Prisma Health Children’s Hospital–Midlands
Camp Wonder Hands

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. (Not from 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 (For example: CLT coordinator, director or staff/counselor)

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.
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  
Prisma Health Children’s Hospital–Midlands  
7 Richland Medical Park Drive  
First Floor Admin Suite  
Columbia, S.C. 29203  
CampWonderHands@PrismaHealth.org

The Counselor-in-Leadership Training Application Deadline is **Monday, March 16, 2020.** You will be notified of your acceptance as a Counselor-in-Leadership Training no later than **Monday, April 6, 2020.**

Being a Camp Wonder Hands CLT is a great opportunity. It includes more privileges than campers have and more responsibilities. We are proud of our program and we hope you will be a part of our 2020 CLT Camp Wonder Hands Team. I am looking forward to hearing from you.

Sincerely,

E.T. Taylor, Director  
Counselor-in-Leadership-Training  
Prisma Health Children’s Hospital–Midlands
Counselor-In-Leadership Training Application  
For Camping Session Sunday, June 21 to Friday, June 26, 2020

Name:______________________________________________________________

Date of Birth:_________________________ Age:__________________________

Sex:____________________________________ Race:________________________

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?

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)  Click or tap here to enter text.

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

I agree to attend Camp Wonder Hands from Sunday, June 21st through Friday, June 26th if I am accepted as a Counselor in Training. (Friday & Saturday, June 19th & 20th is a planning/orientation day for Staff and Counselors.)

Signature: ___________________________  Date: ___________________________

Thank you for your interest in Camp Wonder Hands!
Counselor-In-Leadership 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

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 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
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?
   __________________________________________________________
   __________________________________________________________
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 and 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 Full Name                Phone Number
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 and 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 Full Name          Phone Number
Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands
Insurance Information

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.)
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
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 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
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**