

# **KODAWest Camp**

## **4th Annual KODA CAMP**

### **Camp Counselor Application**

Camp Surf, Imperial Beach, CA  
June 27<sup>th</sup>- July 3<sup>rd</sup>, 2010

**DEADLINE: May 25th, 2010**

KODAWest  
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 16-17 years of age.

### An Unforgettable Volunteer/Staff Job:

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

### Camp Location:

KODAWest Camp is at Camp Surf on Imperial Beach in San Diego County.

### ACA Approved Site:

Camp Whittle 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:

- Over 18 years of age, recommended over 21 years of age.
- Good character and leadership qualities.
- Respected and in good standing in the community.
- Familiar with deaf/hard of hearing culture.
- Fluent in sign language.
- 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:

- Complete 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.
- Provide current fingerprint report.
- Be available to attend the mandatory pre-camp staff training (June 26, 2010) and serve for full term of camp. (June 27 – July 3, 2009)

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:

For more information, contact:

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

[www.kodawest.org](http://www.kodawest.org)

**KODAWest Camp**  
**Counselor Application Form**  
(Must be 18 years of age and up)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are you at least 18 years of age or older? \_\_\_ Y \_\_\_ N Gender: \_\_\_ M \_\_\_ F

Hearing \_\_\_\_\_ CODA \_\_\_\_\_

SS# \_\_\_\_\_ (required)

Daytime phone: \_\_\_\_\_ V/TTY/VP Evening Phone: \_\_\_\_\_ V/TTY/VP

Email Address: \_\_\_\_\_

**COLOR**  
Picture  
Required  
2.5 x 3 inches  
minimum

Please **circle** your adult T-Shirt size: Small Medium Large X-Large XX-Large

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: Lifeguard registered nurse

Archery CPR First Aid Interpreter Other: \_\_\_\_\_

**VOLUNTEER POSITIONS**

Please select your position. A staff position is given and selected based on your experience and skills and the availability of such positions.

\_\_\_\_\_ **Nurse** \_\_\_\_\_ **Counselor; what age?** \_\_\_\_\_

\_\_\_\_\_ **Leadership Presenter; What topic?** \_\_\_\_\_

**REFERENCES**

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

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ V/TTY/VP Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ V/TTY/VP Email address: \_\_\_\_\_

**EMPLOYMENT 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? \_\_\_\_\_

# KODAWest Camp

## 2010 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 Organization/KODAWest Camp has taken safety measures to minimize the risk of injury to camp participants, KODAWest organization 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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 Organization/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 Organization/KODAWest Camp and the officers, agents, employees and volunteers for any negligence of the camp, officers, agents, employees and volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize KODAWest Organization 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 Organization, 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

\_\_\_\_\_  
Date

# 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 at least 18 years of age

### 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 Camp Whittle and the behavior management plan of Camp Whittle and *KODAWest*
10. Make suggestions for the following season
11. Perform other duties as assigned
12. Complete camp survey and staff evaluation with Camp Director

# YMCA Camper Health History Form

\*\*\* **ATTENTION** - Required for attendance by all youth campers under the age of 18\*\*\*

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent/Guardian1: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Alternate/Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**WAIVER OF LIABILITY - Signature required for camp attendance.**

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i)I have read this document, (ii)I have had the opportunity to inspect the YMCA facilities and equipment, (iii)I accept them as being safe and reasonable suited for the purposes intended and (iv)I voluntarily sign this document. 2. Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

**Signature of Parent or Guardian: X** \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

**Medical Information past or present (please check):**

Asthma	<input type="radio"/> Yes <input type="radio"/> No	ADD/ADHD	<input type="radio"/> Yes <input type="radio"/> No	Measles	<input type="radio"/> Yes <input type="radio"/> No
Heart Defect/Disease	<input type="radio"/> Yes <input type="radio"/> No	Head Lice (recent)	<input type="radio"/> Yes <input type="radio"/> No	German Measles	<input type="radio"/> Yes <input type="radio"/> No
Recent Hospitalization	<input type="radio"/> Yes <input type="radio"/> No	Bedwetting	<input type="radio"/> Yes <input type="radio"/> No	Other Diseases or Conditions	
Currently under Dr.s care	<input type="radio"/> Yes <input type="radio"/> No	Sleepwalking	<input type="radio"/> Yes <input type="radio"/> No		
Seizures	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Chicken Pox	<input type="radio"/> Yes <input type="radio"/> No		

For each  yes, please explain: \_\_\_\_\_

**Allergies:**

Hay Fever	<input type="radio"/> Yes <input type="radio"/> No	Bee Stings	<input type="radio"/> Yes <input type="radio"/> No	Penicillin	<input type="radio"/> Yes <input type="radio"/> No
Oak/Ivy Poisoning	<input type="radio"/> Yes <input type="radio"/> No	Bee Sting Kit?	<input type="radio"/> Yes <input type="radio"/> No	Other Drugs	<input type="radio"/> Yes <input type="radio"/> No
Foods	<input type="radio"/> Yes <input type="radio"/> No	Other insects/animals	<input type="radio"/> Yes <input type="radio"/> No	Any other allergies?	<input type="radio"/> Yes <input type="radio"/> No

Current medications to be continued at camp (dosage/frequency): \_\_\_\_\_

Dietary restrictions? Yes No

Any reason to restrict full activity, including swimming, long hikes or strenuous physical games? Yes No

If yes, please explain: \_\_\_\_\_

**Non-Prescription Medications:** I authorize the following medications to be administered as needed:

Tylenol	<input type="radio"/> Yes <input type="radio"/> No	Chloraseptic	<input type="radio"/> Yes <input type="radio"/> No	Sucrets	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No