 **8900 State Line Road, Suite 411**

 **Leawood, KS 66206**

 **Phone: (816) 479-5900**

[**www.midwesthemophilia.org**](file:///%5C%5Ccmh%5Cgroups%5CHematology%20Oncology%5CHemophilia%20Coag%20Thrombosis%5CWilson%2C%20Andrew%5Cgroups%5CHematology%20Oncology%5CHemophilia%20Coag%20Thrombosis%5CWilson%2C%20Andrew%5CWilderness%20Camp%5CCamp%202012%5CCounselor%20Application%20Email%5Cwww.midwesthemophilia.org) **email – camp@midwesthemophilia.org**

**MHA Summer Camp**

**Counselor and Adult Volunteer Application**

**About Camp**

Midwest Hemophilia Association has sponsored Summer Camp for children with bleeding disorders for more than 20 years. The mission of the MHA Summer Camp is to provide campers with a safe camping experience and the opportunity to meet other young people with rare bleeding disorders. In collaboration with the Kansas City Regional Hemophilia Treatment Center, campers will receive onsite medical care and education related to bleeding disorders. Campers will have the opportunity to meet new friends and participate in a variety of traditional camp activities while learning life skills.

MHA Summer Camp is located at the Lake Doniphan Conference & Retreat Center; approximately 45 minutes northeast of metropolitan Kansas City. For more information about the camp facility please visit their website, www.lakedoniphan.com. **Camp dates are Monday, August 1 to Friday, August 5**, **2016.** **Counselors and activity staff will be required to attend orientation and training on Sunday, July 31, 2016 at 2:00 p.m.** Campers ages 7 to 17 will arrive at the camp on August 1, 2016 at Noon.

 **Counselor Candidate Criteria: (includes but not limited to the following)**

* **Counselors must be 21 or older or receive special permission to apply from the camp director.**
* **Counselors must attend to all of their own personal health care issues and be physically able to accept the responsibility of caring for the campers. The Camp Medical Staff is responsible to care solely for the campers, not the adults working at camp.**
* **Counselors must attend all days of camp July 31 to August 1, 2014. If you leave camp or do not show up, then you will not be allowed back to camp in the future.**
* **Counselors must have two references and pass criminal background checks.**
* **Counselors will abide by the camp rules set forth by the Camp Director, Midwest Hemophilia Association and Lake Doniphan Conference and Retreat Center.**

**Application Process:** Complete and return this application and the “*General Information”* section of the Missouri State Highway Patrol - Request for Criminal Record Check. Mail the completed documents to MHA. The Camp Committee will examine your application and verify the criminal background check. If additional information if required, you may be contacted by the Camp Director or Camp Committee Members. If you are accepted, we will contact you with detailed information regarding camp.

MIDWEST HEMOPHILIA ASSOCIATION

MHA SUMMER CAMP

VOLUNTEER APPLICATION

***Complete and Return by June 1, 2016***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult T-shirt Size: \_\_\_\_\_\_\_\_\_\_

***Employer Information:***

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My employer is pharmaceutical/industry (circle one):

Yes No

\*If yes, please note a $500 sponsorship is required to attend.

***College Information (if current student):***

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation (mm/yy): \_\_\_\_\_\_\_\_\_

Major/ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDWEST HEMOPHILIA ASSOCIATION

SUMMER CAMP

VOLUNTEER APPLICATION

***Complete and Return by June 1, 2016***

Please circle any activities you would be interested in assisting with:

Fishing Archery

Biking Crafts

Campfire Activities Chat Room

Costumes & Decorations Extreme Games

Karaoke / Poker Night Older Kids Off-site Activity

Sports The Big Game Night

Tie Dye Water Relays

Woodworking Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Please answer the following questions:**

1. Why are you volunteering at MHA Summer Camp?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. What are your experiences volunteering and/or interacting with children in a camp type setting?

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3. Tell us about a time you successfully resolved a conflict between children?

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4. Tell us about a time you did not succeed in resolving a conflict between children and how you would do it differently?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Tell us about a time you successfully interacted with a difficult child (i.e. poor attitude, reclusive)?

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6. Do you have a relative attending this camp as a camper (circle one)?

Yes No If yes, what is your relationship with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Describe your relationship with the hemophilia community and/or industry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please list current certification and expiration dates. (If able, please includes copies of any certificates or proof of training)

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**PERSONAL REFERENCES**

Please list two personal references (individuals not related to you) who can vouch for your ability to be a camp volunteer.

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFLICT OF INTEREST AND COMMITMENT STATEMENT**

As staff of MHA Summer Camp, I have an obligation to the camp and campers I serve 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 the presence of health center staff
* Influencing campers and peers with my personal opinions of religion, politics, or sexual orientation
* Using intoxicants of any kind

*CONFIDENTIALITY*

The undersigned, as a condition to attending or participating in the MHA Summer Camp program 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 MHA Summer Camp. Without limiting the forgoing, the undersigned agrees that, while participating in MHA Summer Camp, he or she shall not solicit addresses of campers, volunteers, or their families, nor shall he or she use any information obtained as a result of participation in MHA Summer Camp 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 any direct or indirect, actual apparent, conflicts of interest. I will advise the Camp Director of any potential conflicts. I will refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.

*LEGAL ASSURANCE*

I have the responsibility to report any future allegations of criminal activities, investigations, arrests, and/or convictions involving myself to the Camp Director as long as I am on staff with MHA Wilderness Camp.

*INTEGRITY*

I have a responsibility to refrain from either actively or passively subverting the attainment of MHA’s legitimate and ethical objectives. I will refrain from engaging in or supporting any activity that would discredit MHA. 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 or outside MHA.

*I understand the concepts of ethics and conflicts 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**

MIDWEST HEMOPHILIA ASSOCIATION

WILDERNESS CAMP

VOLUNTEER APPLICATION

***Complete and Return by June 1, 2016***

**PLEASE READ AND SIGN**

Upon signing the volunteer application for MHA Summer Camp, I state that the foregoing information is complete and accurate. I authorized the release of information regarding my qualifications, background, and fitness for this position to MHA Summer Camp or its agents or employees, including the Hemophilia Treatment Center and Midwest Hemophilia Association. I release from all liability all individuals of organizations that provide information about me regarding this application.

I consent to any test that may relate to my fitness for this position, including tests for drugs and alcohol.

I consent and request that all such persons or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

Applicant’s Full Name – Printed

Applicant Signature Date

**COUNSELOR APPLICATION DEADLINE is June 1, 2016. All parts of the application must be completed to be considered.**

**Please mail application to:**

Midwest Hemophilia Association

Attn: Camp Director

8900 State Line Road, Suite 411

Leawood, KS 66206