



HEMOPHILIA FOUNDATION OF ILLINOIS
CAMP WARREN JYRCH 2009
Timber Pointe Outdoor Center in Hudson, Illinois

2009 STAFF APPLICATION

Camp Warren Jyrch Staff / Counselor Orientation Date
Saturday, July 25, 2008 – 10:00 am
Hudson, IL - Location to be Announced

Camp Warren Dates
Sunday, July 26 – Saturday, August 1, 2009

Please return the following items listed below by May 15, 2009 to
Hemophilia Foundation of Illinois
332 S. Michigan Ave., Ste. 1135
Chicago, IL 60604
Phone: (312) 427-1495
Fax: (312) 427-1602
E-mail: lschwartz@hfi-il.org

Staff Name: _____

Please return this completed application to the HFI office with three letters of recommendation from non-family members (**only one letter needed for returning staff**) and a photo copy of your driver's license.

- | REQUIRED DOCUMENTS | |
|--------------------|--------------------------------|
| 1. | Completed Application |
| 2. | Completed Medical Form |
| 3. | Immunization Record |
| 4. | Photo copy of Driver's License |
| 5. | Documentation of Certificates |

- | For Office Use only | |
|---------------------|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |

NOTE: Please fill in all blanks. If a part of the application does not apply to you, fill in that section with N/A or not applicable. Missing or incomplete information will delay your application.

UPON RECEIPT OF YOUR COMPLETED APPLICATION, YOU WILL BE CONTACTED AS SOON AS POSSIBLE BY THE CAMP DIRECTOR FOR A PHONE INTERVIEW. THANK YOU FOR YOUR INTEREST.



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2009 STAFF APPLICATION

1. Personal Information

Name: _____

Professional Affiliation (if any): _____

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____ home / work / school / cell
_____ home / work / school / cell

Email address: _____

Permanent address (if different from above): _____
(Street)

(City) (State) (Zip)

2. In order for Camp Warren Jyrch to be culturally sensitive to the campers we serve, please consider providing the following information. This section is optional, and will be used for statistical purposes only.

___ American Indian/Alaska Native ___ Asian/Pacific Islander ___ African American/Black
___ Caucasian ___ Hispanic ___ Other: _____
___ I wish not to provide this information

3. If I am invited to serve as a staff member of Camp Warren Jyrch, the position I would be interested in is:

Medical Staff:

___ M.D. ___ Nurse ___ P.T. ___ Social Worker ___ Dental Hygienist

Counseling Staff:

___ Cabin Counselor (Circle age group you prefer to work with): 7-8 9-10 11-12 13-15

4. Are you available for the whole program? ___ Yes ___ No

If no, indicate your conflict. _____

5. Educational Background

High School: _____

Year Graduated: _____ or highest grade completed: _____

Education after high school: _____

Field of study: _____

Date of graduation: _____

1. Work Experience

Please tell us about your work experience including your employer, position and dates of employment:

Employer	Duties	Starting Date	Ending Date

2. Reference Letters

Please provide the names and relationships of the three references you will include with this application – only one required for returning staff.

Name	Relationship



HEMOPHILIA FOUNDATION OF ILLINOIS
CAMP WARREN JYRCH 2009

Staff Medical Information Form

Confidential – For Emergency Use Only

Name: _____

Doctor's Name: _____
(if more than one, please attach list)

Address: _____

Telephone: **Day:** _____ **Evening:** _____
 Cell: _____ **Pager:** _____

When was your last physical examination? _____
Please have your doctor provide a note or sign this form (page 2).

In Case of Emergency, please contact:

Name: _____

Address: _____

Telephone: **Day:** _____ **Evening:** _____
 Cell: _____ **Pager:** _____

Relationship To You: _____

Insurance Information:

Subscriber Name: _____ Employer: _____

Name of Medical Insurance Provider: _____

Policy Number: _____ Group Number: _____

Phone Number (on the back of the insurance card): _____

Please attach a photocopy of the front and back of your card

Medical History

1. Please list any significant illnesses within the past year:

2. Please describe any significant medical conditions:

3. Do you have special dietary needs? No Yes If yes, please explain:

4. Please list **all allergies**--medications, environmental, food or insect bites:

5. Please list your physical limitations:

6. Date of last tetanus shot: _____

7. Have you received the Hepatitis A vaccine ? _____No _____Yes

8. Have you received the Hepatitis B vaccine? _____No _____Yes

9. Have you tested positive for Hepatitis B and/or C?: _____No _____Yes _____Never Tested

10. Have you ever had the chicken pox? _____Yes _____No

- If no, date of varicella vaccine:_____**

11. **PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS. YOU WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.**

If you have a bleeding disorder, please answer the following questions.

Diagnosis/Severity/Type: _____

History of inhibitor?: _____ No _____ Yes

Most recent inhibitor titer: _____ B.U. _____ date

Please list factor treatment product routinely used:

Product: _____ Manufacturer: _____

Product: _____ Manufacturer: _____

Bring an adequate supply of your routine medications, factor and supplies with you to camp!

Physician's signature: _____

Date: _____

I release this form with my medical information to HFI's Camp Warren Jyrch Infirmary Staff, and other medical professionals deemed necessary, for emergency medical care.

Counselor/Staff member Signature: _____

Date: _____

Camp Staff Commitment Statement

This form explains and clarifies the mutual commitment between yourself and Camp Warren Jyrch.

Camp Warren Jyrch serves children with hereditary bleeding disorders throughout Illinois, Indiana, Missouri and Wisconsin. Camp Warren Jyrch nurtures the personal growth and development of campers and staff, enriching the human experience through a quality camping program. As a camp staff member and representative of Camp Warren Jyrch, you are the primary contact to our campers and their families. We are entrusting you with the critical nature of our mission, and trust you to protect the best interests of Camp Warren Jyrch and its participants in all ways. By completing this form, you acknowledge your understanding of and commitment to these expectations. We, in return, acknowledge our commitment to you, and understand that you are entitled to certain expectations of Camp Warren Jyrch as well.

As a staff member of Camp Warren Jyrch, I understand that I am committing to:

- Work constructively as part of a team with other staff, and to positively resolve all conflicts
- Complete all the appropriate training needed to conduct my staff responsibility
- Read all orientation materials
- Adhere to CWJ performance standards, guidelines, ethical standards and the code of conduct
- Place the best interest of CWJ above my own personal feelings while working at camp
- Represent CWJ professionally and positively to other staff, donors, families and the public
- Return phone calls and e-mail messages within 48 hours whenever possible
- Respect the confidentiality and privacy of campers and families
- Give and receive constructive feedback in a positive manner
- Notify CWJ of any potentially unethical situation involving myself or other staff

As part of this mutual commitment, Camp Warren Jyrch agrees to:

- Provide a quality camp experience in which you have the opportunity to achieve personal growth
- Provide you with appropriate and thorough training, proper tools and instructions
- Provide a staff orientation manual with performance standards
- Provide constructive feedback, coaching and conflict resolution
- Be professional and courteous at all times and appreciative and respectful of your time
- Return phone calls and e-mail messages within 48 hours whenever possible

Signature of Staff Member

Date

Signature of Camp Director

Date

Signature of HFI Executive Director

Date

Conflict of Interest and Ethics Statement

As a staff member of Camp Warren Jyrch, I recognize that I have an obligation to the camp and the campers I serve and to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards, nor will I condone the commission of such acts by others within the Camp. Some examples of unethical conduct are:

- Using campers' personal and/or medical information for your own use.
- Discussing medical information including factor product selection or homecare/pharmacy selection outside of the presence of health center staff.

CONFIDENTIALITY

The undersigned, as a condition to attending or participating in Camp Warren Jyrch, and in consideration of such participation, agrees that he or she will not use any information obtained as a result of his or her participation for any purposes other than participation in Camp Warren Jyrch. Without limiting the foregoing, the undersigned agrees that, while participating in Camp Warren Jyrch, he or she shall not solicit addresses of those affected by Hemophilia and related hereditary bleeding disorders and related complications, including HIV infection or hepatitis, nor shall he or she use any information obtained as a result of participation in Camp Warren Jyrch for any financial or commercial gain. The undersigned also agrees that this agreement is reasonable, that he or she intends to be bound by this agreement and in the event of any violation of this agreement; he or she agrees that this agreement may be enforced by injunctive relief.

CONFLICT OF INTEREST

I have a responsibility to avoid direct or indirect, actual or apparent, conflicts of interest. I will advise all parties of any potential conflict. I will refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically. I will refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others.

LEGAL ASSURANCE

I have the responsibility to report any future allegations of criminal activities, investigations, arrests, and/or convictions involving myself, to Camp Warren Jyrch as long as I am camp staff.

INTEGRITY

I have a responsibility to refrain from either actively or passively subverting the attainment of the Camp's legitimate and ethical objectives. I will refrain from engaging in or supporting any activity that would discredit the Camp. I will perform my duties in accordance with relevant laws, regulations and Camp policies and standards. I will represent the interests of all people served by this camp and will not favor special interests inside our outside the organization.

I understand the concepts of ethics and conflict of interest. I represent that I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any future conflicts of interest or observed unethical activity. I do not currently have any criminal proceedings pending against me, nor have I been placed under arrest or been convicted of a criminal offense within the past year.

Signature

Date

I hereby affirm that the information provided in this application is true and correct to the best of my knowledge and understand that any falsification of the information contained herein may serve as the basis for rejection of said application and/or termination of employment. In addition I fully understand that my employment is contingent upon compliance with any conditions, rules, or regulations required by the Hemophilia Foundation of Illinois. I understand that prior experience and education attainment as of this date as listed in this application is complete and accurate, and no additional claims will be made following employment. I hereby authorize educational institutions, employers, law enforcement authorities, organizations, and individuals having relevant information concerning me to release all information from their files and other sources pertaining to any personal background including, but not limited to academic and athletic sources pertaining to my personal history, disciplinary action, police, or other records to the Hemophilia Foundation of Illinois for their official use. I hereby release all persons, institutions, and organizations, individually and collectively, from any and all liability for damages or whatever kind, which may at any time result of me, my heirs, family, or associated because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me.

PHOTO RELEASE:

I understand that my photograph may be taken at camp. I grant permission for any photographs and/or videos taken of me to me made available for use in promotional, educational, informational, media or Community Health Charities of Illinois related materials/activities which are approved by the Hemophilia Foundation of Illinois.

____ Yes ____ No

HFI CAMPING PROGRAMS ARE ALCOHOL, DRUG, AND SMOKE FREE ENVIRONMENTS

(Prescription drugs are stored and administered by Camp Medical Staff)

Signature

Date

F o r O f f i c e U s e O n l y

Date Received: _____ Complete: Y N Interview: Y N Date: _____

Interviewed by: _____

Interviewer Comments: