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 Prisma Health Children’s Hospital–Midlands. 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.

Camp Wonder Hands will be held **Sunday, June 21 to Friday, June 26, 2020**, at Camp Kinard in the Batesburg-Leesville community. 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 deadline is Monday, March 16, 2020.** Should you have any questions, feel free to contact Camp Wonder Hands staff members or E.T. Taylor, Director at CampWonderHands@PalmettoHealth.org or call Children’s Hospital general information (803) 296-KIDS (5437). We will get back to you as soon as possible.

**You will be notified of your acceptance as an interpreter no later than Monday, April 6, 2020**

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 anyone you know who might be interested in this interpreter opportunity.

Sincerely,

E.T.

Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands

Marolyn

Marolyn Amick, Founder–Emeritus
Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands

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**Disclaimer:** Please be advised as you complete this year’s Camp Wonder Hands application, do not alter the format of this form. Either print the application and complete it handwritten or type the requested information. Any application submitted in an alternative format will not be accepted. Thank you.
Camp Wonder Hands Interpreter Application
For Camping Session Monday, June 21 to Friday, June 26, 2020

Name: ____________________________________________

Date of Birth: ________________________________________

Age: __________ Race: __________ Sex: __________

Home Address: ________________________________________

____________________________________________________

County: ______________________________________________

Home Phone: __________________________________________

Email Address: _________________________________________

Work/School Address: __________________________________

____________________________________________________

Work/School Phone: ____________________________________

Emergency Contact Name: ______________________________

Relationship to Applicant: _______________________________

Emergency Contact Phone Numbers: ______________________

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

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.)


Check all areas in which you have experience:

☐ Arts/Crafts  ☐ Swimming
☐ Song leader  ☐ Campfire programs
☐ Musical instruments  ☐ Signing experience
☐ Ropes Courses  ☐ Sports Games (please describe your level of skill)
☐ Other (specify)
If you are not applying as a full-time interpreter, what days and times would you be available to help?

T-Shirt Size:
☐ Small  ☐ Medium  ☐ Large  ☐ Extra Large

Please attach a recent photograph.

Please return references and application by **Monday, March 16, 2020**.

Camp Wonder Hands  
**Attn: E.T. Taylor, Director**  
Prisma Health Children's Hospital–Midlands  
7 Richland Medical Park Drive  
First Floor Admin Suite  
Columbia, S.C. 29203  
CampWonderHands@PrismaHealth.org

If I am accepted as a full-time interpreter, I agree to attend Camp Wonder Hands from Sunday, June 21 through Friday, June 26. (June 19 and 20 are mandatory planning/orientation days for all interpreters, counselors, volunteers and staff.)

Signature: __________________________ Date: __________________________

Thank you for your interest in Camp Wonder Hands!
Interpreter Health Information Form
For Camping Session June 21-26, 2020

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

Is this child 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)

Click or tap here to enter text.

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.
Click or tap here to enter text.

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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands
Insurance Information

Camper’s full name:______________________________________________________________

Date of birth:_______________________________________________________________

Insurance company:___________________________________________________________

Effective date:_______________________________________________________________

If coverage is Medicaid, please give Medicaid number:___________________________

Hospital preauthorization needed? □ Yes □ No

Company insurance form needed? □ 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.)
Consent for Photography  
Prisma Health Children’s Hospital–Midlands  
Camp Wonder Hands  
June 21-26, 2020

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
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 Prisma Health Richland Hospital 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
Camp Wonder Hands 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 counselor at Camp Wonder Hands?
_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Signature
_____________________________________________________

Address
_____________________________________________________

Home Number
_____________________________________________________

Date
_____________________________________________________

Dear Camp Counselor/Volunteer:

In an effort to provide the parents of our campers the assurance that Camp Wonder Hands is a safe environment for their children, Prisma Health Children’s Hospital–Midlands and the Camp Wonder Hands Executive Committee requires each Staff Member, Interpreter, Counselor-in-Leadership-Training and Volunteer to complete a **Staff/Volunteer Security Clearance & Background Check Application. (Required for Non-Prisma Health Employees Only.)**

In order to obtain the required information, we must have the enclosed **Prisma Health Authorization of Release for Processing of Background Screening** completed and returned with your application. You may print the Release Form, completed it and mail it or you may complete and sign it electronically and then email it back to us via our camp email address.

If you have any questions regarding this policy please contact E.T. Taylor, Camp Director at CampWonderHands@PrismaHealth.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  
Prisma Health Children’s Hospital–Midlands
Camp Wonder Hands 2020

This year’s theme is:

Camp Wonder Hands
Discovers Treasure Island!

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. and the C.W.H. Planning Committee