as many other fun activities. Most importantly, they will attend KODA workshops run by the Camp Director, who is a Child (over the age of 18) of Deaf Adults (CODA). These workshops are an opportunity for the children to come together in a supportive and unified setting. KODAWest campers are between 8 to 15 years of age. Our Counselor-In-Training youth are between 16-18 years of age.

An Unforgettable Volunteer/Staff Job:

We are looking for experienced or qualified volunteers who are ethical, flexible, enthusiastic, and patient with a sense of humor, who loves kids. If you feel you meet the above criteria, KODAWest would like to hear from you! Please send in your application as soon as possible. Camp positions fill up quickly!

Camp Location:

Indian Hills Camp
15763 Lyons Valley Rd.
Jamul, CA 91935

ACA Approved Site:

Indian Hills is an American Camping Association (ACA) approved site. The ACA approval requires the satisfaction of nearly 300 standards that apply to the camp's physical plant. These standards are continuously evaluated and updated to reflect current health & safety concerns and regulations.

Join the Team!

Volunteer/Staff Requirements:

To qualify, you must meet the requirements below:

- Must be over 18 years of age;
- Minimum of one year of college or two years of work experience;
- Good character and leadership qualities;
- Respected and in good standing in the community;
- Mature and responsible;
- First-aid certified;
- Pass background check, be drug-free;
- Prior experience working with youth;
- Willing to live and work within a community of caring individuals;
- NO Misdemeanor or Felony conviction involving a child or adult.

To Apply:

- Completed the staff application & medical history forms.
- Enclose a current COLOR photo of yourself.
- Enclose a photocopy of both sides of your health care insurance card.
- Be available to attend the mandatory pre-camp staff training (July 6-8, 2018) and serve for full term of camp (July 8 – 14, 2018).

Staff will receive lodging, 3 meals & snacks each day, a KODAWest Camp T-shirt & FUN provided at camp!

Transportation:

Staff is responsible for arranging their own transportation needs. Carpool upon request can be arranged.

Contact Information:

KODAWest CAMP Program
3727 W. Magnolia Bl., #273
Burbank, CA 91505

KODAWest@gmail.com

Visit our website: www.kodawest.org

KODAWest Camp 2018 Staff Application Form

(Must be 19 years of age and up)

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Are you at least 19 years of age or older? ____ Y ____ N Gender: ____ M ____ F

SS#: _____ (required) Returning Staff? ____ Yes ____ No

Daytime phone: _____ V/TTY/VP Evening Phone: _____ V/TTY/VP

Email Address: _____

Please **circle** your T-Shirt size: Adult Small Adult Medium Adult Large Adult XL Adult XXL

Have you ever been convicted of a misdemeanor/felony in which a child/adult was a victim or involved?

yes no (if yes please attach separate letter of explanation)

CERTIFICATIONS

Please **circle** and **attach a copy** of the following certifications you have:

Registered Nurse Lifeguard CPR First Aid Interpreter Other: _____

VOLUNTEER POSITIONS

Please select your position. All applicants will be interviewed and a position is given based on your experience and skills and the availability of such positions.

____ Nurse ____ Camp Counselor ____ Arts/Craft Instructor ____ CIT Coordinator ____ Drama Leader
____ Camp Photographer/Videographer ____ Assistant Camp Director ____ Lead Counselor ____ Sports Leader

REFERENCES

Give the names and addresses of 2 people not related to you who have known you for at least four years.

1. Name: _____

Address: _____

Phone: _____ V/TTY/VP

Email: _____

2. Name: _____

Address: _____

Phone: _____ V/TTY/VP

Email: _____

EMPLOYMENT /VOLUNTEER HISTORY:

Please list 3 past employers starting with the most recent.

1. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone: _____

Reason for leaving: _____

2. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone: _____

Reason for leaving: _____

3. Company: _____

Dates worked: Start: _____ End: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone: _____

Reason for leaving: _____

CAMP EXPERIENCE:

Please list your residential camp experience starting with the most recent.

1. Camp name: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY/VP

What did you like most about this camp? _____

What did you like least about this camp? _____

2. Camp name: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY/VP

What did you like most about this camp? _____

What did you like least about this camp? _____

3. Camp name: _____

Dates worked: Start: _____ End: _____ Job title: _____

Director's name: _____ Director's phone #: _____ V/TTY/VP

What did you like most about this camp? _____

What did you like least about this camp? _____

2018 KODAWest Camp STAFF QUESTIONNAIRE

Please complete the following questions:

1. Write a brief biography, including specialized training in camping, supervision or training in other fields, which might have a bearing on the position for which you are applying:
2. In the past five years, what accomplishment(s) are you most proud of?
3. Why do you want to participate in KODAWest Camp leadership program?
4. What form of 'discipline' do you feel works best with most children?
5. What leadership qualities do you possess that would be of benefit to the camp as a whole?
6. What do you hope to gain from your experience working with campers, CITs and staff from KODAWest camp?

2018 KODAWest Camp

STAFF MEDICAL HISTORY FORM

PLEASE PRINT:

Applicant's Full Name: _____ Date of Exam: _____

Birth Date: _____ Gender: M _____ F _____ Height: _____ Weight: _____

General Questions on HEALTH HISTORY:

Frequent Ear Infection _____ Yes _____ No	Asthma _____ Yes _____ No
Cardiovascular Disorders _____ Yes _____ No	Chicken Pox _____ Yes _____ No
Epilepsy/Seizures _____ Yes _____ No	Measles _____ Yes _____ No
Diabetes _____ Yes _____ No	Meningitis _____ Yes _____ No
Bleeding Disorders _____ Yes _____ No	Mumps _____ Yes _____ No
Allergies _____ Yes _____ No	Hepatitis (A , B, C) _____ Yes _____ No
High Blood Pressure _____ Yes _____ No	Head Injury _____ Yes _____ No
Tuberculosis _____ Yes _____ No	Skin (Rash, etc.) _____ Yes _____ No

If yes, explain:

Other health or mental health conditions: _____

Ever had surgeries? _____

Have you ever been hospitalized (give dates/reason)? _____

Have a Chronic or recurring illnesses? _____

Any recent injury, illness or infectious diseases? _____

Loss of consciousness, convulsions, or concussion? _____

Dietary requirements or restrictions: _____

ALLERGIES: [] FOOD _____ [] DRUG _____

(Please describe reaction and management of the reaction)? _____

MEDICATIONS: Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only. All medications will be returned upon camp completion.

Prescription:	Dosage:	Specific Times taken:	Reason:

IMMUNIZATION REPORT: Please record the specific date (month / year) for TETANUS and Tuberculosis Test.

Vaccine: Tetanus (DPT / TD / T)	Date of immunization:	TB Test Date: [] Negative [] Positive
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***ARE ALL IMMUNIZATIONS CURRENT? _____ YES _____ NO**

To be completed by Licensed Medical Personnel: I examined this individual on _____ (date).

In my opinion, the above applicant: [] is [] is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions: _____

Recommendations and Restrictions at Camp: (treatment, medications, limitations/restrictions, or any additional information for health care staff at the camp) _____

*Signature of Licensed Medical Personnel: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

2018 KODAWest Camp STAFF MEDICAL RELEASE FORM

KODAWest Camp personnel will make every effort to contact your *Emergency Contact* in the event of an emergency or need for professional medical care.

- In the event that I am in a condition of which I am unable to consent to medical treatment, I hereby authorize KODAWest Camp Health Care Supervisor, Camp Administrator or Camp Director to consent to any X-rays, routine tests, hospitalization, anesthesia, surgery and/or any other treatments as ordered by the physician at the local medical facility.
- I understand that any medical expenses will be billed directly to my insurance carrier. In the event that my insurer does not pay for the medical service, the medical facility will bill me directly for payment.
- I hereby release KODAWest and Indian Hills Camp and its officers, directors, employees, agents, subcontractors and volunteers from any and all liability for bodily injury, cost of medical treatment or injury incurred as a result of the administration of emergency treatment.

This form may be photocopied for use offsite from camp for the purposes described herein.

Indicate any known allergies or special instructions: _____

Print Name: _____

Signature of Applicant: _____ Date: _____

**** ALL address, phone numbers and insurance information must be filled out COMPLETELY ****

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: ____ Sex: ____ Phone Number: _____

EMERGENCY CONTACT NOTIFICATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ VP Phone: _____ Cell/Text: _____

FAX Number: _____ Email Address: _____

INSURANCE INFORMATION:

Primary Insurance: _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured: _____

Other Insurance: _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured: _____

[] I have NO health insurance

Primary Physician: _____ Phone: _____

Address: _____ Fax: _____

REQUIRED ATTACHMENTS: Please attach photocopy of both sides of health insurance card; applications will NOT be processed otherwise.

KODAWest Camp 2018 RELEASE FORMS

Consent to Participate

I understand and certify that my participation in the KODAWest camp program is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating.

I recognize that certain hazards and dangers are inherent in the KODAWest camp program, particularly, but not limited to, the activities of swimming, rope courses, horseback riding and other outdoor activities.

I acknowledge that although KODAWest, Inc. / KODAWest Camp has taken safety measures to minimize the risk of injury to camp participants, KODAWest, Inc. cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for my safety and the safety of camp participants.

Initials

Release of Claims

I understand that my participation in KODAWest Camp can expose me to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge KODAWest, Inc. / KODAWest Camp, its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that I may suffer while participating in the activity, including but not limited to, any claims arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of or conduct of any activity, whether planned or unplanned.

I specifically agree to release and hereby release KODAWest, Inc. / KODAWest Camp and the officers, agents, employees and volunteers for any negligence of the camp, officers, agents, employees and volunteers.

Initials

Photographs and Videos

I understand photographs, video footages, or voice recordings may be captured or taken of me while at KODAWest Camp. Therefore I consent to the use of my photo or artistic likeness and or voice or footage of me while camp for promotional materials, media coverage, press releases and fundraising projects for KODAWest, Inc.

Initials

I hereby authorize KODAWest, Inc. to thoroughly investigate my references, work records, and other matters related to my ability for volunteer work. I further authorize the references I have listed to disclose to KODAWest any information related to my character, experiences, and ability. In addition, I hereby release KODAWest, Inc., individuals listed as references, and all other persons, corporations, and associations from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I hereby certify that the answers given by me are true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances to volunteer as a camp staff member. I further certify that I have personally completed this application. I understand that my application may be rejected or that I may be discharged from serving as a volunteer staff in the event that any omission or misstatement of material fact is discovered on this application or on any document used to secure a volunteer position at KODAWest Camp, regardless of the time elapsed before discovery.

Signature

Print Name

Date

Alternate Dietary Request Form

If you do NOT have special dietary needs or food allergies, you may skip this page.

In order to accommodate individual guest needs, requests must be submitted to the Camp Food Services Manager at least two weeks prior to your arrival. This will enable the food services team to plan appropriate meals and order needed foods. It is helpful for you to list foods that you regularly eat at home on the back of this form, especially if your dietary needs are restrictive. **If we are unable to fulfill your request(s) due to cost or availability, our food services team will contact you to ask you to bring specific food items to supplement what is available at camp.** Please note: alternate dietary requests will apply to all meals during the participants stay.

Participant Name: _____ Group Name: **KODAWEST**

We will provide meals for the following dietary choices: (please check if applicable)

Vegetarian **Vegan** **No Pork** **No Beef** **No Fish**

We also accommodate the following medically necessary dietary needs: (please check if applicable)

Lactose Intolerant (No Dairy) **Gluten Intolerant** (No Gluten) **Diabetic** (Extra Protein)

Food Allergies: These are the 9 most common food allergies. Please check any that are applicable:

Milk **Eggs** **Peanut** **Tree Nut** **Fish** **Soy** **Wheat** **Corn** **Yeast**

Other Food Allergy _____

(You will be contacted if this cannot be accommodated.)

Phone: _____ E-Mail: _____

Your group leader may issue you a card upon your arrival at Indian Hills Camp. This card will state your dietary needs and must be presented to the kitchen staff as you pick up each meal so that they may provide the correct foods. We will do our very best to enhance your visit to Indian Hills with delicious and healthy meals that meet your individual needs.

Camp Counselor

Job Description

Qualifications:

- Demonstrates motivation and ability to work with children outdoors,
- Demonstrates the ability to relate to one's peer group,
- Demonstrates the ability to accept guidance and supervision,
- Demonstrates the ability to assist in teaching an activity,
- Demonstrates the ability to maintain the confidentiality of all campers/staff,
- Demonstrates good character, integrity, and adaptability,
- Demonstrates enthusiasm, sense of humor, patience, and self-control,
- Must be over 19 years of age. (special considerations will be granted per circumstance)

Report to:

Camp Director

Camp Goals:

KODAWest camp goals are to promote peer and social interaction in a fun and safe environment, and to gain confidence and wisdom from their older peers to help them understand their unique cultural identity as KODAs.

General Responsibilities

To identify and meet camper needs and the camp program as a whole.

Specific Responsibilities

1. Learn the likes/dislikes of each camper in your group
2. Recognize and respond to opportunities for problem solving in the group
3. Develop opportunities for interaction among campers and staff
4. Provide opportunities for the group so that each camper experiences success during camp
5. Help each camper have a fun experience while at camp
6. Supervise all assigned aspects of the campers' day including morning reveille, cabin clean-up, meal times, rest hour, day and evening activities, getting ready for bed, and after-hour duty as assigned
7. Instruct campers in emergency procedures such as fire drills, evacuating the cabin, etc.
8. Assist in teaching or leading an activity as assigned
9. Adhere to the Personnel Policy, Emergency & Safety Plan of Indian Hills Camp (IHC) and the behavior management plan of IHC and *KODAWest*
 - Make suggestions for the following season
 - Perform other duties as assigned
12. Complete camp survey and staff evaluation with Camp Director