



**Special Days Camps**  
**SIT Program**  
Saturday, Aug 4 - Saturday, August 18, 2018



Thanks for your interest in our SIT program (Staff In Training)! This program is open to former campers who are either 18 or 19 years old. The program is designed to familiarize participants with the roles and responsibilities of staff positions at camp and to train them to become successful leaders at camp. No more than five males and five females will be selected to participate in the program and in 2018 the SIT program will be two weeks in length. The first week of the program will be spent learning skills needed and the second week will be spent living in a cabin with campers or working in another staff position. If you are unable to attend both weeks of the program please contact Camp Director, Tammy Willis to discuss the possibility of completing the program over two years. In addition to being able to meet the physical demands of the position, participants will also need to exhibit the human-relations skills necessary to be an effective staff member. Other factors taken into consideration in the selection process include references, attitude, maturity, motivation, and thoroughness in completing required paperwork.

### **Filling Out the Paperwork**

1. **SIT Application** Please LEGIBLY complete both sides of the SIT Application. You must completely fill out the information in the "References" section on page 2 of the application and answer the questions on page 2.
2. **Reference Request Form** Fill in YOUR name at the top of the reference request form, give to three non-relatives to complete and return.
3. **Staff Conduct and Rules & Waiver** Please familiarize yourself with Special Days Camps' policies, rules and waiver. Sign the back of the form to indicate your willingness to abide by and support all rules.
4. **Criminal History & Central Registry Check** It is the policy of Special Days Camps to conduct criminal history and central registry checks on all applicants. Please fill out the enclosed Criminal History Check Forms. **You need to return a copy of a photo id with the Central Registry form and should fill out only Section 1 (highlighted area) of the form and return the form to us and not to the State of Michigan.**
5. **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.
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. If necessary, you will have an opportunity at camp to update your health form.

### **Application Deadline and Selection**

In order to be considered for the SIT program, all paperwork and references must be postmarked by June 1, 2018. After that time applications will be accepted based on openings. You will be notified when your application has been received and upon your acceptance to the program. Should applications be received after the deadline then they will be considered on an individual basis depending upon space.

### **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  
Website: www.specialdays.org

## SPECIAL DAYS Camps Summer 2018 SIT Application

**Dates: Saturday, Aug 4 - Saturday, August 18, 2018**

Print or type your name	Date of birth	Gender	Tee Shirt Size
Home address (Number and street, or P.O. Box)	City	State	Zip (Area Code) Home Phone
E-mail address	(Area cod) Cell Phone	Best time and place to call	
Please indicate here the dates you are available if you cannot attend for the full two weeks:			

**Camp Experience:** List camps where you have been a camper or a staff member; please include SPECIAL DAYS Camps.

Name of camp	Year(s)	Title/Responsibilities
Name of camp	Year(s)	Title/Responsibilities
List any current certifications (First Aid, CPR, WSI Life Guard, etc.)		

### Education:

High School	Year of graduation	Major academic interests
College/Secondary School	Year of graduation	Major academic interests

**Job Experience:** please include full or part time jobs and any volunteer work.

Present Employer	Title/Duties
Street Address, City, State, Zip Code	(Area Code) Phone number
Past Employer	Title/Duties
Street Address, City, State, Zip Code	(Area Code) Phone number

**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

**References:** Please list (3) employers, supervisors, or adults who know you well. Do not list relatives or SPECIAL DAYS CAMPS personnel. It is the applicant's responsibility to distribute "Reference Request Forms" to individuals listed. Written references must be on file prior to selection.

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

**Please use a separate piece of paper to answer the following questions.**

1. Think of the best cabin leader you've ever had. Describe what made that person great.
2. Why do you want to be a SIT at Special Days Camps?
3. Tell what you have done as a camper that might help you qualify for the SIT program.
4. What specific qualities do you feel makes a SIT successful?
5. Why would *you* be a great SIT for Special Days Camps? (Include unique abilities or skills you have to offer.)

**Skills Inventory:** In the following blanks, put a "1" before those activities you can organize and teach. Put a "2" before those activities in which you can assist teaching. Put a "3" before the activities in which you have an interest.

<b>ROPES COURSE</b> <input type="checkbox"/> Initiatives <input type="checkbox"/> Low Elements <input type="checkbox"/> High Elements <input type="checkbox"/> Other: _____	<b>PERFORMING ARTS</b> <input type="checkbox"/> Song Leading <input type="checkbox"/> Theater & Drama <input type="checkbox"/> Storytelling <input type="checkbox"/> Puppetry <input type="checkbox"/> Native American History <input type="checkbox"/> Folk/Square Dancing <input type="checkbox"/> Other: _____	<b>ARTS AND CRAFTS</b> <input type="checkbox"/> Nature Crafts <input type="checkbox"/> Painting <input type="checkbox"/> Candle Making <input type="checkbox"/> Weaving <input type="checkbox"/> Clay <input type="checkbox"/> Photography <input type="checkbox"/> Leather <input type="checkbox"/> Other: _____
<b>AQUATICS</b> <input type="checkbox"/> Swimming Lessons <input type="checkbox"/> Kayaking <input type="checkbox"/> Canoeing <input type="checkbox"/> Lifeguarding <input type="checkbox"/> Fishing	<b>OUTDOOR LIVING SKILLS</b> <input type="checkbox"/> Hiking <input type="checkbox"/> Conservation <input type="checkbox"/> Map/Compass <input type="checkbox"/> Fire building <input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Other: _____	<b>SPORTS</b> <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Group Games

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 history check is required)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL DAYS CAMPS**

**Reference Request**

\_\_\_\_\_ has given your name as a  
(Applicant Name)  
reference for a position as a cabin leader/staff member for SPECIAL DAYS CAMPS.

It is important that he/she enjoys and understands young people, works well with adults, has a strong sense of responsibility and an enthusiastic attitude. The task of selecting the right person for such an important position is difficult and we would appreciate you analyzing the above applicant carefully. Your statements regarding the applicant will be considered confidential.

**Please send this entire Reference Request as promptly as possible to:**

**SPECIAL DAYS CAMPS**  
**Attention: Tammy Willis, Camp Director**  
**P.O. Box 436**  
**Dimondale, MI 48821**

Thank you for your time and assistance.

Your Name: \_\_\_\_\_

Position / Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

**Over**

**Under each general heading, check the phrase that most accurately describes the applicant's HABITUAL behavior.**

1. How well is the applicant able to direct and influence others along definite lines of action?

- Poor leader; incapable of directing and controlling others
- Usually follows the lead of others
- Normally successful in directing and controlling others
- Very successful in leading others
- Exceptional leader; inspires others along desirable lines of action

Additional Comments \_\_\_\_\_

\_\_\_\_\_

2. How well does the individual work with associates and others for the good of the group?

- Cooperates grudgingly; makes trouble; obstructionist
- Gives limited cooperation; neglects common good for own interest
- Cooperates with others toward accomplishment of a common goal
- Cooperates willingly and actively regardless of self benefit; makes things go smoothly
- Exceptionally successful in working with others and inspiring confidence

Additional Comments \_\_\_\_\_

\_\_\_\_\_

3. How does this person react to suggestions or criticism by others?

- Takes criticism as a personal insult
- Resents suggestions
- Listens to suggestions but may act without considering them
- Follows suggestions willingly
- Asks for criticism and suggestions

Additional Comments \_\_\_\_\_

\_\_\_\_\_

4. How responsible is the applicant? How able is the applicant to competently get things done on his/her own?

- Irresponsible even under supervision
- With constant supervision will do satisfactory work
- Usually needs detailed instructions with regular checks of work
- Carries out routine activities on his/her own
- Exceptionally able to accomplish work without close supervision

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

5. How well does this person apply energy and persistence in following a job through?

- Rather indifferent; does not finish work
- Needs much prodding to complete work
- Completes assigned tasks of his/her own accord
- Industrious, energetic, dependable at all times
- Unusual perseverance; does more than expected

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

6. How well does this person adapt to sudden changes in plans?

- Panics when faced with unexpected change
- Is frustrated by change, needs to be directed
- Is uncomfortable with change, but adapts assertively and quickly
- Accepts change calmly and reacts with confidence
- Has an exceptional degree of flexibility and can adapt without the need of supervision

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

7. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Over**

8. Please comment on this individual's suitability to work with children ages 5-17. Would you select him/her to work with your child?

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9. What is this applicant's strongest asset? Does he/she have any special talents or abilities?

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10. Are there any weaknesses that he/she has that might affect his/her performance in a cabin leader/staff position?

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Any additional comments:

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*Thank you!*

## **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 is only permitted in designated areas of camp property and only with the permission of your supervisor. 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 programs.

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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.