



Palmetto Health Children's Hospital

Dear Interpreter Applicant,

Camp Wonder Hands is a unique summer camp for hard-of-hearing and deaf children. This camp originated over 20 years ago as an idea of Marolyn W. Amick, a Child Life Specialist at Palmetto Health Children's Hospital. Mrs. Amick, who herself is hard-of-hearing and has a child who is deaf, felt the need to provide an atmosphere where deaf children would be able to identify with others and learn that they are not alone in their experience.

This year Camp Wonder Hands will be held **Sunday – Friday, June 24-29, 2018** at Camp Kinard in the Batesburg-Leesville community. **There is a mandatory training on Friday & Saturday, June 22 & 23, 2018.** There will be swimming, games, crafts, community presenters, and lots of fun. We need your assistance to make this year's camp a continued success!

We are in need of individuals who communicate with the use of American Sign Language and would be interested in serving as a Fulltime/Overnight Camp Interpreter. At Camp Wonder Hands effective communication is our most significant form of "Camper Safety" so having a strong Interpreter staff is a must! **Minimum requirements include:** Ability to work with a flexible, changing schedule; Outstanding communications skills; Strong signing and voicing skills; Excellent customer service skills; Interpersonal skills and the ability to interact with campers from a variety of backgrounds.

If you are interested in having a wonderful time and becoming involved with the deaf and hard-of-hearing community, please contact us. Please complete all forms of the enclosed application and return the packet to the return address provided or by email as an Adobe PDF attachment. **The Interpreter Application Return Deadline is Monday, April 23, 2018.** Should you have any questions, feel free to contact Camp Wonder Hands staff members Julie Riffle, Camp Coordinator or E.T. Taylor, Director at CampWonderHands@PalmettoHealth.org or call Children's Hospital general information (803) 296-KIDS (5437). Someone will get back to you as soon as possible.

Thanks again for your time. We look forward to meeting and working with you. Please feel free to make copies of this packet and pass it on to family, friends, church, etc.

Sincerely,

E.T.

E.T. Taylor, RN, BSN
Director, Camp Wonder Hands
Palmetto Health Children's Hospital

Marolyn

Marolyn Amick, Founder-Emeritus
Camp Wonder Hands
Palmetto Health Children's Hospital



PALMETTO HEALTH CHILDREN'S HOSPITAL

Interpreter Application For Camping Session Friday – Friday, June 22-29, 2018

NAME: _____

AGE: _____ RACE: _____ D.O.B.: _____

HOME ADDRESS: _____

(City)

(State)

(Zip Code)

WHAT COUNTY DO YOU LIVE IN?: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

WORK/SCHOOL ADDRESS: _____

WORK/SCHOOL PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO APPLICANT: _____

EMERGENCY CONTACT'S PHONE #S: _____

ANY APPLICANT WHO HAS NOT PREVIOUSLY WORKED WITH C.W.H. MUST PARTICIPATE IN A TELEPHONE INTERVIEW PRIOR TO ACCEPTANCE.

TWO REFERENCES: (no immediate family- these references must write letters of recommendation to the interviewers using enclosed form.)

1). _____ 2). _____

AGE GROUP PREFERRED:

- _____ 7-9 year olds
- _____ 10-12 year olds
- _____ 13-15 year olds

CERTIFICATES HELD (example, CPR, First Aid, WSI, ASL)

HOW DID YOU LEARN ABOUT CAMP WONDER HANDS?

WHY DO YOU WANT TO BE A CAMP WONDER HANDS INTERPRETER?
(In a brief paragraph, explain what qualities and/or special training you have that would make you a good Interpreter at Camp Wonder Hands. Use additional paper if needed.)

CIRCLE ALL AREAS IN WHICH YOU HAVE EXPERIENCE:

- | | |
|---------------------|---------------------------------------|
| Arts/crafts | Swimming |
| Song leader | Campfire programs |
| Musical instruments | Signing Experience |
| Sports/Games | (please describe your level of skill) |
| Other (specify) | Ropes Courses |

IF YOU ARE NOT APPLYING AS A FULL-TIME INTERPRETER, WHAT DAYS AND TIMES WOULD YOU BE AVAILABLE TO HELP? _____

PLEASE ATTACH A RECENT PHOTOGRAPH

PLEASE RETURN REFERENCES AND APPLICATION TO:

**Camp Wonder Hands
Att: Julie Riffle, Camp Coordinator
Palmetto Health Children's Hospital
1401 Main Street, 5th Floor
Columbia, S.C. 29201**

If I am accepted as a Full-Time Interpreter, I agree to attend Camp Wonder Hands from Sunday, June 24th through Friday, June 29th . (June 22nd & 23rd are Mandatory Planning / Orientation Days for all Interpreter, Counselors, Volunteers and Staff.)

Signature:_____Date:_____.

T-SHIRT SIZE: ___ Small ___ Medium ___ Large ___ X-Large

**Must be returned to above address no later than
Monday, April 23, 2018.
Thank you for your interest in
Camp Wonder Hands!**



PALMETTO HEALTH CHILDREN'S HOSPITAL

Interpreter Health Information Form For Camping Session June 22-29, 2018

Please note: The following information that you are required to submit will be kept in the strictest confidence in keeping with all healthcare privacy regulations including the Health Insurance Portability and Accountability Act (HIPAA). This information will only be shared with the Co-Directors of the camp representing Camp Wonder Hands and Children's Hospital Administration.

HEALTH HISTORY

Are you in Good Health? YES _____ NO _____

Check any Diagnosis that applies:

_____ Heart Defect/Disease	_____ Asthma
_____ Convulsions/Seizures	_____ Cancer
_____ Diabetes	_____ ADHD/ADD
_____ High Blood Pressure	_____ HIV/AIDS
_____ Kidney Disease	_____ Other Diagnosis

Please explain in detail any Diagnosis checked above: _____

List any physical restrictions or limitations. _____

Describe any recent injuries or surgeries. _____

Other medical problems or disabilities. _____

Have you had chickenpox? YES ___ NO ___ Mumps? YES ___ NO ___

Primary Physician _____

Address & Phone #: _____

Primary Dentist _____

Address & Phone #: _____

MEDICATIONS

Are you currently taking any medications? YES _____ NO _____

If yes, list the Drugs _____

Will this medication be needed during Camp? YES _____ NO _____

(If medications are needed during camp, please ensure that the Camp Medical Staff is provided with correct medications in the correct amount to cover the time you will be with us.)

ALLERGIES

_____ Hay Fever _____ Poison Ivy/Oak _____ Insect Stings

_____ Drugs (Penicillin, etc.) _____ Food _____ Others (Specify)

Please explain in detail any Allergies checked above: _____

IMMUNIZATIONS

Are Immunizations up to date? YES _____ NO _____

Have you had a Tetanus shot? YES _____ NO _____

If not in the last 10 years, then you must receive a Tetanus Shot and provide documentation to that effect prior to Camp.

Please indicate any further information about your medical needs or medical history that would be helpful.

COMMUNICATION/SOCIALIZATION

How do you communicate?

- Sign Language
- Lip Reading
- Speech
- All of the Above

Are you Deaf? YES _____ NO _____

Are you Hard-of-Hearing? YES _____ NO _____

Do you wear a HEARING AID/S? YES _____ NO _____

Do you wear a Cochlear Implant? YES _____ NO _____

Do you use ASL Sign Language? YES _____ NO _____

Do you use another form of Sign Language? YES _____ NO _____

Do you have any other disabilities? YES _____ NO _____

If Yes, Please explain what the Disability you are currently managing? _____

SWIMMING

Can you swim? YES _____ NO _____

If yes, how well? _____

Do you have any limitation that would prevent you from participating in any activities? YES ____ NO _____

If yes, please explain _____



PALMETTO HEALTH CHILDREN'S HOSPITAL

Camp Wonder Hands Palmetto Health Children's Hospital Insurance Information

Full Name _____ Date of Birth _____

Insurance Company _____

Effective Date _____

If coverage is Medicaid, please give Medicaid number _____

Hospital Preauthorization Needed (Circle) Yes No

Company Insurance Form Needed (Circle) Yes No

Telephone number for Pre-Authorizations _____

Emergency admissions need to be called in within how many working days? _____

Primary Care Physician's Name and Phone Number: _____

Name of Insured _____ Date of Birth _____

Policy Number _____ Group Number _____

Telephone Number for Claim Information _____

Mailing address for claims _____

(Please send a copy of the front & back of your Insurance Card or Medicaid Card.)



PALMETTO HEALTH CHILDREN'S HOSPITAL

Consent for Photography Palmetto Health Children's Hospital Camp Wonder Hands June 22-29, 2018

I _____ hereby consent to and authorize the taking of photographs, motion pictures, and/or television pictures while I participate as a Staff Member/Interpreter at Camp Wonder Hands. I also consent to the use of any or all such photographs, motion pictures, and/or television pictures by Camp Wonder Hands' officials, their representatives, or the publication media.

I hereby give permission to Camp Wonder Hands' officials and/or the publication media to identify me by name in association with the publication of photographs, motion pictures, and/or television pictures taken while I participate as a Staff Member/Interpreter at Camp Wonder Hands.

Yes _____ No _____

Print Full Name

Signature

Witness

Date



PALMETTO HEALTH CHILDREN'S HOSPITAL

Consent for Medical Treatment/Hospitalization Palmetto Health Richland Memorial Camp Wonder Hands June 22-29, 2018

I, _____ hereby give my consent for Camp Wonder Hands' officials, its nurses, or other personnel to render and/or obtain medical treatment for me while I participate as a Staff Member/Interpreter at Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands' officials, its nurses or other personnel to admit the above named Staff Member/Interpreter to Palmetto Health Richland Memorial if it is determined that hospitalization is necessary.

I know and understand that I am financially responsible for the medical care and treatment rendered to me if there is a charge for the medical services provided.

Print Full Name

Signature

Witness

Date



PALMETTO HEALTH CHILDREN'S HOSPITAL

Interpreter Letter of Recommendation

Applicant's Name: _____

How long have you known the applicant? _____

In what relationship/capacity did you come to know the applicant?

What qualities does the applicant possess that will make him/her a good Interpreter at Camp Wonder Hands? _____

Signature

Address

Home Number

Date



Volunteer Application Security Statement

Dear Camp Interpreter:

In an effort to provide the parents of our campers the assurance that Camp Wonder Hands is a safe environment for their children, Palmetto Health Children's Hospital and the Camp Wonder Hands Executive Committee requires each Staff Member, Interpreter, Counselor-in-Leadership-Training and Volunteer to complete a **Staff/Volunteer Application Security Statement**. *{Required for Non-Palmetto Health Employees Only.}*

In order to obtain the required information, we must have the enclosed addendum completed and returned with your application. If you have any questions regarding this policy please contact E.T. Taylor, Camp Director or Julie Riffle, Camp Coordinator at CampWonderHands@PalmettoHealth.org or call Children's Hospital at **803-296-KIDS (5437)**.

Thank you for your help in making Camp Wonder Hands a secure environment for the campers.

Sincerely Yours,

**Camp Wonder Hands
Executive Committee
Palmetto Health Children's Hospital**



PALMETTO HEALTH CHILDREN'S HOSPITAL

Staff / Volunteer Application Security Statement

1. Have you ever been "Convicted for or Pled Guilty to" violating any Law {Excluding Minor Traffic Violations}? Yes: _____ No: _____ .
2. If your answer is "Yes", please provide an attached typewritten sheet with complete details of the event.
3. Have you ever been "Convicted for or Pled Guilty to" violating Minor Traffic Violations? Yes: _____ No: _____ .
4. If your answer is "Yes", please provide an attached typewritten sheet with complete details of the event.

CERTIFICATION & AUTHORIZATION

I certify that all information provided is true and accurate. I understand that any falsification is grounds for disqualification from consideration for any position. I also understand that I may be removed from any position with or without cause.

I authorize Camp Wonder Hands to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, or government agency to give Camp Wonder Hands any information they may have regarding me. In consideration of Camp Wonder Hands' review of this application, I release Camp Wonder Hands and all providers of information from any liability as a result of furnishing and receiving this information.

Print Name

Signature

Date of Birth

Driver's License Number

Date



PALMETTO HEALTH CHILDREN'S HOSPITAL

Camp Wonder Hands 2018

This year's theme is:

"Camp Wonder Hands Legends of The Hidden Temple!!!"

Staff/Interpreter/Campers get your thinking caps on so you can come up with great ideas for skits, cabin themes, fun games, or anything else that will make camp a true blast!!!

See ya' Soon!

E.T. & the C.W.H. Planning Committee

**Via the PHR Inter-Office Mail, please complete & returned
to the address below by Monday, April 23, 2018.**

Camp Wonder Hands
Attn: Julie Riffle, Camp Coordinator
Palmetto Health Children's Hospital
1401 Main Street, 5th Floor
Columbia, S.C. 29201

Thank you for your interest in Camp Wonder Hands!