

# **KODAWest Camp 2012**

**The Catalina Experience  
White's Landing, CA  
June 30 – July 9, 2012**



**THE  
Catalina experience**

**Counselor Application**

# 6th Annual KODA Camp

## Camp Counselor Application

The Catalina Experience™ will take you to White's Landing ~ a gateway to Catalina's interior and positioned on the island's most expansive beach. Included on their considerable acreage of pristine Southern California property are basketball courts, beach volleyball courts, large sports field for soccer and softball, and road access to the island's interior. Their newly renovated dining hall and outdoor eating area is decorated with Baja flair to give campers that "south of the border" feel.

Brand new tent cabins with the highest quality framed tent enclosures atop platforms that are positioned above the ground and include a front deck with installed bench railings. Activities include organized aquatics programs such as snorkeling and kayaking, fishing, hiking, free swim time, use of their telescopes for astronomy, movies on the beach, nightly campfires, and other exciting events!

Hearing kids of deaf adults (KODAs) **ages 8 thru 17** will enjoy an amazing experience, exploring their identity 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.

"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)

## DEADLINE: April 30th

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

If you have any questions, please email [KODAWest@aol.com](mailto:KODAWest@aol.com)

## 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 White's Landing on the Santa Catalina Island in.

### ACA Approved Site:

The Catalina Experience 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 30 – July 9) and serve for full term of camp.

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

KODAWest@aol.com

Visit our website: [www.kodawest.org](http://www.kodawest.org)

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

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

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: \_\_\_\_\_

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:

Registered Nurse Lifeguard 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: \_\_\_\_\_

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

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

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

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

**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

## 2012 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 The Catalina Experience (TCX) and the behavior management plan of TCX 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

**THE CATALINA EXPERIENCE™**  
**Health History Form for KODAWest Camp Counselors**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

1. Date of your most recent tetanus immunization (month & year) \_\_\_\_\_

2. About your nutrition status:

\_\_\_ I have no food allergies.

\_\_\_ I am allergic to the foods listed here: Circle food item that triggers anaphylaxis for you.

\_\_\_\_\_

\_\_\_ I am a vegetarian of this type (by indicating that you are vegetarian, we will provide entrees that will compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.

\_\_\_ Semi-vegetarian (no pork or beef)

\_\_\_ Pesco vegetarian (no pork, beef or chicken)

\_\_\_ Lacto-ovo vegetarian (no pork, beef, chicken, fish or seafood)

\_\_\_ Vegan (no pork, beef, chicken, fish, seafood, eggs or dairy)

3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

\_\_\_ No, I am prepared to fully participate.

\_\_\_ Yes, as explained: \_\_\_\_\_

4. Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Things you should know about health services while you are at camp:

- a. In case of an emergency, we will call the local Avalon Baywatch. It takes at least 5-10 minutes for them to get to camp.
- b. During your stay, TCX Staff who are First Aid and CPR certified are available to help you with your emergent health needs.
- c. Our camp **does not** have an AED at camp. Our camp **does not** have portable oxygen at camp.
- d. Adult participants manage their own medications and those of the children in their charge; please bring what you anticipate needing.
- e. There is a hospital and pharmacy available to you in town, however we do suggest you count on using these as they are about 1 hour drive from camp.

**Statement of Agreement**

I have read the information on this page sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a "need to know" basis and that as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation. I also authorize the use of photos taken of myself by TCX and KODAWest in their promotional literature.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_