

CAMP DREAMCATCHER
RETURNING COUNSELOR APPLICATION 2021
Camp Week: Saturday, August 21st – Saturday, August 28th, 2021

Dear Friend,

Counselors can be full-time, or volunteer for either the first half or second half of the week. For example: Saturday-Wednesday or Wednesday-Saturday.

We are creating a safe “bubble” at camp and I hope you are able to be with us the entire week. I realize that you may have commitments with work, and if you need to work while you are at camp, we will do our best to accommodate your work needs, and will offer a quiet space for you to work remotely at camp. Thank you for dedicating your time to Camp Dreamcatcher! This year, Camp Dreamcatcher 2021 will be held on the campgrounds of Camp Saginaw in Oxford, PA.

Our priority is the physical and emotional safety of the Camp Dreamcatcher family. Patty Hewson is creating safety protocols for the camp session, and we will provide numerous training sessions prior to the camp week for the counselors. We will have smaller cabin sizes, smaller groups for evening activities, social distancing, and mask requirements. Hand sanitizing stations will be used throughout the day. We will also be asking that both counselors and campers isolate as much as possible 2 weeks prior to the camp week (including not attending other camp weeks, going to large group gatherings etc.), and checking temperatures.

Campers with any symptoms will be sent home immediately.

In order to be a volunteer counselor, you must:

1. Complete the volunteer counselor application packet.
2. Attend in person training on August 21-22 and our new Virtual Training Modules that will be available this Spring/Summer.
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

Please email Patty Hillkirk at phillkirk@kennett.net with any questions or concerns. Visit our website <https://campdreamcatcher.org/> and click on camp registration to complete this form online.

Warmly,

Patty Hillkirk

2021 Camp Dreamcatcher Returning Counselor Application Deadline June 7th, 2021

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

Please list two emergency contacts:

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

Race/Ethnicity &/or National Origin

_____ African American _____ Asian American/Pacific Islander _____ Native American
 _____ Hispanic American (Latino) _____ White _____ Other

Physical Disabilities Yes _____ Please explain _____
 Mental Disabilities Yes _____ Please explain _____

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

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	_____

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

Health History Information

Insurance Name and Policy Number _____

Physician(s) _____ Phone _____
Address _____

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

Frequent nose bleeds _____
Sinusitis _____
Asthma _____
Frequent Headaches _____
Ear Infections _____
Eye Trouble _____
Head Injury _____
Seizures _____
Pneumonia _____
Bleeding Disorder _____
Kidney Problems _____
Rheumatic Fever _____
Heart problem _____

Allergies and type of reaction:
Bee stings _____
Other Insect Bites _____
Hay Fever _____
Food _____
Drugs _____
Carries Epi-pen _____
Stomach Trouble _____
Skin Problems _____
Wear glasses/contacts _____
Anxiety _____
Depression _____
HIV + _____

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

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

COVID-19 VACCINE:

I have received the COVID-19 Vaccine: _____

I plan on getting the COVID-19 Vaccine before the camp week in August: _____

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.

2021 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

CAMP WEEK AVAILABILITY

Name _____ Full time _____ Part time _____

PART-TIME VOLUNTEERS CANNOT COME AND GO ON A DAILY BASIS THIS YEAR DUE TO COVID-19 PROTOCOLS. Part-Time Counselors can choose to volunteer several days at camp (for example: Saturday-Wednesday or Wednesday-Saturday).

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 (first part of the week)

Please indicate when arriving and leaving _____

____ Part time cabin counselor evenings only

Please indicate when arriving and leaving _____

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 _____

Dear Volunteer,

The State of Pennsylvania is now requiring three separate background checks for volunteers who work directly with children, and these are required every five years. We are required to use the PA Criminal Background Check, PA Child Abuse Clearance and PA FBI Clearances every five years.

The Child Abuse, PSP and FBI clearances can all be applied and paid for electronically. The FBI clearance also requires a fingerprint submission for those who don't live in PA. Camp Dreamcatcher will be covering the costs of the background checks and we will be sending you step by step directions on how to register online for the background checks. These background checks apply to volunteers even if they do not live in the state of PA. We will email you more information about the step-by-step process to submit your background check. We have registered as a "vendor" on the background check websites and we will be in touch soon with the Camp Dreamcatcher codes for each website. Hopefully, we will be able to register you and submit the information for the PA Criminal Background Check and PA Child Abuse Clearance ourselves and that will save you from going through that process. The information on the next page will assist us in that process. The PA FBI Background Check is one that you will need to conduct yourself by going to a local facility that conducts those checks. We will be sending you a link to the PA locations for that part of the process. For the out of state volunteers, we will have a mobile unit at camp on Saturday to run the FBI criminal checks.

If you are a teacher, or someone who works with children, and have been required to undergo these checks, please let us know and please send us a copy of the paperwork. If you have been a resident of PA for 10 or more years, you DO NOT HAVE TO complete the PA FBI Criminal Background Check and we will send you the paperwork to prove your residency.

If you volunteered with us WITHIN THE PAST FOUR YEARS and we have copies of all of your clearances, you should be good to go for this year. I know this is a confusing process and we will do everything that we can to make it the least time consuming for you. We appreciate your willingness to undergo the background checks and please let us know if you have any questions about this process.

Thank you for all you do for our kids!

Patty Hillkirk
Founder/Director

****IF YOU HAVE ANY CRIMINAL BACKGROUND OR CHILD ABUSE CLEARANCE PAPERWORK THAT WAS SENT TO YOU DIRECTLY, PLEASE MAKE SURE WE HAVE THAT INFORMATION****

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 its 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