

CAMP DREAMCATCHER RETURNING COUNSELOR APPLICATION 2017

Dear Friend,

Thank you for dedicating your time to Camp Dreamcatcher! This year, Camp Dreamcatcher 2017 will be held on the campgrounds of Camp Saginaw in Oxford, PA.

Camp Week: Sunday August 20th to August 26th, 2017

In order to be a volunteer counselor, you must:

1. Complete the volunteer counselor application packet.
2. Attend the **mandatory training on Saturday, August 19th at Camp Saginaw.**
3. Complete the necessary background checks, which may include, a PA criminal background check, PA child abuse clearance or FBI Clearance. *If you do have current PA criminal background or PA child abuse clearances, please send a copy of these to the camp office*

I recommend you get your application in as soon as possible, as we fill up quickly. All applications can be found on the Ultracamp link on our website, or if you choose to do a paper application, please mail applications to:

**Camp Dreamcatcher
148 West State Street
Suite 104
Kennett Square, PA 19348**

or FAX to (610) 925-0403

If you have any questions about the enclosed information or about Camp Dreamcatcher, please contact Patty Hillkirk, via phone 610-925-2998 or e-mail: campdreamcatcher@kennett.net, please feel free to visit our website at www.campdreamcatcher.org.

I look forward to seeing you and working together to make Camp Dreamcatcher a success!

Sincerely,

Patty Hillkirk
Founder/Director

2017 Camp Dreamcatcher Returning Counselor Application
Deadline June 15, 2017

Name _____ Date of Birth _____ Gender _____
Address _____
City _____ State _____ Zip Code _____
Home Phone# _____ County _____
Cellphone # _____ Email address _____

Please list two emergency contacts:

1. Name _____ Relationship _____ Phone# _____
2. Name _____ Relationship _____ Phone# _____

Insurance Name and Policy Number

Physician(s) _____ Phone _____
Address _____

Health History (please write **YES** or **NO** and **write date**)

Frequent nose bleeds _____	<i>Allergies and type of reaction:</i>
Sinusitis _____	Bee stings _____
Asthma _____	Other Insect Bites _____
Frequent Headaches _____	Hay Fever _____
Ear Infections _____	Food _____
Eye Trouble _____	Drugs _____
Head Injury _____	Carries Epi-pen _____
Seizures _____	Stomach Trouble _____
Pneumonia _____	Skin Problems _____
Bleeding Disorder _____	Wear glasses/contacts _____
Kidney Problems _____	Anxiety _____
Rheumatic Fever _____	Depression _____
Heart problem _____	HIV + _____

Please identify any current or recurring illnesses/injuries not listed above

Please note any hospitalizations/surgeries (include dates and complications)

Our organization is dedicated to maintaining the privacy of your personal health information. We are also required by law to keep your information private. We will use the information we collect about you mainly to provide you care in case of an emergency during your time at Camp Dreamcatcher. You have the right to decline in completing this form and if you do so, it will not affect your volunteer status. Additionally, any information provided on this form, will not affect your volunteer status

2017 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes for emergency medical treatment that may be required during the week of camp.

In the event of a medical emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization.

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

Print Complete Name of Volunteer _____

Signature of Volunteer

Date

Name _____ Full time _____ Part time _____

Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email _____

Place of employment _____

Employment Address _____

Date of Birth _____ Place of Birth _____

Social Security Number (for background check) _____

Position you are available for:

____ Full time cabin counselor (staying the entire week and sleeping over)

____ Part time cabin counselor days only

____ Part time cabin counselor evenings only

____ Part time cabin counselor few days staying over night

What age group would you like to work with? (It is not guaranteed)

____ Younger 5-10

____ Older 11-13

____ Teens 14-15

____ Leaders in Training 16-17

Would like to work with boys _____ or girls _____

Specific campers you would like to be with _____

Specific counselors you would like to work with _____

Volunteer Days and Hours of Availability

Date	Hours available
____ Saturday 8/19/17	_____ to _____
____ Sunday 8/20/17	_____ to _____
____ Monday 8/21/17	_____ to _____
____ Tuesday 8/22/17	_____ to _____
____ Wednesday 8/23/17	_____ to _____
____ Thursday 8/24/17	_____ to _____
____ Friday 8/25/17	_____ to _____
____ Saturday 8/26/17	_____ to _____

The information requested below will assist us in completing grant proposals for camp funding. All information is kept confidential. Names and information will not be disclosed. Thank you for your cooperation.

Please check your monthly income.

\$ 0 - \$500	_____	\$2,112 - \$2,648	_____
\$501 - \$750	_____	\$2,649 - \$3,184	_____
\$751 - \$1,000	_____	\$3,185 - \$3,721	_____
\$1,001 - \$1,250	_____	\$3,722 - \$4,257	_____
\$1,251 - \$1,575	_____	\$4,258 - \$4,794	_____
\$ 1,576 - \$2,111	_____	\$4,795 - \$5,330	_____
How many people live in your household?	_____	\$5,331 and up	_____

Race/Ethnic Group

____ African American ____ Asian American/Pacific Islander ____ Native American
____ Hispanic American (Latino) ____ Caucasian ____ Other

Physical Disabilities Yes ____ Please explain _____

Mental Disabilities Yes ____ Please explain _____

Shirt Size: Small ____ Medium ____ Large ____ XLarge ____ XXLarge ____

If you have any questions, please feel free to contact Patty Hillkirk at the camp office (610) 925-2998 or via email: campdreamcatcher@kennett.net

Information needed for clearances.

First Name: _____ Middle Name or Initial _____

Last Name _____ Date of Birth _____

Other names known by _____

Primary Telephone Number _____ Male _____ Female _____

Social Security Number _____

Current Address _____ Apt# _____ #of yrs, at this address _____

City _____ State _____ Zip Code _____

Previous Address _____ Apt.# _____ # of yrs at this address _____

City _____ State _____ Zip Code _____

Previous Address _____ Apt # _____ # of yrs _____

City _____ State _____ Zip Code _____

Email Address _____

Have you lived in state of Pennsylvania for the past 10 Years? ____ Yes ____ NO

Do you have a copy of your clearances that you are able to mail us ____ Yes ____ No

Please provide a list of people that you lived with in the past five years.

I hereby consent to this investigation and authorize Camp Dreamcatcher to procure a county criminal record check and a national sex offender search on my background I understand that the company will not disseminate or share any information it receives with any third party, other than as may be required in it's normal course of business, or as required by law.

Signature

Date

Directions to Camp Saginaw

740 Saginaw Rd., Oxford, PA 19363

If using a GPS or Google Maps please enter Camp Saginaw

From Philadelphia and suburbs

Take I-95 South and merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

From South Jersey

Proceed South via I-295 to Commodore Barry Bridge. Merge onto I-95 South, continue on I-95 South until you merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

From New Jersey and New York

Proceed South via the New Jersey Turnpike to exit #7. Follow signs to I-295 South. Proceed on I-295 South to the Commodore Barry Bridge and follow directions "From South Jersey".

From Harrisburg and Lancaster

From Harrisburg: Merge onto I-83 N toward Hershey/Airport. Merge onto I-283 S via Exit 46A towards I-76/Pennsylvania Turnpike/Airport/Lancaster. Merge onto PA-283 E via Exit 1A toward Airport/Lancaster. PA-283 E becomes US-30 E. From Harrisburg (continue directions below), From Lancaster (start directions here)-Turn Right onto Harman Bridge Rd. /PA-896. Stay straight to get on North Decatur St. N. Decatur St. becomes Mary Post Office Rd. Turn Right onto Valley Rd./PA-372. Continue to follow PA-372. Turn Left onto South Lime St./PA-472. Continue to follow PA-472. Turn Slight Right onto Pine St./PA-472. Turn Slight Right onto North 3rd St./PA-10/PA-472. Take the First Left onto Market St./PA-472. Turn Left onto Saginaw Rd. and your destination will be on your Left.

Patty Hillkirk's cell phone number is (610) 716 - 0476