



Thank you for your interest in a Sertoma Camp Endeavor summer staff position. Enclosed is an Application Form, an Affidavit of Good Moral Character, a Consent to Background Screening, and Drug-Free Workplace Policy. Additional information can be requested by contacting the Camp Director.

To be considered for a position, you must:

Complete the Application Form (include photocopy of required certificates).

1. Sign the Affidavit of Good Moral Character and have it notarized for Background Screening.
2. Sign the Consent to Background Screening and enclose a photocopy of your driver's license and social security card for Background Screening (Required by Florida Statutes to conduct Background Screening).
3. Sign the Drug-Free Workplace Policy form.

Your application will be reviewed to determine if you meet the qualifications for the position and whether or not you will be given further consideration. The minimal requirements are:

- ❖ Minimum of 19 years of age, preferably 21 years of age or older.
- ❖ Ability to communicate effectively and fluently in American Sign Language with Deaf and Hard of Hearing individuals.
- ❖ Good Health for job performance and must have personal health insurance.
- ❖ Work experience with Deaf and Hard of Hearing students, 6-17 years of age.

Our Hiring Procedures are as follows:

1. Application screening and interview (on-going).
2. Applicants whom are **hired or not hired** will be notified by mail or email.

If you require further information on the position(s) you are applying for or any other questions regarding Sertoma Camp Endeavor, please feel free to contact me at my email: campendeavor@verizon.net

Thank you for your interest in Sertoma Camp Endeavor. In order to assist you in making plans for this year's summer camp, below is a draft of our tentative schedule. Further information regarding special events such as field trips, Appreciation Day and July 4th festivities are to follow. Should there be changes to this schedule, you will be notified immediately, either through mail or email. As always, should you have any questions, concerns, or need further information, please feel free to contact me.

Sincerely,

Jeff Nunemaker, Executive Director

Summer Camp Schedule 2009

Staff Training Week/Preplanning	Wednesday, July 8th – Friday, July 10 th
Session I) (Ages 13-17) Week 1 Appreciation Day	Sunday, July 12th –Saturday, July 18 th Saturday, July 18th
Session II (Ages 10-13) Week 2	Sunday, July 19th - Saturday, July 25 th
Summary and Close Up Week ***	Sunday, July 26 - ???

***Departure date subject to changes



**SERTOMA
CAMP**

ENDEAVOR, INC.

Post Office Box 910, Dundee, Florida 33838

(863) 439-1300 v/tdd

STAFF APPLICATION FOR SUMMER CAMP

(Please print or type)

Date of Application: _____

Name: _____ Social Security Number: _____

Current Address: _____

Permanent Address: _____

Current phone: _____ Permanent Phone: _____

Other important Phone number: _____ EMAIL Address: _____

EMPLOYMENT DESIRED: (Note: All positions include housing, board, use of laundry facilities, and workman's compensation)

1st Choice: _____ 2nd Choice: _____

Date available: From _____ to _____

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? Yes No If so, please explain: _____

EDUCATION

Years	School/College	Major	Degree Granted

PAST EMPLOYMENT (Non-camp related experiences)

Dates	Nature of Work	Employer	City/State	Phone Number	Reason for Leaving

Indicate any employer you do not wish us to contact and the reason: _____

NAME: _____

CAMP EXPERIENCE

Dates	Camp	City/State	Position	Director	Phone

REFERENCES

Important Note: Three References are required in order to work at Sertoma Camp Endeavor. Please indicate one who can rate your signing abilities.

Name	Occupation	Address/City /Zip Code	Phone

LICENSES:

Note: Please include a copy of all licenses.

Valid driver's license? Yes No If Yes, indicate State and number: _____

Chauffeur's type license? Yes No If Yes, indicate type and number: _____

COMMUNICATION SKILLS:

Sertoma Camp Endeavor, Inc is a privately supported non-for-profit 501(c)(3) educational program to serve deaf and hard of hearing participants. An ability to communicate effectively with deaf and hard of hearing participants is essential.

Sign Language Skills? Yes No Fluency level and method: _____

Sign Language Interpreting Certification or experience? Yes No If Yes, please comment: _____

Foreign Languages and level: _____

Other comment on communication: _____

SKILLS:

In the following list, put numeral "1," before those activities you can organize and teach as an expert; "2" for those activities in which you can assist in teaching; "3" for those which are just your hobby or interest; leave it blank for those with no experience; and "x" for those activities in which you have current certification (please include a copy of all certificates).

ADVENTURE / CHALLENGE

- Climbing Wall
- Rappelling
- Low Ropes Course
- High Ropes Course
- Initiatives
- Facilitation Process

DRAMATICS

- Creative
- Deaf Culture
- Play Directing
- Skits
- Stunts

WATERFRONT ACTIVITIES

- ARC / Canoeing
- ARC / EWS
- ARC / Lifeguard Training
- ARC / WSI
- BSA / Aquatic Instructor
- BSA / Lifeguard
- Canoeing
- Small craft Certification
- Small craft operation
- Swimming
- Water activities
- Water Knee Boarding
- Water Skiing
- YMCA / Lifeguard

ARTS / CRAFTS

- Basketry
- Ceramics
- Jewelry
- Leather Work
- Macramé
- Nature Crafts
- Painting
- Sketching
- Weaving
- Woodworking

NATURE

- Animal & Animal Care
- Astronomy
- Birds
- Conservation
- Flowers
- Forestry
- Gardening
- Insects
- Rocks and Minerals
- Trees and Shrubs
- Weather

MISCELLANEOUS

- Advanced First Aid Cert.
- Campfire Program
- Carpentry
- CPR
- Internet
- Night Activities/Programs
- Standard First Aid Cert.
- Storytelling
- Word Processing

CAMP PIONEERING

- Environmental Education
- Outdoor Living Skills
- Orienteering
- Primitive Cooking Skills
- Primitive Camping Skills
- Minimum Impact Camping

SPORTS

- Archery
- Archery Certification
- Baseball
- Basketball
- Billiard
- Fishing
- Horseback Riding
- Horse: CHA Certification
- Horse: HSI Certification
- Informal Games
- Soccer
- Softball
- Volleyball

DANCING

- Ballet
- Country
- Folk
- Modern
- Social

NAME: _____

What contributions do you think you can make at camp? _____

What contribution do you think a well-run camp can make to children? _____

Write a brief biographical sketch, including specialized training in camping and experience or training in other fields, which might have a bearing on the position(s) for which you are applying: _____

Are you available for an interview? Yes No If yes, where? _____



I authorize investigation and background check of all statements (required by the State of Florida Statutes) herein and release Sertoma Camp Endeavor, Inc. and all others from liability in connection with same. In addition, I have never been convicted of any felony, child abuse or unlawful sexual offense and have never been charged with the commission of an act of child abuse or unlawful sexual offense. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the Sertoma Camp Endeavor, Inc. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Sertoma Camp Endeavor, Inc.

SIGNATURE: _____ DATE: _____

All statements become part of any future employee personnel files.

This form has been drafted to comply with federal and state employment laws; however, Sertoma Camp Endeavor, Inc. assumes no responsibility or liability for the use of this form.

Sertoma Camp Endeavor, Inc.

P.O. Box 910. Dundee, Florida 33838

(863) 439-1300

HEALTH HISTORY AND EXAMINATION FORM

for Children, Youth and Adults Attending Sertoma Camp Endeavor

(Please Print or Type)

Date Form was filled out: _____

Name _____
(FIRST) (Middle Initial) (Last) (PREFERRED FIRST NAME)

Date of Birth _____ Sex: Male Female Age _____

Parent or Guardian (or Spouse) _____

Home Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

Business Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

Business Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

If not available in an emergency, notify...

Name _____

Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group Number _____

Carrier Address _____ Phone: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP) (AREA CODE & NUMBER)

Name of Insured: _____ Relationship to Participant _____

Social Security Number of Policy Holder or Insurance ID Number _____

Is your insurance transferable in Florida? Yes No

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
(IMPORTANT! THIS MUST BE COMPLETED FOR ATTENDANCE)

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp.

Signature of Parent/Guardian of Camper or Adult Staff _____

Signature of Witness _____ Date _____

Sertoma Camp Endeavor, Inc.

P.O. Box 910, Dundee, Florida 33838

(863) 439-1300

APPLICANT'S NAME: _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any change to this form should be provided to camp health personnel upon participant's arrival at camp. Provide complete information so that the camp can be aware of your needs.

Allergies List all known. Describe reaction and management of the reaction.

Medication allergies (Please list)

Food allergies (Please list)

Other allergies (Please list) (Bee stings; hay fever; asthma; etc.)

Medications Being Taken Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications.

This person takes NO medications on a routine basis.

This person takes the following medications:

Medication #1 _____ Dosage and time taken _____

Reason for taking _____

Medication #2 _____ Dosage and time taken _____

Reason for taking _____

Medication #3 _____ Dosage and time taken _____

Reason for taking _____

Identify any medications taken during the school year that participant does/may not take during the summer _____

NOTE: An authorization for administration of medication MUST be completed by the physician (See last page)

Restrictions Does the camper or staff have dietary restriction? Yes No If so, explain _____

Explain any restriction to activity (e.g. what cannot be done, what adaptations limitations are necessary)

General Questions

Which of the following has the participant had?

Measles

Please give date for last immunization for:

Chicken Pox

Date

Vaccine

Date

Vaccine

German Measles

DTP

Rubella

Mumps

TD (tetanus/diphtheria)

Haemophilus influenzaB

Hepatitis

Polio

Hepatitis B

Tetanus

Measles

Sertoma Camp Endeavor, Inc.

P.O. Box 910, Dundee, Florida 33838

(863) 439-1300

APPLICANT'S NAME: _____

If camper is female and experience her menstrual cycle for the first time at camp, do you give permission for the camp health personnel to explain the menstrual cycle to her? Yes No

Do you give permission for your daughter to use a tampon during activities? Yes No

Has/does the participant:	YES	NO		YES	NO
Had any recent injury, illness or infection disease			Ever had a broken bone?		
Have a chronic/recurring illness			Have an orthodontic appliance being brought to camp?		
Ever been hospitalized?			Have any skin problems itching, rash, acne)		
Ever had surgery?			Have Diabetes		
Have frequent headaches?			Have asthma?		
Ever had a head injury?			Had mononucleosis in the past 12 months		
Ever been knocked unconscious?			Had problems with diarrhea/constipation		
Wear glasses, contact or protective eye wear?			Have problem with sleep walking		
Ever had frequent ear infections?			If female, have an abnormal menstrual history		
Ever had fainting spells?			Have a history of bed wetting		
Ever pass out or dizzy during or after exercise			Have an eating disorder		
Ever had seizures?			Ever had emotional difficulties for which professional help was sought?		
Ever had chest pain during or after exercise			Has frequent sore throat?		
Ever had high blood pressure			Ever had tuberculosis?		
Ever been diagnosed with a heart murmur			Ever had a breathing disorder?		
Ever been to a chiropractor			Have sinus trouble?		
Ever had a heart problem			Ever had cough after or during exercise?		
Ever had a back problem?			Ever had family with heart disease?		
Ever had problem with joints (e.g. knees, ankles)			Ever had parent/sibling suffer sudden death		

Please explain any "Yes" answers:

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.

Name of family physician _____ Phone _____
(AREA CODE & NUMBER)

Address _____
(STREET & NUMBER) (CITY) (STATE) (ZIP)

Parent/Guardian or Staff Authorization: This health history is current and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

(PRINT NAME) (SIGNED NAME) (DATE)

Sertoma Camp Endeavor, Inc.

P.O. Box 910. Dundee, Florida 33838

(863) 439-4300

APPLICANT'S NAME: _____

Physical Examination: This part of the health form MUST be filled out by a Licensed Medical Personnel (e.g., doctor, nurse). The object of this examination is (1) to determine if the camper is physically able to participate or work at a residential camp; (2) to determine if the camper is physically fit to engage in activities without harm to himself/herself; (3) to determine that the camper does not have any contagious or infectious condition that could be conveyed to others. Please review the health history. If incomplete, please ask that essential information be provided for your use.

Clinical Evaluation

	Normal	Abnormal	Comments
1. Skull, Scalp, Face, Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Nose and Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Throat and Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Lung, Chest Breasts	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Abdomen and Viscera	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Anus and Rectum	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. G-U System	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Feet	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Lymphatic Glands	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Other Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	_____

Specify any known personality deviation: _____

Height _____ Weight: _____ BP: _____ / _____ Vision: _____

Administration of Medication: I hereby authorize the properly qualified health supervisor of Sertoma Camp Endeavor, Inc. to administer the medication which is prescribed for _____.

(APPLICANT'S NAME)

Name of Medication	Date Prescribed	Usage Direction
_____	_____	_____
_____	_____	_____

- Administration of Tylenol is approved? Yes No
- Administration of Bedaryl is approved? Yes No
- Administration of Kaopectate is approved? Yes No
- Administration of Milk of Magnesia is approved? Yes No
- Administration of Pepto-Bismol (contain aspirin) is approved? Yes No
- Administration of Robitussin is approved? Yes No
- Administration of Chlortrimeton is approved? Yes No
- Administration of Ibuprofen/Advil is approved? Yes No

I have examined this camper and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in camp program except as follows: _____

Physician's Name (Please Print) _____ Phone _____

Physician's Signature _____

Address _____
(Street Number) (City) (STATE) (ZIP)

Parent/Guardian's Signature (acknowledging administration of Medications): _____

Sertoma Camp Endeavor, Inc.

P.O. Box 910, Dundee, Florida 33838

(863) 439-4300

Affidavit of Good Moral Character Form

STATE OF FLORIDA

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

As an applicant for employment as a caretaker with SERTOMA CAMP ENDEAVOR, I affirm that I meet the moral character requirement for employment as caretaker, as required by the Florida Statutes and rules, in that:

- I have not been judicially determine to have committed abuse or neglect against a child defined in Section 39.01
- I have not committed an act which constitutes domestic violence as defined in Section 741.30;
- I have not been found guilty, regardless of whether adjudication was imposed or withheld, of any of the offenses listed below, or of any similar offense in another jurisdiction regardless of whether record is sealed or expunged;
- I have not entered a plea of guilty or nolo contendere (no contest), or had the court enter such a plea, to any of the offenses listed below, or to any similar offense in another jurisdiction regardless of whether the record is sealed or expunged;
- I have not entered a plea of guilty or nolo contendere (no contest), or other plea amounting to an admission of guilt, to a petition alleging delinquency under Florida Statutes, or under a similar Statute of another jurisdiction for any of the offenses listed below, regardless of whether of whether adjudication was imposed or withheld, regardless of disposition, and regardless of whether the record is sealed or expunged;
- I do not have a delinquency record that is similar to any of the offenses listed below;
- I understand that I am obligated to notify my employer of any possible disqualifying offenses, which may occur while employed in a caretaker's position.

The offenses referenced above are the following sections and chapters of the Florida Statutes:

Section

- | | | |
|-----|---------|---|
| 1. | 415.111 | relating to adult abuse, neglect, or exploitation of aged person or disabled adults |
| 2. | 782.04 | relating to murder |
| 3. | 782.07 | relating to manslaughter |
| 4. | 782.071 | relating to vehicular homicide |
| 5. | 782.09 | relating to killing of an unborn child by injury to the mother |
| 6. | 784.011 | relating to assault, if the victim of the offense was a minor |
| 7. | 784.021 | relating to aggravated assault |
| 8. | 784.03 | relating to battery, if the victim of the offense was a minor |
| 9. | 784.045 | relating to aggravated battery |
| 10. | 787.01 | relating to kidnapping |
| 11. | 787.02 | relating to false imprisonment |
| 12. | 794.011 | relating to sexual battery |
| 13. | 794.041 | relating to prohibited acts of persons in familial or custodial authority |
| 14. | 796 | relating to prostitution |
| 15. | 798.02 | relating to lewd and lascivious behavior |
| 16. | 800 | relating to lewdness and indecent exposure |
| 17. | 806.01 | relating to arson |
| 18. | 812 | relating to theft, robbery and related crimes, if the offense was a felony |
| 19. | 826.04 | relating to incest |
| 20. | 827.03 | relating to aggravated child abuse |

- 21. 827.04 relating to child abuse
- 22. 827.05 relating to negligent treatment of children
- 23. 827.071 relating to sexual performance by a child
- 24. 847 relating to obscene literature
- 25. 893 relating to drug abuse prevention and control of the offense was a felony or if any other person involved in the offense was a minor (this includes convictions for possession of controlled substances, the sale of controlled substances, intent to sell controlled substances, trafficking in controlled substances, and possession of drug paraphernalia, etc.)

Under the penalty of perjury, I attest that I have read the foregoing carefully and state that my attestation here is true and correct.

SIGNATURE OF AFFIANT

OR

To the best of my knowledge and belief, my record contains one or more of the foregoing disqualifying acts or offenses. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of letter granting exemption.)

SIGNATURE OF AFFIANT

Sworn to and subscribed before me this ___ day of _____, the year of _____.

SIGNATURE OF NOTARY PUBLIC

(Print, Type, or Stamp Commissioned Name of Notary Public)

Check one:

Affiant personally known to notary

Or

Affiant produced identification
Type of identification produced: _____

DRUG-FREE WORKPLACE POLICY

Summary

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, we have established a Drug-Free Workplace Policy for Sertoma Camp Endeavor. This policy is implemented pursuant to the Drug-Free Workplace program requirements applicable by the State of Florida and Federal Statutes.

The essential parts of this policy are:

1. Sertoma Camp Endeavor prohibits the illegal use, possession, sale, manufacture, or distribution, of drugs, alcohol or other controlled substances on its property. It is also against Sertoma Camp Endeavor’s policy to report to work under the influence of drugs or alcohol.
2. Disciplinary Action:
 - a) Any employee using, selling, purchasing, possessing, distributing or dispensing drugs or alcohol on duty or on Camp Endeavor’s property may be subject to discharge.
 - b) Sertoma Camp Endeavor may suspend employees without pay under this policy pending the results of section 2.a.
3. The following is a list of all drugs (described by brand name, common name and/or chemical name) that are prohibited according to this policy.
 - a) Amphetamines (Binhetamine, Desoxyn, Dexedrine)
 - b) Cannabinoids (Marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer)
 - c) Cocaine (coke, blow, nose candy, snow, flake, crack)
 - d) Phencyclidine (PCP, angel dust, bog)
 - e) Methaqualone
 - f) Optiates (opium, dover’s powder, paregoric, parepectolin)
 - g) Barbiturates (Phenobarbital, Tuinal, Amytal)
 - h) Benzodiazophines (Ativan, Azene, Clonopin, Dalmone, Diozepam, Halcion, Librium, Poxipam, Restoril, Serax, Transene, Valium, Vertron, Xanax)
 - i) Methadone (Dolophine, Methadose)
 - j) Propoxyphene (Darvocet, Darvon N, Dolene)
4. The contents of these drug guidelines are presented as statements of Sertoma Camp Endeavor’s current policy and may be changed and updated by Sertoma Camp Endeavor. These Guidelines are not intended to create a contract between Sertoma Camp Endeavor and any employee. Nothing in these guidelines binds Sertoma Camp Endeavor to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.
5. Employees, as a condition of employment, are required to abide by these guidelines.

Job Applicant Acknowledgment of Receipt and Understanding

I hereby acknowledge that I have received and read a summary of Sertoma Camp Endeavor’s Drug-Free Workplace Policy. I fully understand all aspects of this material. I also understand that I must abide by the policy as a condition of employment, and any violation may result disciplinary action up to and including discharge.

I also understand that the Drug-Free Workplace Policy and related documents are not intended to constitute a contract between Sertoma Camp Endeavor and me.

The undersigned further states that he or she has read the foregoing acknowledgment and knows the contents thereof and signs the same of his or her own free will.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

WITNESS NAME	SIGNATURE	DATE
--------------	-----------	------

CONSENT TO BACKGROUND SCREENING FORM

DEPARTMENT OF JUSTICE

I HEREBY AUTHORIZE THE Department of Justice to check any and all records pertaining to criminal history, driver's license history, and abuse registry and delinquency reports pursuant to Section 39.001, 39.076, and Chapter 435, Florida Statutes. I further authorize any law enforcement agency to release to the Department of Justice information regarding convictions under Florida Statutes or Statutes of other jurisdictions. I understand that as a criminal justice agency, the Department of Justice has access to all criminal records, even those which have been sealed. **

Applicant/Volunteer/Intern Signature

Date

** Attach a photocopy of Driver's License and Social Security Card.