



# CAMP DOST SETS SAIL

JULY 6-12, 2024

## All Hands on Deck!

Ahoy Mateys! Adventure abounds this year as pirates, mermaids, treasures (and more) weave a thrilling tale. Join us on our fantastic journey of the Seven Seas!

Unlike recent years, we will not be requiring COVID vaccination records. However, all staff and campers will be screened and tested upon arrival.

The attached checklist references each of the documents required to submit a complete application. Clearances will be requested after selection if we do not have recent ones on file.

All application materials must be received by **April 1, 2024**. If you have any questions, as you prepare the submission, contact Chris by phone (570-214-2889) or email [clehman@rmhdanville.com](mailto:clehman@rmhdanville.com).



**CHECKLIST OF DOCUMENTATION TO BE RETURNED WITH CAMP DOST STAFF APPLICATION:**

- Application completed and signed
- Medical History Form completed, including CPR card if certified
- Photocopy of Insurance Card **OR**  Signed Waiver of Coverage
- Social Networking Contract (Signed)
- Recognition of Service Form (if desired)

*Please note that Criminal Record Check, Child Abuse History Clearance, and FBI Federal Criminal History (or waiver) will be requested when acceptance letters are sent.*

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY APRIL 1, 2024.**

**Return to:  
Chris Lehman, Camp Dost Coordinator  
Ronald McDonald House of Danville, Inc  
24 Trembulak Way  
Danville, PA 17821  
OR  
GMC Internal Zip 28-02**

Questions? Email [clehman@rmhdanville.com](mailto:clehman@rmhdanville.com) or call (570) 214-2889.

**CAMP DOST 2024  
NEW STAFF APPLICATION**

Name \_\_\_\_\_ Check T-shirt size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

(street)

(city/town)

state/zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

**POSITION ASSIGNMENT Rank your preference for the following programs:**

**Full Week** (Saturday, July 6, through Friday, July 12)

**24 Hour** (9am Wed, July 10, until noon Thurs, July 11) Mostly 4-5 year olds.

**Med Shed Medical Team** must have pediatric/oncology experience and be available on an as-called basis.

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice interests:**

**Counselor** provides for the safety and well-being of campers on a 24-hr basis.

(Rank age preferences below.)

5-7yrs    8-10yrs    11-12yrs    Teens (staff must be over 21)   Any

**Activity Director** plans and directs the following activities. Check or rank preference(s):

Arts & Crafts    Biking    Fishing    Woodworking    Archery    Cooking  
 Kitchen Science    Games    Music/Drama    Other (Suggestions?)

**OVER...**

List any training or direct experience you have in the areas in which you have expressed an interest:

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If we are fully staffed and cannot immediately offer a position, would you be available on short notice to accept an opening resulting from a cancellation?  Yes  No

**PLEASE NOTE THAT STAFF TRAINING IS MANDATORY. TRAINING FOR FULL WEEK STAFF IS SATURDAY, JULY 6; 24-HOUR STAFF TRAINING IS WEDNESDAY, JULY 10.**

**BACKGROUND INFORMATION**

If you respond yes to any of the following questions, please explain in the space provided below:

1. Do you use illegal drugs?  Yes  No
2. Have you ever been convicted of a criminal offense?  Yes  No
3. Have you ever been charged with child neglect or abuse?  Yes  No
4. Has your driver's license ever been suspended or revoked?  Yes  No
5. Other than the above, is there anything in your background that would question your suitability to supervise, guide and care for young people?  Yes  No

Explain:

6. List previous camping experience: \_\_\_\_\_

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7. Describe previous experience working with children: \_\_\_\_\_

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8. What personal qualities will make you a good staff member? \_\_\_\_\_

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9. What hobbies or interests do you have that might relate to camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How did you hear about Camp Dost and what motivated you to apply for a position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What goals/expectations do you have for camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe what you think might be the most difficult aspect of being a staff member:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Provide any additional personal information you think might be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List 3 references of individuals who are unrelated to you and are not current Camp Dost staff members. **Reference forms are enclosed for you to have completed and returned to us in time for consideration.**

1. \_\_\_\_\_  
Name Relationship Phone

**OVER...**

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

**CAMP DIRECTORY** The Ronald McDonald House of Danville compiles a directory of staff and camper contact information so friendships can continue year long. Do you grant permission to include your mailing address, email, and phone numbers? If yes, please specify phone # and email address to be used.

Yes  No

**NOTE:** Camp Dost reserves the right to refuse attendance or accommodation to any applicant.

Personal preferences for assignments are considered, but final placement decisions by the Administrative Committee will be based on camper needs.

**In order to be considered, applications must be accompanied by all documentation described in the attached checklist, ie medical history, insurance card, COVID-19 vaccination record, social media contract.**

IN SIGNING THIS APPLICATION, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. Furthermore, I understand that all information received from the aforementioned background checks shall remain confidential.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE FOR RECEIPT IS APRIL 1.**

## CAMP DOST STAFF MEDICAL HISTORY

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### HEALTH INSURANCE

Insurance Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Policy # or CIN # \_\_\_\_\_ Medical Record ID# \_\_\_\_\_

### SIGNIFICANT MEDICAL CONDITIONS

	Yes	No	If yes, please explain
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prior Back Injuries.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting Restrictions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox Immunity or Occurrence.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**OVER...**

List immunizations: \_\_\_\_\_

Certified in CPR/First Aid/Life Support? \_\_\_\_\_ If yes, what level \_\_\_\_\_

List any dietary restrictions (example: vegetarian) \_\_\_\_\_

List any physical restrictions or limitations \_\_\_\_\_

Current medications that require awareness \_\_\_\_\_

**Emergency contact:** Name/relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**♥ PLEASE ENCLOSE A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD  
AND YOUR VACCINATION RECORD.**



## **DANVILLE RONALD MCDONALD HOUSE CAMP DOST PROGRAM SOCIAL NETWORKING POLICY**

The Ronald McDonald House of Danville CAMP DOST program recognizes that social networking is part of today's society and is an important way for people to communicate. At the same time, we want to make sure that the use of social networking sites by RMHD CAMP DOST staff does not create any legal or reputational problems for CAMP DOST or the Ronald McDonald House. As a result, we ask that our staff exercise discretion, are mindful of their actions and be thoughtful and respectful of the anticipated audience of the content.

To help guide you in your use of social networking sites, we have created this **Social Networking Policy**. This Policy will help you open up a respectful, knowledgeable interaction with people on the Internet and also protect the privacy, confidentiality and interests of RMHD CAMP DOST, our campers, our staff and all other individuals who partner with our program. The RMHD Board of Directors asks that you read the policy carefully and sign below.

We understand that there is a difference between social networking activity where you are identified as a member of the RMHD CAMP DOST community and private conversations that are outside of the camp community. **While this policy is directed to activity where you are identified as a member of the RMHD CAMP DOST community, you must also recognize that even private postings may become public, can reflect badly on RMHD CAMP DOST and may result in action by the Ronald McDonald House Board of Directors.** Given the nature of the children's camp business, you must be mindful of your responsibilities and the impact your words and actions have on the camp community.

1. **Defamatory Comments:** You may not post any comments that are considered defamatory. In other words, you may not post any false information that damages the reputation of another person, including claims that they committed a crime, have a disease, engaged in sexual activity, or otherwise causing injury to their reputation in the camp community. This includes false or misleading statements about the goods or services of another company.
2. **Inappropriate Material:** You may not post any photographs or images, or use language, that is obscene, contains nudity or sexual images, or is violent or otherwise offensive in nature. When defining what is offensive, you should use the same guidelines that you would in any other interaction or communication at the RMHD CAMP DOST.
3. **Harassment:** You may not post anything on a social networking site that is derogatory, offensive or threatening to another person. This includes anything that could be considered "bullying," in accordance with our anti-bullying policy. The Administrative Committee of RMHD Camp Dost has sole decision-making authority about what is considered a derogatory social networking post.
4. **Proprietary Information:** You may not post any proprietary or otherwise confidential information about RMHD CAMP DOST or any third party, or post any content that contains copyrighted material or using trademarks, without the express written permission of the copyright or trademark owner. You should only post content that they have the right to post to third-party websites. (Over...)

5. **Confidentiality:** You may not reveal personal information about an individual or otherwise invade the privacy of another person. In particular, you should not disclose any personal information that has been collected. **Your posting should not** contain the first or last name, image, or likeness of any person without his or her express permission, and **your posting should not** contain the name or “tagging” of **ANY CAMPER** even if permission is given. Additionally, staff may not impersonate others or create an account in order to mislead, confuse or deceive.
6. **Misrepresentation:** You may not discuss any public or camp-related issues in a way that create the impressions that you are representing the camp in this matter. Such postings could lead to legal action with the RMHD CAMP DOST.
7. **Spamming and Technical Abuse:** When using social media websites, staff should not create multiple accounts in order to disrupt or abuse others’ use of the site, create accounts to prevent others from using that account name or for the purpose of selling the account, send mass invitations, duplicate or resell a site’s products or services, publish malicious content, or cause intentional damage to others’ browsers or computers.
8. **Statements about RMHD Camp Dost:** When posting content, you may not make any disparaging statements about RMHD CAMP DOST, its staff, volunteers, visiting groups, etc., or that would otherwise reflect negatively on RMHD CAMP DOST or anyone representing RMHD CAMP DOST in any form.

### Acceptance of Social Networking Policy

I understand this Social Networking Policy, understand that this policy applies during camp season and during the off-season, and I understand that failure to comply with this provision may result in disciplinary action, which may include termination of my involvement, not being re-hired in subsequent years, negative entry into my personnel file and volunteer reference.

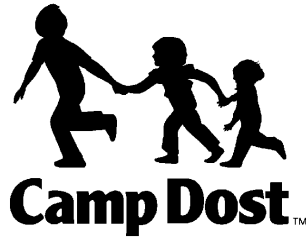
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME (Please Print)



A Program of the Ronald  
McDonald House of Danville, Inc.



## Waiver of Coverage

The undersigned, although unable to provide proof of insurance, hereby grants permission to the medical staff at Camp Dost to administer routine and other medication for my child, or myself as well as render any emergency care required. I know and understand that I am financially responsible for the medical care and treatment rendered to my child or me if there is a charge for medical services provided. I will not hold Camp Dost/Ronald McDonald House of Danville, Inc./Camp Victory/Nicholas Wolff Foundation, Inc. financially responsible for such medical care.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature

Witness

If waiver is for minor:

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Date

Signature of Guardian

Witness

**CAMP DOST**  
**RONALD McDONALD HOUSE OF DANVILLE, INC.**  
**VOLUNTEER CAMP STAFF REFERENCE FORM**

**Applicant**

\_\_\_\_\_ has applied for a volunteer  
Name of Applicant

staff position at Camp Dost, a facility for children diagnosed with cancer. Your name has been provided as a reference. By signing below, the applicant releases you from any liability for responding to this request truthfully.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant Signature

Camp Dost is an equal opportunity employer and does not discriminate against any applicant because of race, religion, sex, national origin, age, disability, medical condition, sexual orientation, marital status, veteran status, or any other legally protected group.

**Reference**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

May we contact you for additional information?     Yes     No

In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How would you describe the applicant? \_\_\_\_\_

\_\_\_\_\_

Would this applicant interact well with children of any age?     Yes     No     Don't Know

Please rate the applicant in the following areas by circling the most appropriate:

<b>Judgment</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Creativity</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Role Model</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Enthusiasm</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Leadership</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Initiative</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Responsibility</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Flexibility</b>	Excellent	Good	Satisfactory	Needs Improvement
<b>Awareness</b>	Excellent	Good	Satisfactory	Needs Improvement

Do you think the applicant is suitable for a camp staff position?     Yes     No

Do you recommend the applicant?     Yes     No

**Additional comments are appreciated and may be attached to this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return by MARCH 30 to: Chris Lehman, RMHD, 24 Trembulak Way, Danville, PA 17821 (570-214-2889)**