



PALMETTO HEALTH CHILDREN'S HOSPITAL

Camp Wonder Hands Counselor in Leadership Training Application Procedure

*Please submit application packet
with the following completed information*

- 1) CLT 250-500 Word Essay Entitled: "Why I want to be a Counselor in Leadership Training and what I hope to gain from my experience." The essay must be double spaced and neatly written or typed.
- 2) Two Letters of Recommendation. {No immediate family members} These references must write letters of recommendation to the interviewers using the enclosed form.
- 3) Complete the CLT Program Application and return with letters of reference, Postage Paid to the address found in the welcome letter below.
- 4) We will contact you to schedule your interview. An interpreter will be available as needed.
- 5) Interview with three Camp Wonder Hands Staff members {I.E.: CLT Coordinator, Director, or Staff/Counselor}



PALMETTO HEALTH CHILDREN'S HOSPITAL

Greetings,

We are very excited you want to be a part of Camp Wonder Hands' Counselors-in-Leadership-Training program {CLT}! This fun, challenging learning experience is definitely different from being a camper!

Our purpose is to help you build skills and experience to prepare you to be a future camp counselor. We want to help you learn and gain experience in leadership, program planning and working with children. We anticipate someday you may decide to apply for a position as a Camp Wonder Hands Counselor/Staff Member. As a CLT graduate, you will bring strong training and experience! Part of your training begins today with the CLT application.

In addition to this letter, our CLT material contains an application and a form for you to give to *two* references who can speak to your leadership skills, employment experience, academic work, and/or work with children.

The CLT application serves three purposes:

- 1. Provides us insight as to why you want to be a CLT and shows any leadership experience you may have.**
- 2. Helps us determine if the CLT program is a good fit for both you and our program since we accept a limited number of CLTs.**
- 3. Helps us plan CLT educational sessions to meet your personal needs. Of course, we also include parts of the schedule whose goal is FUN!**

After you complete and return the application with your CLT references, we will contact you by telephone/TDD. We have questions we would like to ask you. We also have information to share with you about the CLT program and want to give you an opportunity to ask us questions.

Please send your completed application to:

**Camp Wonder Hands
Attn: Counselor in Leadership Training Program
Palmetto Health Children's Hospital
1401 Main Street, 5th Floor
Columbia, S.C. 29201**

Being a Camp Wonder Hands CLT is a great opportunity—it includes more privileges than campers have and more responsibilities. We're proud of our program and we hope you will be a part of our 2018 CLT Camp Wonder Hands group! I am looking forward to hearing from you!

Sincerely yours,

**E.T. Taylor, Director
Counselor-in-Leadership-Training
Palmetto Health Children's Hospital**



PALMETTO HEALTH CHILDREN'S HOSPITAL

Counselor-In-Leadership Training Application Camping Session June 22-29, 2018

NAME: _____

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

HOME ADDRESS: _____

(City)

(State)

(Zip Code)

WHAT COUNTY DO YOU LIVE IN?: _____

HOME PHONE: _____

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). _____
Print Full Name **Contact Number**

2). _____
Print Full Name **Contact Number**

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?

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

PLEASE ATTACH A RECENT PHOTOGRAPH

PLEASE RETURN REFERENCES AND APPLICATION TO:

**Camp Wonder Hands
Attn: CLT Leadership Program
Palmetto Health Children's Hospital
1401 Main Street, 5th Floor
Columbia, S.C. 29201**

I agree to attend Camp Wonder Hands from Sunday, June 24th through Friday, June 29th if I am accepted as a Counselor in Training. (Friday & Saturday, June 22nd & 23rd is a planning/orientation day for Staff and Counselors.)

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

Counselor-In-Leadership Training Health 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? _____

Does 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 COUNSELORS-IN-LEADERSHIP-TRAINING APPLICATION

Please answer the following. You may use additional sheets of paper, if you need more space.

1. Have you previously attended Camp Wonder Hands? Yes: _____
NO: _____ If yes, please list the year(s). _____
2. If you attended another summer camp, please list the year(s) and name of camp, noting if it was a day camp or overnight camp. _____

3. How would you describe an Excellent Camp Counselor? _____

4. Please describe leadership experience or leadership jobs you have held? _____

5. Please list Work/Volunteer experience you have had? _____

6. What School/Community activities have you participated in? _____

7. What do you think will be your greatest challenge(s) in working with children? _____



PALMETTO HEALTH CHILDREN'S HOSPITAL

CAMP WONDER HANDS COUNSELORS-IN-LEADERSHIP-TRAINING APPLICATION LETTER OF REFERENCE

Date: _____

Applicant's Name: _____

We are interested in your knowledge about the applicant related to:

• Leadership Skills & Experience • Ability to serve as a role model for younger children?

• Experience working with children • Level of responsibility and judgment?

• General work or study skills • Ability to be a positive member of a community?

Please share additional comments you feel give us insight into the applicant.

Would you recommend this applicant for a Counselors-in-Training Program? YES: _____ NO: _____

Print Name: _____

Signature: _____

Phone Number: { _____ }



PALMETTO HEALTH CHILDREN'S HOSPITAL

CAMP WONDER HANDS COUNSELORS-IN-LEADERSHIP-TRAINING APPLICATION LETTER OF REFERENCE

Date: _____

Applicant's Name: _____

We are interested in your knowledge about the applicant related to:

• Leadership Skills & Experience • Ability to serve as a role model for younger children?

• Experience working with children • Level of responsibility and judgment?

• General work or study skills • Ability to be a positive member of a community?

Please share additional comments you feel give us insight into the applicant.

Would you recommend this applicant for a Counselors-in-Training Program? YES: _____ NO: _____

Print Name: _____

Signature: _____

Phone Number: { _____ }



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}



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 Counselor in Leadership Training 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 Counselor in Leadership Training 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 Counselor in Leadership Training at Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands' officials, its nurses or other personnel to admit the above named Counselor in Leadership Training to Palmetto Health Richland Memorial 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



Volunteer Application Security Statement

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, Palmetto Health Children's Hospital and the Camp Wonder Hands Executive Committee requires each Staff Member, Counselor, Counselor-in-Leadership-Training and Volunteer to complete a **Volunteer Application Security Statement**.

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 @ 803-434-6000 / CampWonderHands@PalmettoHealth.org.

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**



Volunteer Application Security Statement

1. Have you ever been “Convicted for or Pled Quilty 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 Quilty 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