



## Special Days Camps Summer Programs

MANDATORY STAFF TRAINING • Aug 5, 2017

Partners Week • Aug 6 -Aug. 12, 2017

Special Days Week • Aug. 12 - Aug. 29, 2017



Thanks for your interest in Special Days Camps! This summer campers ages 5 - 17 will enjoy swimming, canoeing, arts and crafts, climbing towers, challenge courses, singing, campfires, and making lots of friends and memories at YMCA Camp Pandalouan located just north of Muskegon, MI. You can make a difference in the lives of many campers by being a part of either Special Days Week (for children who have or have had cancer) or Partners Week (for siblings of children who have or have had cancer). This packet contains everything you need to apply for a position; we look forward to hearing from you!

### Filling Out the Paperwork

1. **Staff Application:** Please LEGIBLY complete both sides of the Staff Application. On the back of this letter are descriptions of available staff positions. Indicate the position and dates you are applying for in the appropriate section of the application.
2. **Staff Reference Form and Skill Assessment:** This is located on the back of the application form
3. **Staff Conduct and Rules & Waiver:** Please familiarize yourself with Special Days Camps policies, rules and waiver and sign the back of the form to indicate your willingness to abide by and enforce them.
4. **Liability and Image Release:** Special Days Camps requires everyone attending to sign a liability and image release. Please read the form carefully and sign the bottom.
5. **Criminal Background & Central Registry Check:** Special Days Camps has a policy to perform a criminal background and central registry check on ALL volunteer staff that will be working directly with campers on an annual basis. **A copy of your photo id should be returned with the Central Registry Clearance form and you only need to fill out Section 1 (highlighted area) of the form and return it with your application.**
6. **Staff Health History Record** We realize that some information (medications being taken) may change between now and camp time. Please complete the form as accurately as possible, you will have an opportunity at camp to update your health form if necessary. LICENSING NO LONGER REQUIRES A TB TEST.

### Application Deadline, Selection and Staff Training

In order to be eligible for staff position, all paperwork must be turned in or postmarked by May 15, 2017. All other factors being equal, preference will be given to applications received on or before the deadline. Any positions still open at that time will be filled on an individual basis. Acceptance letters will be mailed once staffing decisions have been confirmed and we will do our best to have these out one month after the deadline.

**MANDATORY STAFF TRAINING WILL BE HELD AT CAMP ON SATURDAY, AUGUST 5, 2017 FOR BOTH PARTNERS AND SPECIAL DAYS STAFF, TIME WILL BE ANNOUNCED IN THE ACCEPTANCE LETTER.**

### Contact Information

Please mail paperwork to

Tammy Willis  
Special Days Camps  
PO Box 436  
Dimondale, MI 48821

Phone: 866-448-4710  
E-mail: [tammy.willis@gmail.com](mailto:tammy.willis@gmail.com)  
Website: [www.specialdays.org](http://www.specialdays.org)

**Special Days Camps**  
**SUMMER 2017 CAMP POSITIONS**

<b>Camper Coordinator</b>	Camper Coordinator: responsible for supervising assigned villages (staff and campers) and providing programming during assigned times.
<b>Administrative Coordinator</b>	Administrative Coordinator: responsible for assisting Camp Director with all administrative tasks related to the camp session.
<b>Program Team / Coordinator</b>	Provides assistance in planning, coordinating, and leading programs and activities. Coordinator supervises the 4-5 members of the Program Team and the Arts & Crafts Director.
<b>Tech Team Member / Director</b>	Work as a member of a team to produce a camp newsletter, end of camp presentation for closing ceremonies and any audio-visual needs for programming. Coordinator will supervise the 2-3 members of the team.
<b>Arts &amp; Crafts Director</b>	Responsible for arts & crafts program and projects for ages 5 - 17. Supervises arts & crafts staff. Must be creative, organized, flexible, and enthusiastic!
<b>Arts and Crafts Staff</b>	Assists in the arts & crafts program. Must be able to work with campers ages 5 -17 and supervise their projects. Organization and patience is a must.
<b>Village Director</b>	Responsible for the village program activities and schedule. Supervises campers and cabin leaders. <b>All Star Village:</b> Ages 5-7, Village theme is "Friendship"; must be nurturing and selfless. <b>Explorer Village:</b> Ages 8-9, Village theme is "Enthusiasm"; must have extreme patience and energy. <b>Adventurer Village:</b> Ages 10-11, Village theme is "Responsibility"; must be highly energetic. <b>Voyager Village:</b> Ages 12-13, Village theme is "Respect"; must be highly creative. <b>Trailblazer Village:</b> Ages 14-15, Village theme is "Teamwork"; must be able to positively motivate others. <b>Outback Village:</b> Ages 16-17, Village theme is "Leadership"; must be an exemplary leader.
<b>Cabin Leader</b>	Responsible for the safety, welfare, and most of all, the fun of campers. Helps lead program activities. Must be 19 years or older and be willing to do whatever it takes!
<b>Staff In Training Director</b>	Responsible for planning activities and training for former campers who are now 18 years old and are preparing to become staff members.
<b>Investigator Village Director</b>	Responsible for village activities for day camp program and schedule. Supervises campers ages 5-6 and volunteer leaders. Village theme is "Investigate"; must be very organized and good working with parents.
<b>Medical Staff</b>	Meets medical needs of campers and staff. Must have children's oncology medical background

## SPECIAL DAYS Camps Summer Camp 2017 Staff Application

Print or type your name		Date of birth	Gender	Tee Shirt Size
Address you would like to have mail sent to:		City	State	Zip (Area Code) Home Phone
E-mail address	Send camp info via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best time and number to call		(Area Code) Cell Phone

- I will be able to attend the mandatory staff training on Sat. Aug 5<sup>th</sup>  
 **Aug 6 – Aug. 12, 2017** Partners Camp (for brothers and sisters of children with cancer)  
 **Aug. 12 – Aug. 19, 2017** Special Days Camp (for children who have or have had cancer)  
 I can work either week  I would like to work both Weeks

**Position desired (check one) :**

- Village Director: All Star (circle one) (5-7 yrs)    Explorer (8-9 yrs)    Adventurer (10-11 yrs)    Voyager (12-13 yrs.)    Trailblazer (14-15 yrs)    Outback (16-17 yrs)
- Coordinator: (circle one)    Camper Coordinator    Administrative    Program Team
- Cabin Leader (Must be 19 years or older OR have successfully completed the summer SIT program)  
 Age preference:    5-7 yrs    8-9 yrs    10-11 yrs    12-13 yrs    14-15 yrs    16-17 yrs    none
- Arts & Crafts Director     Arts & Crafts Staff     Tech Team     Tech Team Director
- Medical Staff     SIT Director     Investigator Program
- Program Staff

**Emergency Contact:** Please list names, phone numbers and relationship of person to notify in case of emergency.

Name	(Area Code) Phone number	Relationship
Name	(Area Code) Phone number	Relationship

Have you ever been convicted of anything other than a minor traffic violation?    Yes    No

If yes, explain:

Are there any felony charges pending against you?    Yes    No    (Note: prior to selection a criminal record check is required)

Please return completed application to:

Special Days Camps  
 PO Box 436  
 Dimondale, MI 48821

*All other factors being equal, preference will be given to applications received on or before May 15, 2016.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Questions? Contact Tammy Willis, Camp Director**  
**Phone: (866) 448-4710    E-mail: [specialdayscamps@yahoo.com](mailto:specialdayscamps@yahoo.com)**

**Staff Name:** \_\_\_\_\_

**References:** please list (3) employers, supervisors, or adults who know you well. Do not list relatives.

Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
(Area Code) Phone number	(Area Code) Phone number	(Area Code) Phone number
Relationship	Relationship	Relationship

**Skills Inventory:** In the following blanks, put a "1" before those activities you are comfortable with. Put a "2" before those activities in which you have some experience with. Put a "3" before the activities in which you have no experience.

**ROPES COURSE**

- \_\_\_ Initiatives
- \_\_\_ Low Elements
- \_\_\_ High Elements
- \_\_\_ Other: \_\_\_\_\_

**PERFORMING ARTS**

- \_\_\_ Song Leading
- \_\_\_ Theater & Drama
- \_\_\_ Storytelling
- \_\_\_ Puppetry
- \_\_\_ Native American History
- \_\_\_ Folk/Square Dancing
- \_\_\_ Other: \_\_\_\_\_

**ARTS AND CRAFTS**

- \_\_\_ Nature Crafts
- \_\_\_ Painting
- \_\_\_ Candle Making
- \_\_\_ Weaving
- \_\_\_ Clay
- \_\_\_ Photography
- \_\_\_ Leather
- \_\_\_ Other: \_\_\_\_\_

**AQUATICS**

- \_\_\_ Swimming Lessons
- \_\_\_ Kayaking
- \_\_\_ Canoeing
- \_\_\_ Lifeguarding
- \_\_\_ Fishing

**OUTDOOR LIVING SKILLS**

- \_\_\_ Hiking
- \_\_\_ Conservation
- \_\_\_ Map/Compass
- \_\_\_ Fire building
- \_\_\_ Outdoor Cooking
- \_\_\_ Other: \_\_\_\_\_

**SPORTS**

- \_\_\_ Soccer
- \_\_\_ Softball
- \_\_\_ Volleyball
- \_\_\_ Basketball
- \_\_\_ Group Games

**CAMPER ASSISTANCE**

- \_\_\_ Transferring
- \_\_\_ Toileting
- \_\_\_ Showering
- \_\_\_ Feeding

## **SPECIAL DAYS CAMPS: Staff Conduct and Rules**

Because we are the adults responsible for the campers' supervision, it is expected that we all maintain an **exemplary** standard of behavior. We have only one set of standards at camp that applies to campers and adults alike. Please read this form carefully; **your signature indicates your willingness to abide by and enforce all listed and stated policies and rules.** Staff who are unable or unwilling to abide by camp rules may be given one written or verbal warning before they are asked to leave camp. However, some infractions will result in immediate dismissal from camp.

1. **SMOKING** – Smoking or the use of tobacco products not permitted on camp property. Use or possession of any tobacco product will be cause for immediate dismissal from camp.
2. **ALCOHOL/ILLEGAL DRUGS** – Use, possession, or being under the influence of alcohol or illegal drugs is prohibited and will be cause for immediate dismissal from camp.
3. **WEAPONS/FIREARMS**- Possession of any type of weapon or firearm is prohibited and will be cause for immediate dismissal from camp.
4. **MEDICATIONS**- ALL medications (camper and staff) will be turned in to the medical staff. No medications, including over the counter medication (i.e. aspirin, vitamins, cough drops etc.), will be left in the sleeping areas. Failure to abide by this policy may result in dismissal from camp.
5. **PREMISES** - Staff will not leave the property or an off-site activity without the permission of the camp director.
6. **PERSONAL APPEARANCE** - Appropriate clothing and shoes will be worn at all times. Clothing (including hats) should be free of references to alcohol, drugs, sex, tobacco, vulgarity or violence. Clothing should be modest in appearance, especially swim wear. Bathing suits for all staff should be modest. Males with long hair will pull it back or wear it under a hat at all times. Extreme body art and/or tattoos are unacceptable. Overall personal appearance will be acceptably clean, neat and orderly.
7. **PROFANITY/VULGARITY**- The use of profanity, vulgarity or foul language by staff or campers is inappropriate and unacceptable.
8. **CURFEW** – Age appropriate curfews have been established for campers. Staff will enforce camper curfews and adhere to a staff curfew of midnight.
9. **GOLF CARTS, FOUR WHEELER, SNOWMOBILES** - These vehicles are for the transportation of campers and/or staff with mobility problems and/or equipment. At NO time should a camper or staff member be riding these vehicles without permission of the camp director or medical staff director.

Over

10. **SLEEPING AREAS** – Campers and staff are allowed only in the sleeping area to which they are assigned. A camper **MAY NOT** change his/her housing assignment without the consent of the camp director. A cabin leader (counselor) will be present at all times when there is a camper present, regardless of the age of camper. **NO** camper will be left alone or unattended at any time.
11. **PARTICIPATION** – Staff will participate in **ALL** activities with their campers including songs at mealtimes and campfires, swimming, group games, etc. All activities are mandatory, including flag ceremony, meals and evening activity. Staff are to know the whereabouts of each of their campers at **ALL** times.
12. **PUNCTUALITY** – Staff and campers will be at all scheduled activities including flag ceremony and meals on time.
13. **CAMPER MED CALL**- Staff will make sure campers report to the medical center as directed by the medical staff.
14. **MONEY** - All money and valuables should be deposited into the camp bank or left with the camp director. Money and/or valuables left in the sleeping areas will not be the responsibility of **SPECIAL DAYS** Camps.
15. **RELATIONSHIPS & SEXUAL HARASSMENT** - All staff will maintain friendly, supportive and professional relationships with campers and other staff. Fraternalization between staff and campers is inappropriate and cause for dismissal. Special Days Camps will not tolerate sexual harassment in any form. Any instance of such behavior from a staff member will be cause for immediate dismissal.
16. **TELEPHONES** – Phones (including pay phones and cell phones) are for staff use only; campers may only use a phone in emergency situations with permission from the camp director. **Staff are not to carry cell phone without approval from the Camp Director.**
17. **PROPERTY DAMAGE** – Staff will inform the camp director immediately of any property damage including graffiti. The individual(s) responsible for the damage will be charged accordingly.
18. **RAIDING**- Under no circumstances is raiding allowed. This includes but is not limited to toilet papering, use of shaving cream or soap, knocking on windows and doors, or anything that is harmful or destructive. Camp pranks will be “undone” by the individual(s) responsible for them.

The above statements are not intended to be all-inclusive. Professional appearance, behavior, and judgment will be maintained at all times.

Waiver: I release YMCA Camp Pendalouan, and Special Days Camps, their officers, agents, employees, and volunteer staff from liability and injuries I may receive as a result of my participation in their program.

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(Signature)

(Date)

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(Print name)

## **Consent for camp Attendance, RELEASE OF LIABILITY and IMAGE RELEASE**

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In consideration of YMCA Camp Pandalouan and Special Days Camps I take full responsibility for my personal safety as it related to attending camp on the property of YMCA Camp Pandalouan, I agree to the following:

1. I hereby acknowledge that there may be physical injury risks associated to attending SPECIAL DAYS Camps at YMCA Camp Pandalouan.

2. I release YMCA Camp Pandalouan, and Special Days Camps, their officers, agents, employees, and volunteer staff from any liability and injuries I may receive as a result of volunteering

3. I release YMCA Camp Pandalouan, and Special Days Camps, their officers, agents, employees, and volunteer staff from any liability and injuries I may receive as a result receiving professional medical care from doctors or nurses furnished by the organization called SPECIAL DAYS Camps.

### **MULTIPLE ACTIVITY RELEASE**

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I hereby understand that I will be asked to participate in all activities at SPECIAL DAYS Camps. I release YMCA Camp Pandalouan and SPECIAL DAYS Camps from any and all liability which may result from these activities.

### **OFF-SITE ACTIVITY RELEASE**

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I hereby release YMCA Camp Pandalouan and SPECIAL DAYS Camps, their officers, agents, employees, and volunteer staff from any liability for injuries I may receive as a result of participation in an off-site activity as part of camp activities which may include but is not limited to: camping, boating, an amusement park, visiting a city, a major or minor league baseball game, roller-skating, bowling, airplane ride, etc.

### **IMAGE RELEASE**

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I hereby give SPECIAL DAYS Camps the absolute right and permission to copyright, publish, and / or resell image likenesses of myself, in which I may be included in whole or in part, for any lawful purpose whatsoever including internet publishing.

I hereby waive any right that I may have to inspect and / or approve the finished product or the use to which it may be applied.

I hereby release, discharge and agree to save same from any liability by virtue of any blurring, distortion, alteration, optical illusion or in any composite form, whether intentional or otherwise, that may occur or be produced in the taking of such picture or in any processing tending towards the completion of the finished product.

### **ACKNOWLEDGEMENT OF TEMPORARY HEALTH INSURANCE**

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I hereby acknowledge that I have been provided information on temporary health insurance for volunteers and seasonal employees. I further acknowledge that it is my responsibility to have a personal health insurance policy, to pay for temporary insurance or to be solely responsible for all expenses related to any injuries. Under no circumstances will Special Days Camps be expected to pay for any expenses.

I hereby release YMCA Camp Pandalouan and SPECIAL DAYS Camps, their officers, agents, employees, from any financial liability for injuries I may receive as a result of volunteering which includes but is not limited to any health care or emergency services costs.

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Staff Name (Please Print)

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Signature

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Date



SPECIAL DAYS CAMPS  
P.O. Box 436  
Dimondale, MI 48821  
866-448-4710

**CRIMINAL HISTORY CHECK  
MICHIGAN STATE POLICE  
CRIMINAL JUSTICE INFORMATION CENTER**

As a present or prospective volunteer/employee of Special Days Camps, I understand that it is part of Special Days Camps' policy to secure criminal history information as part of the screening process using the information provided below.

Please print legibly.

Name \_\_\_\_\_  
Last First Middle

Maiden name or names previously used \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Month/date/year

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Phone Number \_\_\_\_\_

I understand that the above information is required by the Criminal Justice Information Center of the Michigan State Police, Lansing, Michigan. I authorize Special Days Camps to utilize the above information for the sole purpose of obtaining a criminal history file search.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SPECIAL DAYS CAMPS: Staff Health History Record

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI mm/dd/yy

Address \_\_\_\_\_  
Number and street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Camp Position \_\_\_\_\_

### MEDICATIONS NEEDED OR USED

Name of Medication	Frequency	Dosage	Currently Taken?
			____ Yes ____ No
			____ Yes ____ No
			____ Yes ____ No

Please list special conditions such as ALLERGIES (Food, Penicillin, other):

Dietary restrictions:

Do you carry an infectious disease? \_\_\_\_ Yes \_\_\_\_ No (If yes, explain)

Are you currently infected with TB (Tuberculosis)? \_\_\_\_ Yes \_\_\_\_ No

Do you have any activity restrictions (because of physical defect or illness)? \_\_\_\_ Yes \_\_\_\_ No  
If yes explain degree of restriction, use back if necessary:

I authorize the medical/nursing staff of Special Days Camps to consent to emergency medical or surgical treatment on my behalf and to routine, non-surgical medical care, and to administer routine and other medication as needed. I also grant the release of medical information to representatives of Special Days Camps.

I certify the information on this form to be true, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Request for Central Registry Clearance Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: **ALL fields must be completed for processing.** A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

Complete the following information and submit request to:

**Michigan Department of Licensing and Regulatory Affairs  
Office of Children and Adult Licensing  
P.O. Box 30664  
Lansing, MI 48909  
Toll Free: 866-685-0006 Fax: 517-284-9709**

<b>PRINT FULL NAME:</b>
<b>Date of Birth:</b>
<b>Social Security Number:</b>
<b>Maiden Name/AKA (Also Known As)/Other Names Used</b>
<b>Signature:</b>

*Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record.....The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."*

**Indicate below how you want to receive the results of the central registry clearance. The results will be mailed ONLY to the address on your attached picture identification or the camp's mailing address:**

Results mailed to the address on my attached picture identification.

Results mailed to the Camp at:

**Address:**

**Camp Name/Address:**

**Special Days Camps**

P.O. Box 436

Dimondale, MI 48821

Phone:

Phone: 866-448-4710

The camp will **ONLY** receive response of **NO** central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.