



# Palmetto Health Children's Hospital

Dear Counselor/Volunteer Applicants,

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!

Sign language skills are optional, but strongly encouraged. We are in need of individuals who communicate with the use of Sign Language and would be interested in serving as an Overnight Camp Counselor. There is a need for full-day and half-day Counselors. You may also volunteer to coordinate a particular activity or just be an extra pair of hands to help with a worthy and rewarding cause.

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 a Adobe PDF attachment. **Counselor Application Return Deadline is Monday, April 23, 2017.** Should you have any questions, feel free to contact camp coordinator Julie Riffle, Camp Coordinator or E.T. Taylor, Director at [CampWonderHands@PalmettoHealth.org](mailto:CampWonderHands@PalmettoHealth.org) or call (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

## Counselor/Volunteer Application For Camping Session Sunday – 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



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A RECENT PHOTOGRAPH**

PLEASE RETURN REFERENCES AND APPLICATION TO:

**Camp Wonder Hands  
Attn: 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 Counselor, I agree to attend Camp Wonder Hands from Sunday, June 24<sup>th</sup> through Friday, July 29<sup>th</sup> . (June 22<sup>nd</sup> & 23<sup>rd</sup> are Mandatory Planning / Orientation Day for all Counselors, Interpreters, Volunteers & 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

## Counselor/Volunteer 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? \_\_\_\_\_

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**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 \_\_\_\_\_

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# 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/Counselor 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/Counselor 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/Counselor at Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands' officials, its nurses or other personnel to admit the above named Staff Member/Counselor 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

## Counselor/Volunteer 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**



## 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**. *{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](mailto: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**



## 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!**