



## PALMETTO HEALTH CHILDREN'S HOSPITAL

Dear Healthcare Family,

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 its' 19<sup>th</sup> Annual over Night Camp. The event will be held **Sunday – Friday, July 16–21, 2017** at Camp Kinard in the Batesburg-Leesville community. There will be swimming, canoeing, games, crafts, community presenters, and lots of fun. We need your assistance to make this year's camp a continued success!

We are looking for fun loving medical professionals to serve as our Lead Medical Staff Member(s). Medical and Nursing staff members are welcome to spend the entire time, may divide the time into 2.5 days or just spend a day with us. Sign language skills are optional. **(A Certified Interpreter is available to you 24 hours a day.)** All Pediatric Emergency Medical supplies provided. Staff will arrive on **Friday & Saturday, July 14<sup>th</sup> & 15<sup>th</sup>, 2017 for Camp Kinard / Camp Wonder Hands Staff Orientation**; Dinner will be provided. **(See attached description of responsibilities.)**

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. **Deadline Monday, April 24, 2017.** If you have any questions, please contact E.T. Taylor, Director or Camp Coordinator Julie Riffle at [CampWonderHands@PalmettoHealth.org](mailto:CampWonderHands@PalmettoHealth.org) or call Children's Hospital at **803-296-KIDS {5437}**.

Thanks again for your time. We look forward to meeting and working with you. We are,

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**

### **Medical/Nursing Staff Requirements:**

1. Licensed MD, RN, LPN, Paramedic; Certified E.M.T.
2. Healthcare Students: Medical, Nursing, Paramedic, EMT
3. Retired Healthcare Workers are Welcome!

### **Medical/Nursing Staff Responsibilities:**

4. Provide Lead Medical coverage for Camp Wonder Hands Staff and Campers.
5. Provide First Aid & Emergency Care to Camp Staff & Campers.
6. Monitor First Aid Area & Emergency Code Drug Boxes. (Adult & Pediatric)
7. Educate Camp Staff & Counselors in Basic First Aid when needed
8. Dispense Daily Medications to Campers as needed.
9. Coordinate Camp Medical/Nursing Volunteers.
10. **HAVE LOTS OF FUN!!!!**



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## Medical/Nursing Staff Volunteer Application For Camping Session July 16-21, 2017

NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

(City)

(State)

(Zip Code)

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE #S: \_\_\_\_\_

AREA OF MEDICAL / NURSING SPECIALTY: \_\_\_\_\_

CERTIFICATES HELD (example, ACLS, PALS, CPR, First Aid, WSI, ASL)

ACLS: \_\_\_\_\_ PALS: \_\_\_\_\_ CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_

### 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.

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

Are you a Lifeguard? YES \_\_\_\_\_ NO \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large



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## 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

## 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



## 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, Director or Camp Coordinator Julie Riffle 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





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## 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!**