

CAMP DREAMCATCHER NEW COUNSELOR APPLICATION 2021

Camp Week: Saturday August 21st – 28th, 2021 at Camp Saginaw, Oxford, PA

Dear Friend,

Thank you for your interest in Camp Dreamcatcher. 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. Our Health Center Director, 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 become a volunteer counselor, you must:

1. Complete the volunteer counselor application packet.
2. Attend all mandatory trainings. The first training will be in the early summer and the other is August 21-22 at Camp Saginaw
3. Participate in an interview with a Camp Dreamcatcher representative.
4. Complete the necessary background checks, which may include a PA criminal background check, PA child abuse clearance or FBI Clearance. If you already have a current PA criminal background or PA child abuse clearances, please send a copy of these to the camp office. We will accept background checks/clearances that have been completed within the past five years.

We strongly encourage you to complete your application electronically on Ultracamp. If you are unable to do so, please send your application to the address below by June 7th.

Camp Dreamcatcher

148 West State Street

Suite 104

Kennett Square, PA 19348

APPLICATION CAN ALSO BE FAXED: 610-925-0403

Or emailed to Patty Hillkirk at phillkirk@kennett.net

Upon receipt of your application, we will contact you for an interview. I look forward to meeting you and working together to make Camp Dreamcatcher a success!

Warmly,

Patty Hillkirk

Founder/Director

2021 Camp Dreamcatcher New Counselor Application:
Volunteers ≥18 yrs old

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

County _____ Phone# _____

Email _____

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 affected)

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/AIDS _____

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 impact your ability to volunteer.

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 _____
Date

Signature of Volunteer _____
Date

COVID VACCINE QUESTION:

I HAVE RECEIVED THE COVID-19 VACCINE _____

I WILL RECEIVE THE COVID-19 VACCINE PRIOR TO CAMP IN AUGUST _____

Camp Dreamcatcher Counselor Information

Please Print:

___ Full time ___ Part time

Name _____

Preferred Gender _____ Preferred Gender Pronouns _____

Race, Ethnicity &/or National Origin _____

Date of Birth _____ Place of Birth _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Best time to call _____

Email address _____ Cell phone _____

Employment

Place of employment _____

Title _____

Employment Address _____

City _____ State _____ Zip _____

Please give two professional references:

1. Name _____ Title _____

Email: _____ Phone number _____

2. Name _____ Title _____

Email: _____ Phone number _____

Education

Please circle the last completed: High School, Vocational Training, College, and Master's Program

School	Field	Years	Degree
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Currently enrolled as a student at:

Major _____

Describe any additional training or education specific to children:

Describe any HIV/AIDS training you have participated in:

List your interest and hobbies:

Camp Experience: (camper, CIT, counselor, or employee. List most recent experience first)

Position	Camp	Director	Dates
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Describe any previous experience working with children who are infected or affected by HIV/AIDS:

Please explain in more detail the specific skills or talents that could contribute to the camp programming:

Why do you want to volunteer at Camp Dreamcatcher?

Areas of training/ special skills: (please check all that apply)

Arts and Crafts _____

Zumba _____

Music _____

Drawing _____

Painting _____

Sketching _____

Athletics _____

Softball _____

Lacrosse _____

Volleyball _____

Swimming _____

Track _____

Soccer _____

Other _____

Do you swim? _____ Do you know sign language? _____

Do you speak a second language? _____ Please List _____

Certification Information

Certification and Expiration Dates:
Not mandatory

First Aid _____
CPR _____
Senior Life-Saving _____
Water Safety Instructor _____

If you have a copy of any of these certificates please attach to application.

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 _____

Please list your shirt size: Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____

POSITION YOU ARE SEEKING:

_____ Full-time Cabin Counselor (staying the entire week and sleeping over in a cabin with campers)

_____ Part-time Cabin Counselor **MUST VOLUNTEER PART OF THE WEEK** (example: Saturday – Wednesday or Wednesday to Saturday. We will not have any day volunteers who come and go each day at camp).

If Part-Time, please choose the days you are available and arrival and departure time if known:

	Arrival/Departure Time
_____ Saturday 8/21/21	_____
_____ Sunday 8/22/21	_____
_____ Monday 8/23/21	_____
_____ Tuesday 8/24/21	_____
_____ Wednesday 8/25/21	_____
_____ Thursday 8/26/21	_____
_____ Friday 8/27/21	_____
_____ Saturday 8/28/21	_____

The information requested below is helpful for grant/proposal data for camp funding. Your 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	_____

Physical Disabilities _____ Please explain _____

Mental Disabilities _____ Please explain _____

Race/Ethnic Group

_____ African American _____ Asian American/Pacific Islander _____ Native American

_____ Hispanic American (Latino) _____ White _____ Other

APPLICATION AGREEMENT

I attest the information given in the application packet (volunteer application and volunteer health record form) is accurate and true. I understand that if I have falsified any information, I will not be considered for volunteer service or I will be dismissed. If I received assistance in completing my application, I had the person sign this agreement in addition to myself.

Signature

Date

Assistance provided by

Date

Printed Name + tel. # of assistant

Relationship to applicant

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 last year and we have a copy 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

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 conduct the necessary clearances to work with children in the State of Pennsylvania. I understand that the Camp Dreamcatcher 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 use Camp Saginaw not
Camp Dreamcatcher address!

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