

*Serving the Illinois bleeding community ♦*



## SUMMER 2011 APPLICATION

**PLEASE JOIN OUR DEDICATED STAFF  
FOR CAMP WARREN JYRCH 2011**  
**Friday, July 22, 2011 – 4:00 PM Staff Training**  
**Camp Shaw-waw-nas-see (Camp Shaw)**  
**6641 North 6000W Road, Manteno, Illinois**  
**July 24 – 30, 2011 – Camp**

February 2011

Dear Camp Staff Candidates:


We take this opportunity to invite you to apply for a position at Camp Warren Jyrch 2011!

Camp Warren Jyrch is a very special part of the Hemophilia Foundation of Illinois. Since hemophilia is a rare disorder, most summer camps cannot provide for the medical needs of those who live with hemophilia and other inherited bleeding disorders. This is common because of the fear of safety. This is exactly why our camping program is so important. Now in its 39<sup>th</sup> year, our organization proudly hosts the only summer camp in the state of Illinois for children with bleeding disorders. It is a week filled with fun and laughter, offering a care-free camp experience that everyone deserves while maintaining the precautions demanded by our children's bleeding disorders.

As always, we continually are working to make our program the best. This year we are focusing on improving our staff hiring and training process. The enclosed application seeks key information about you and your intentions to help us assemble the strongest staff possible for Camp Warren Jyrch. Applications are due in the HFI offices by June 1<sup>st</sup> and we anticipate making all decisions by June 1<sup>st</sup>. **PLEASE NOTE: YOU ARE REQUIRED TO HAVE YOUR PHYSICIAN SIGN YOUR MEDICAL FORM ALONG WITH SUBMITTING A LIST OF YOUR UP TO DATE IMMUNIZATIONS. NO EXCEPTIONS !!**

We thank you for considering joining us in this year's adventure. Please let us know if you should have any questions.

Sincerely,

  
Associate Director

**The mission of Camp Warren Jyrch is to facilitate personal  
development in a safe and fun environment.**

# CAMP WARREN JYRCH

**2011**

*a program of the Hemophilia Foundation of Illinois*

**Held at:**

**Camp Shaw-waw-nas-see**

**6641 North 6000W Road, Manteno, Illinois**

**Sunday, July 24<sup>th</sup> - Saturday, July 30<sup>th</sup>**

**The mission of Camp Warren Jyrch is to facilitate personal development in a safe and fun environment.**

Camp Warren Jyrch seeks to achieve this in an atmosphere of mutual respect and support of young men and women from diverse racial, ethnic, economic, religious and geographic backgrounds.

FRIENDSHIP ✧ FUN ✧ LEARNING ✧ GROWING



**CAMP WARREN JYRCH 2011**  
Camp Shaw-waw-nas-see (Camp Shaw)  
in Manteno, Illinois

**2010 NEW STAFF APPLICATION**

Camp Warren Jyrch Staff / Counselor Orientation Date  
Friday, July 22, 2011 – 4:00 pm  
Manteno, IL - Camp Shaw

Camp Warren Dates  
Sunday, July 24 – Saturday, July 30, 2011

Please return the following items listed below by May 1, 2011 to  
Hemophilia Foundation of Illinois  
210 S. Des Plaines St.  
Chicago, IL 60661-5500  
Phone: (312) 427-1495 / Fax: (312) 427-1602  
E-mail: [lschwartz@hfi-il.org](mailto:lschwartz@hfi-il.org)

Staff Name: \_\_\_\_\_

Please return this completed application to the HFI office with two letters of recommendation from non-family members 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 (if applicable) |
| 6.                 | Two (2) references                            |

For Office Use only	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**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 FOR A PHONE INTERVIEW. THANK YOU FOR YOUR INTEREST.**

.....  
: The mission of Camp Warren Jyrch is to facilitate personal :  
: development in a safe and fun environment. :  
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**HEMOPHILIA FOUNDATION OF ILLINOIS  
 CAMP WARREN JYRCH 2011  
 Camp Shaw-waw-nas-see (Camp Shaw) in Manteno, Illinois**

**2011 NEW 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 two (2) references you will include with this application.

Name	Relationship







HEMOPHILIA FOUNDATION OF ILLINOIS  
CAMP WARREN JYRCH 2011

**Staff Medical Information Form**  
**TO BE SIGNED BY PHYSICIAN**

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 insurance 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 SUBMITTING THIS INFORMATION BEFOREHAND.**



## ***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

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Signature of Staff Member

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Date

# CAMP WARREN JYRCH

## STAFF CONTRACT

The Staff Contract should be read thoroughly by ALL staff members, Counselors, and then signed. All staff are expected to comply with the outlined duties and activities of their defined jobs at camp and all required training sessions. Adherence to the outlined policies, procedures, and standards, including this Code is required. Those who do not are subject to dismissal.

- *Throughout this document "staff" refers to all counselors, Camp Warren Jyrch staff members, medical staff, and Camp Shaw staff.*

### **Role Modeling**

- I will endeavor to understand and faithfully interpret the camp philosophy, objectives, and goals in my relationship with campers and all staff.
- I will be a positive role model in everything I do at camp, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact, and maturity.
- I will adhere to Camp Warren Jyrch and Camp Shaw procedures, and standards as outlined.
- I will respect the boundaries between myself, campers, and staff member (e.g., no love letters, no excessive attention, no inappropriate touch or acts)
- I will not use profanity or discuss adult subject matter in the presence of campers or parents.
- As is required of campers, I will NOT bring any of the following items to camp: DVD's, MP3's, electronics, food of any sort, candles, fireworks, expensive sports equipment, inappropriate (not "school-friendly") clothing, animals, pets, knives, weapons, alcohol, illegal drugs, or pornography.
- I will not use, possess, or be under the influence of alcohol or illegal drugs while at camp or any camp training events.
- I will not keep my cell phone in my cabin, and will use it only during designated "off duty times". I will NEVER use my cell phone around campers.
- I will not accept gifts, goods or money from campers or their families.
- I will use positive guidance techniques including redirection, anticipation, troubleshooting, and positive reinforcement rather than competition, comparison, criticism, or negative manipulation.
- I will work with all other staff members to ensure that all daily tasks get done.
- I will comply with the outlined activities and expectations of my defined job at camp and participate in all required activities prior to camp (i.e., camp training)

### **Respect & Privacy**

- I will show respect at all times for fellow staff members, campers, others' property, site property, and camp buildings.
- I will treat with confidence and respect all personal information I may learn from or about campers, subject to the policies on reporting abuse and neglect.
- I will not argue or fight with other staff members in front of campers.
- I will be flexible and will communicate regularly with fellow staff members, especially when conflicts arise around tasks and/or schedules.
- I will help keep the campground clean and will insure campers to do the same.
- I will accommodate, be sensitive to, and respectful of the developmental, ethnic, religious, and cultural differences of individual campers and staff members.

- I will not strike, spank, slap, shake, humiliate, degrade, threaten, tease, bully, haze or harrass any camper or staff member.
- I will not touch anyone inappropriately nor give anyone inappropriate attention.
- I will not raid any cabins.
- I will keep my assigned campers out of others' living quarters.
- I understand that there are some areas and building in camp that I, and my campers, are not allowed to enter, and will keep out of these at ALL times.

### **Supervision & Schedule**

- I will do everything possible to stay on schedule without sacrificing effective and thorough care of the campers.
- I will work cooperatively with cabin team, my community team, and my staff team.
- I will ensure that campers are never unsupervised.
- I understand that I must comply with camper/staff ratios (minimum 1:3) and I understand that I may have to give up personal activity choice to make the ratio possible.
- I will be cooperative and fair with other cabin groups when signing up for daily activities.
- I will assist campers in meeting their daily personal and medical needs,
- I will be vigilant and will take advantage of “educational and impactful moments” in which to teach and impact campers.
- I will not leave camp for any reason without permission from the Camp Director or their representative.

### **Health & Hygiene**

- I understand that staff use of tobacco will be restricted to designated areas only, and that I will never use tobacco when campers or parents are present.
- The only places I will go barefoot are in shower areas, the pool area, and in the cabin.
- I will monitor campers for regular changes of clothing and undergarments.
- I will monitor campers making sure they are wearing appropriate clothes or footwear.
- I understand that male campers and staff may only go shirtless at water activities, in the shower areas, and inside their cabins.
- I will make sure all wet towels, swimsuits, and wet clothing are hung up outside the cabins to dry.
- I will help ensure that items wet with urine are taken to the laundry and washed and returned while campers are out of the cabins.
- I will monitor campers' personal cleanliness to ensure that all campers shower using soap and shampoo every day.
- I will see to it that my campers will brush their teeth daily.
- I will be observant for any skin conditions or other health issues and will report them to medical staff.
- I will make sure that campers visit the medical cabin for their scheduled Prophy.
- I will not ignore camper injuries, personal injuries, or camper requests to see the medical staff.
- I will ensure adequate fluid intake on the part of the campers and myself.
- I will make sure I take care of my personal medical needs on a daily basis so I can perform 100% for the campers.
- I will make sure that any medical information that I receive about a camper is not discussed with anyone except for the Camp Director and Medical Staff.

**Safety**

- I will not enter the swimming or waterfront area unless a Camp Shaw staff member is present, and it is at a designated activity time.
- I will not enter a boat, canoe, or natural body of water if I am not wearing a life jacket.
- I will not fight, wrestle, or scuffle with anybody.
- I understand that physical and verbal threats are not permitted and will result in dismissal from the camp and all assigned duties.
- I will ensure that myself and my campers abide by all activity rules and guidelines and that I will help out Camp Shaw staff to enforce them.
- I will report any suspicions of abuse or neglect immediately to the Camp Director, in compliance with state reporting regulations.
- I will report any significant incident or accident to the Camp Director.

**Behavior Management**

- I understand that whenever possible, I should use encouragement, positive expectations, and well-defined limit setting to avoid unnecessary disciplinary action.
- I understand that if disciplinary action is to be taken I may not: deprive a camper of sleep or food, place a camper alone without supervision, subject a camper to ridicule or threat, subject a camper to excessive physical exercise or excessive restraint, or any form of corporal punishment.
- I understand that consequence should always be appropriate and logical to the actions.
- I understand if restraint is required to protect a camper from himself or to protect other campers, the Camp Director, Medical Director, and other trained staff members will implement the restraint.

**Legal**

- I understand that scary stories, and purposely frightening campers is considered emotional abuse, and will not be tolerated by staff members or campers.
- I understand that if I am a witness (by sight or sound) to any incident or accident that an “Incident Report” must be filled out immediately and turned in to the Camp Director.
- I understand that the following will result in immediate dismissal from camp without first warning: possession and/or use of alcohol or drugs; fighting; verbal and physical threats; stealing; abuse; neglecting medical needs of campers; inappropriate touching.
- I understand that I am not to be alone with campers or any individual camper.
- I agree to all criminal/background check information that is requested of me.
- I will not hold Camp Warren Jyrch or Camp Shaw responsible for anything that I bring to camp that gets lost, damaged, or destroyed.

I have read and agree to all of the above.

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Signature of Camp Staff Member

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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.***

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Signature

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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:**

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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

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**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:*