



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.



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 or call (570) 214-2889.

CAMP DOST 2024
RETURNING STAFF APPLICATION

Name _____ Circle T-shirt size: S M L XL XXL
S M L XL XXL

Email Address _____ Last Year on Staff _____

Home Address _____
(street)

(city/town) state/zip

Home Phone _____ Cell Phone _____

Date of Birth _____ Male _____ Female _____

Employer/Occupation _____

POSITION ASSIGNMENT Rank your preferences for the following programs:

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

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

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

Please indicate 1st and 2nd choice interests:

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

Groups 1-5 (ages 5-12) 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...

MENTORSHIP (2+ years Camp experience required) Are you willing to serve as a mentor to new staff? Yes No

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:

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, vaccination record, insurance card, 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.**



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: _____

Signature

Witness

If waiver is for minor:

Date

Signature of Guardian

Witness

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.

TO: ALL CAMP DOST STAFF

RE: RECOGNITION OF SERVICE

We value the contributions of volunteers to Camp Dost. If you would like a letter sent to your employer in recognition of your service, please provide the information requested below.

PLEASE PRINT:

Your Name: _____

Employer Information:

Direct letter to (name): _____

Company: _____

Address: _____

Please return to:

Ronald McDonald House
Attn: Chris Lehman
24 Trembulak Way
Danville, PA 17821
(GMC Internal Zip 28-02)