
Special Camp for Special Kids 2010

Counselor Application and Cover Sheets

31641 La Novia
San Juan Capistrano, CA 92675
Phone: (949) 661-0108, ext. 699 Fax: (949) 661-8637
www.specialcamp.org



Thank you for your interest in Special Camp for Special Kids 2010! Please take a moment to read through the following information regarding the Counselor application process.

The Priority Deadline is March 1, 2010. Returning your application by this deadline allows for our staff to thoroughly review all applicants and begin the enrollment process for those applicants who are accepted. After March 1st, Special Camp cannot guarantee that there will be Counselor positions available.

While applications are considered in the order that they are received, Special Camp reserves the right to accept only those applicants who demonstrate the qualities necessary to fulfill the responsibilities of a volunteer Counselor. In order to ensure the safety and well-being of all camp participants, Counselor applicants will be evaluated through two (2) personal one-on-one interviews with members of the Special Camp staff. Special Camp strives to be as inclusive as possible, but due to the nature of the program we are not able to accept all Counselor applicants. We appreciate your understanding that submitting a Counselor application does not guarantee acceptance as a Counselor participant.

APPLICATION HIGHLIGHTS

Counselor applicants must personally complete their application. Special Camp will not accept incomplete applications or those completed by persons other than the Counselor applicant.

Counselor applicants must be entering the NINTH GRADE OR ABOVE for the 2010-2011 academic year to be considered for a volunteer position.

Space in the sessions is limited. Please indicate your preference of sessions by labeling each session as your 1st, 2nd, 3rd, and 4th choice. If the Counselor applicant is unable to attend a session, label such session "n/a". Special Camp will make every effort to place Counselor applicants in their preferred session.

By submitting the application, you are agreeing to commit for your entire session(s) of camp. If you are unable to attend for any period of time, you will need to make prior arrangements with the Executive Director. **Notification of planned absences must be made by Tuesday, June 1, 2010. Failure to do so may result in the Counselor applicant's acceptance being rescinded.**

*****Please retain this page for your records*****

TUITION AND SCHOLARSHIPS

Counselor tuition should be submitted with the application. Please make checks payable to Special Camp for Special Kids. **All balances must be paid by Tuesday, June 1, 2010 and tuition becomes non-refundable thereafter.**

The Counselor tuition fee is \$75 per session. This fee is used to partially underwrite the cost of meals, transportation, and activities at Special Camp. A Special Camp t-shirt is included with the cost of tuition.

Need-based Counselor tuition scholarships are available. Please contact Lindsay Eres, Executive Director at (949) 661-0108, ext. 226 or via email at Lindsay.Eres@smes.org to receive a Scholarship Request Form.

LETTER OF RECOMMENDATION

New Counselor applicants are required to submit a Recommendation Form to be considered for a position at Special Camp. The Recommendation Form (included in this Counselor application packet) should be completed by a teacher, employer, or other supervisor, and may not be completed by a family member or peer of the Counselor applicant. To ensure confidentiality, please provide the individual completing the recommendation with a pre-addressed stamped envelope to Special Camp for Special Kids.

INTERVIEWS AND TRAINING SEMINARS

As a part of the application process, all new Counselor applicants are required to have two (2) interviews prior to acceptance. You will be notified via email once your application has been received. Once you receive this email, new applicants are expected to contact Lindsay Eres at Lindsay.Eres@smes.org or at (949) 661-0108, ext. 226 to schedule the first interview. **We will not accept phone calls or emails from anyone other than the Counselor applicant when scheduling an interview.**

Please also note that returning Counselors may be subject to an interview.

All new Counselors are required to attend one of the following Counselor Training Seminars: Friday, June 25, 2010 *or* Tuesday, June 29, 2010.

ALL COUNSELOR-STAFF MEETING

All Counselors that have been accepted are required to attend the All Counselor-Staff Meeting on Monday, July 12, 2010 from 1:00pm to 3:00pm. During this meeting, Counselors will receive important information regarding their Camper assignment and session. Counselors are also invited to the Prep, Paint, Pizza Party (beginning at 11:30am) to assist with the final preparations of camp.

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COUNSELOR HONOR CODE

All accepted Counselors are asked to sign and adhere to the Special Camp for Special Kids Honor Code. The Honor Code has been established to collectively affirm the standards which bind our volunteer Counselor community. By signing this code, Counselors agree to serve and represent Special Camp for Special Kids and St. Margaret's Episcopal School to the best of their ability. A copy of the Honor Code can be found online at www.specialcamp.org.

SERVICE HOURS

Counselors may obtain 40 service hours for one session of Special Camp. While the Counselor Training Seminar is mandatory for all new Counselor applicants, hours will not be given for participation. The training is considered a part of the Special Camp experience, so an applicant must attend the entire Counselor Training Seminar to be eligible to participate as a volunteer Counselor. **Service hours are only awarded to those volunteers that are present for the entire camp session, adhere to the rules of the program, and uphold the Counselor Honor Code.** If these responsibilities are not upheld, Special Camp will contact you and the organization requiring service hours to explain why you were not awarded the full 40 hours of service. Please note: service hours will also be compromised if the volunteer Counselor does not arrive on time each day of their assigned session.

All service forms (and other service hour requests) must be turned in to Lindsay Eres, Executive Director, by July 12, 2010. Forms are then returned to the school or organization via US Mail once the Counselor has completed their camp session.

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IMPORTANT DATES AND TIMES

Special Camp New Family Orientation

Tuesday, June 22, 2010

7:00pm – 8:00pm

Counselor Training Seminar #1

Friday, June 25, 2010

9:00am – 4:00pm

Counselor Training Seminar #2

Tuesday, June 29, 2010

9:00am – 4:00pm

Prep, Paint, Pizza Party

Monday, July 12, 2010

11:30am – 1:00pm

All Counselor-Staff Meeting

Monday, July 12, 2010

1:00pm – 3:00pm

Session One

July 19 – 23, 2010

Session Two

July 26 – 30, 2010

Session Three

August 2 – 6, 2010

Session Four

August 9 – 13, 2010

Tentative Camp Hours:

Monday: 9:00am – 4:00pm

Tuesday: 9:00am – 4:00pm

Wednesday: 9:00am – 4:00pm

Thursday: 8:00am – 5:00pm

Friday: 9:00am – 5:30pm*

**Evening Family Picnic and Award Ceremony,*

All Sessions: Friday 4:00pm – 5:30pm

CONTACT INFORMATION

Mailing Address: Special Camp for Special Kids
31641 La Novia
San Juan Capistrano, CA 92675

Web Address: www.specialcamp.org

Phone Number: (949) 661-0108, ext. 699*

**When calling during business hours (M-F 8am-4pm), please ask the St. Margaret's receptionist to connect you to Special Camp.*

Fax Number: (949) 661-8637*

**Special Camp shares a fax machine with St. Margaret's School. Please send a cover letter indicating that the fax is for Special Camp.*

Office Hours: January 1 – June 11, 2010: By appointment only
June 14 – August 18, 2010: 8:00am – 5:00pm

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ADMINISTRATION AND STAFF

| | |
|-----------------------------|--|
| Executive Director: | Lindsay Stump Eres <i>B.A., University of Southern California</i> |
| Camp Operations Director: | Stefani Baker <i>B.A., Cal State University San Marcos</i> |
| Nursing Director: | Patty Canright, RN <i>B.S.N., University of Arizona</i> |
| Asst. to the Directors: | Jessica Benes <i>B.S. Candidate, University of California, Davis</i> |
| Counselor Coordinator: | Carly Andler <i>B.A., Washington University in St. Louis</i> |
| Camper Coordinator: | Kristin Collier <i>B.A., Trinity College</i> |
| Asst Camper Coordinator: | Chrissie Massrey <i>B.A. Candidate, Tufts University</i> |
| Special Events Coordinator: | Laura Redmond <i>B.A. Candidate, University of California, Berkeley</i> |
| Activities Coordinator: | Katherine Clark <i>Dana Hills High School</i> |
| Camp Historian: | Michael Friedman <i>St. Margaret's Episcopal School</i> |

SENIOR COUNSELORS

****To be announced June 2010****

VOLUNTEER COUNSELORS

The volunteer Counselors work one-on-one with the Camper participants. They are 200 of the best and brightest high school & college students from Orange County and beyond!

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SPECIAL CAMP EXPERIENCE

YES I have been a Counselor at Special Camp for _____ year(s).

NO I have not been a Counselor at Special Camp.

NEW Counselors must sign up for one of the following seminar dates:

_____ Friday, June 25, 2010 (9:00am – 4:00pm)

_____ Tuesday, June 29, 2010 (9:00am – 4:00pm)

All new Counselor applicants are required to have two (2) interviews prior to acceptance. A Special Camp staff member will contact you in the spring to arrange your interview times.

All accepted Counselors are required to attend the All Counselor-Staff Meeting on Monday, July 12, 2010 (1:00pm – 3:00pm).

PERSONAL INFORMATION

Skills or areas of expertise that could be applicable to Special Camp (art, sports, music, etc):

School Activities and Honors:

Community Involvement:

Experience with people who have disabilities (if any):

Hobbies and Interests:

NEW COUNSELORS ONLY: SUPPLEMENTAL QUESTIONS

Name: _____

How did you find out about Special Camp for Special Kids?

Explain a situation in which you were a role model (ex: school, sports, social situations, etc.):

Have you spent time with or befriended someone different from you? Please explain.

List five (5) words to describe yourself:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature: _____

Date: _____

CONDITIONS AND TERMS

Special Camp for Special Kids is open to persons of all races, religions, ethnic, and economic backgrounds with the limitations to providing such opportunities being the following:

- 1) The camp is capable of ensuring a safe atmosphere equally for all participants.
- 2) Those the camp finds to be "medically fragile" may not be accommodated.
- 3) The camp's financial and physical capacity allows for Campers and Counselors to be admitted to the program.
- 4) The high demand for volunteer Counselor positions does not allow for all applicants to be accepted into the program; therefore, the Counselor interview process is highly selective.

I hereby give my consent for my child to volunteer at Special Camp for Special Kids at St. Margaret's Episcopal School. In consideration for acceptance of the above-named Counselor, I hereby release and waive any claim or cause of action which may accrue against Special Camp for Special Kids at St. Margaret's Episcopal School and any employee of either one, and any person acting with permission of either, arising out of an injury and/or loss to the person or property of such child during his/her stay at the camp; in transit to and from said camp, or during an activity approved by any said persons, and I agree to assume all liability for any claims which said child in his/her personal capacity might have against any said persons for injury as herein stated.

I hereby agree and abide to the policies and guidelines of the Special Camp for Special Kids program. I understand that anyone demonstrating behavior that is threatening in nature or inflicts physical or mental harm, whether to themselves or to others, will be expelled from the camp and prohibited from attending any camp function. Special Camp for Special Kids reserves the right to rescind enrollment for such behavior without refund.

I hereby give consent for my child to be photographed for use in proper interest of the camp, or in the case of an adult applicant, I hereby agree for photos to be taken for use as above.

I hereby understand this is an application for admittance to serve as a volunteer Counselor at Special Camp for Special Kids and that acceptance is not guaranteed. Furthermore, I understand that my admission is contingent upon my application, an interview (if required), and review by the Special Camp Executive Staff.

Tuition is non-refundable as of Tuesday, June 1, 2010.

Signature of parent,
responsible guardian,
or independent adult applicant: _____ Date: _____

Signature of Counselor applicant: _____ Date: _____

CONTACT AND EMERGENCY INFORMATION

Applicant's Name: _____ Home Phone: _____

Other Phone: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____

Other Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____

Other Phone: _____

PLEASE PROVIDE TWO (2) EMERGENCY CONTACTS OTHER THAN THE PARENTS/GUARDIANS

The individuals listed must be available and willing to help if the parents/guardians cannot be reached

If the parents/guardians cannot be reached in the case of an emergency, Special Camp should notify:

Name: _____ Relationship to the applicant: _____

Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____

Address: _____
Number Street City State Zip

Name: _____ Relationship to the applicant: _____

Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____

Address: _____
Number Street City State Zip

INSURANCE

List below all Health and Accident Insurance Policies (including Medicare and Medicaid), which cover the individual applying for camp.

Special Camp for Special Kids RECOMMENDATION FORM

****New Counselors ONLY****

31641 La Novia

San Juan Capistrano, CA 92675

Phone: (949) 661-0108 Fax: (949) 661-8637 www.specialcamp.org



TO THE APPLICANT:

Before giving this form to the individual completing the recommendation (no family members or peer friends, please), please print your name, read the statement, and sign in the space below. Please provide the individual with a stamped envelope addressed to Special Camp for Special Kids, and have that person send the completed form to the above address. Counselor acceptance can only be completed if the reference has been received.

Applicant Statement: I hereby authorize the person completing this recommendation to provide information to Special Camp for Special Kids concerning my competence, ethics, character, and suitability to serve as a volunteer Counselor. I understand that the information provided will be held in strict confidence by Special Camp for Special Kids, and I waive any right to review this recommendation.

Applicant's name (please print): _____

Applicant's signature: _____ Date: _____

TO THE REFERENCE:

The person named above is applying to serve as a volunteer Counselor at Special Camp for Special Kids, a summer day camp for children with intellectual disabilities. We are seeking responsible young adults who are able to work well with others. Please be as candid as possible in your responses. We appreciate your help in assessing this applicant's qualifications. Your recommendation will be held in confidence by Special Camp for Special Kids. Thank you for taking the time to complete a reference for the applicant!

1. How long have you known the applicant?: _____ In what capacity?: _____

2. In your opinion, is the applicant mature enough to:

- | | | |
|--|-----------|----------|
| a. Be responsible for children in a camp setting? | _____ Yes | _____ No |
| b. Accept on-going guidance and supervision? | _____ Yes | _____ No |
| c. Accept changing situations and tasks? | _____ Yes | _____ No |
| d. Maintain energy & enthusiasm over an extended period? | _____ Yes | _____ No |

3. Please describe the applicant's strengths and weaknesses.

4. Please rate the applicant on the following:

| | Outstanding | Good | Acceptable | Poor | Unknown |
|--------------------------------------|--------------------|-------------|-------------------|-------------|----------------|
| Emotional Maturity | 1 | 2 | 3 | 4 | 5 |
| Relationship with Peers | 1 | 2 | 3 | 4 | 5 |
| Relationship with Children | 1 | 2 | 3 | 4 | 5 |
| Relationship with Supervisors | 1 | 2 | 3 | 4 | 5 |
| Respect for Others | 1 | 2 | 3 | 4 | 5 |
| Punctuality and Attendance | 1 | 2 | 3 | 4 | 5 |
| Responsibility | 1 | 2 | 3 | 4 | 5 |
| Friendliness | 1 | 2 | 3 | 4 | 5 |

5. Do you think the applicant could become distracted by his or her peers? Please elaborate.

6. Have you observed the applicant act as a role model? If so, please explain.

7. Do you have any reservations about the applicant serving as a Counselor to a youth with a disability?

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**Reference Information:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for your time!  
The information provided on this Recommendation Form is held in strict confidence.