



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 21 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 hosting the 19th Annual Over Night Camp. The event will be held **Sunday – Friday, July 16-21, 2017** at Camp Kinard in the Batesburg-Leesville community. **There is a Mandatory Training on Friday & Saturday, July 14 & 15, 2017.** 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 Sign Language and would be interested in serving as an Overnight Camp Counselor. There is also a need for full-day and half-day Counselors. Sign language skills are optional. 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 25, 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 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, July 16-21, 2017

NAME: _____ AGE: _____ D.O.B.: _____

HOME ADDRESS: _____

(City)

(State)

(Zip Code)

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)

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, July 16th through Friday, July 21th . (July 14th & 15^h 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 24, 2017.
Thank you for your interest in
Camp Wonder Hands!



Palmetto Health Children's Hospital

Counselor/Volunteer Health Information Form For Camping Session July 16-21, 2017

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**

Do you wear a HEARING AID? YES _____ NO _____

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
July 16-21, 2017**

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

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Consent for Medical Treatment/Hospitalization Palmetto Health Richland Memorial Camp Wonder Hands July 16-21, 2017

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 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 2017

This year's theme is:

"Camp Wonder Hands Got Talent!!!"

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 24, 2017.

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!