



ADDENDUM: The deadline date for application has been extended to July 1 or until all camper spots have been filled.

Dear Prospective Counselor,

Thank you for your interest in being a Camp JRA (Juveniles Reaching Achievement) counselor. We are excited to be planning for a fun-filled week for our campers in 2015.

Camp JRA will be held at Camp Victory in Millville, PA, from July 19-24, 2015. Counselors are required to attend staff orientation on July 18th.

Camp JRA is a six-day residential summer camp for kids ages 8-18 who are living with juvenile arthritis and other rheumatic diseases. We provide a safe, supportive community for kids to learn, grow, and just be kids. Your role as a counselor is very important to ensuring a positive experience for our campers.

Please read through the attached packet which provides more information about Camp JRA, the counselor role, and how to apply. The application deadline is March 27, 2015.

Send your completed application to our office via U.S. mail (please do not e-mail or fax.) Only completed applications can be considered. Please note that should we offer you a counselor position at Camp JRA, a background check will need to be completed before we can we guarantee you a position.

We hope we have the opportunity for you to join us this summer! Please feel free to contact me if you have any questions.

Regards,

A handwritten signature in cursive script that reads "Felice Kelem".

Felice Kelem, Regional Director
Arthritis Foundation, Eastern Pennsylvania Chapter
FKelem@arthritis.org



Camp JRA Counselor Position Description & Qualifications

Counselor Position Description

Counselors will follow the direction of the Camp Director, Camp Senior Staff and Medical Staff to ensure a safe, supportive and enjoyable camping experience for campers. Camp staff must be willing to work with children who have physical limitations. Camp JRA meets at Camp Victory in Millville, PA, from July 19 - 24, 2015. Counselors are required to attend staff orientation on July 18, 2014.

Camp JRA counselor positions are voluntary and unpaid; however \$150 stipends are provided to cover the expenses of travel and camp materials that counselors may need to purchase. Counselors have the option of donating their stipend to the Camp JRA Scholarship Fund to allow more campers in need of financial assistance to attend Camp JRA.

To be eligible to be a Camp JRA counselor, candidates should have the following qualifications:

- At least 18 years of age.
- High school graduate with at least one year of time and experience post high school graduation (preferred, not required).
- Good physical, emotional and mental health.
- Emotional maturity – ability to work under supervision and ability to adjust to the physical and emotional needs of campers whose limitations may change daily.
- Experience in a camping program (counselor-in-training or counselor), leadership position in a youth program, or other relevant experience.
- Transportation to Camp Victory in Millville, PA.
- Complete and pass a background check.

Counselor position reports to: Camp Director, Camp Senior Staff and Medical Staff.

Camp JRA Counselor Responsibilities:

Camp Programs

- Plan, assist and carry out program and cabin activities including team building, arts and crafts, field sports, games and educational activities.
- Work collaboratively with other counselors and program staff.
- Communicate effectively with the Camp Director, Camp Senior Staff and Medical Staff to ensure the safety and enjoyment of campers.
- Interpret camp policies and rules to campers.
- Act as a positive role model to campers regarding good health habits, personal grooming, participation in activities, use and care of camp facilities, and adherence to camp policies and procedures.
- Provide direction and supervision to Counselors-in-Training.

Activities of Daily Living (ADLs)

There are times when campers may need help with some ADLs. Counselors should be able to assist campers with showering, dressing, toileting, ambulating (some campers may use a wheelchair or other assistive devices), moving from bunk to chair, chair to shower, chair to pool, etc., and encourage independence in ADLs where appropriate.



Camp JRA Counselor Recruitment Timeline:

March 27, 2015	Counselor application initial deadline
March - April 2015	Interviews for new counselor candidates
May 1, 2015	Counselors selected and notified*
May 2, 2015	Rolling application process begins for remaining positions
July 18, 2015	Staff orientation
July 19 - 24, 2015	Camp JRA takes place at Camp Victory

* Once you are offered a position as a Camp JRA counselor, you will receive information regarding a background check. You must complete and pass a background check in order for your offer to be finalized.



Camp JRA Counselor Application

Name: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Current Employer: _____ Position: _____

Name of College (if applicable): _____ Major: _____

Year in college (if applicable): Freshman Sophomore Junior Senior Graduated

High School Graduation Date: _____

Are you able to meet the attendance requirements of this job (July 18 - 24, 2015)?

Yes No

Do you have transportation to and from Camp JRA? Yes No

How did you hear about Camp JRA? Staff member Internet Friend Camper

School Brochure Physician (name): _____

Other (list): _____

Which age groups do you prefer to work with?

8-10 year olds 11-12 year olds 13-15 year olds 16-18 year olds No Preference



Camp JRA Counselor Application

Employment History

Company Name	Address	Position Held and Dates	Supervisor Name & Telephone Number

Please list three references including at least one employer. Do not list relatives.

Name: _____ Occupation: _____

Relationship: _____ Phone: _____

Name: _____ Occupation: _____

Relationship: _____ Phone: _____

Name: _____ Occupation: _____

Relationship: _____ Phone: _____



Camp JRA Counselor Application

Personal Statements

Tell us why you want to volunteer as a counselor at Camp JRA? (Attach additional pages if needed.):

Counselors are responsible for leading camp activities. Please list below any camp experience, skills, talents or hobbies that you could bring to our camp programs (e.g., career-related skills, storytelling, sports, arts, people skills, etc.):

Additional Comments:



Camp JRA Counselor Medical Form

NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

CELL# _____ HOME# _____

E-mail _____

Camp T-Shirt Size (circle size) Small - Medium - Large - XL - XXL - XXXL

EMERGENCY CONTACTS

Please provide us with two emergency contacts. Please make your emergency contacts aware that you have given us their contact information and inform them of the dates you will be at camp.

NAME 1 _____

RELATIONSHIP TO COUNSELOR/STAFF _____

ADDRESS _____

DAYTIME PHONE () _____ EVENING # () _____

Area code

Area code

NAME 2 _____

RELATIONSHIP TO COUNSELOR/STAFF _____

ADDRESS _____

DAYTIME PHONE () _____ EVENING # () _____

PHYSICIAN CONTACT INFORMATION

PRIMARY PHYSICIAN'S NAME _____

PHONE # () _____

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE CARRIER _____

POLICY # _____ ID# _____

NAME OF INSURED _____

PHONE # () _____



HEALTH HISTORY

PLEASE LIST ALL PERTINENT MEDICAL/PSYCHIATRIC HISTORY INCLUDING DATE OF ONSET.

CONDITION	DATE

Please explain any issues that may arise at camp due to your medical conditions. Include special treatments or procedures that you may need to do to alleviate symptoms (i.e. warm packs, rest, medications, asthma treatments, etc.)

Allergies

Are you allergic to anything? Please explain item(s) and specific reactions and date of last reaction; please state how allergic reactions are treated.

___ Insect bites or stings _____

___ Foods _____

___ Animals _____

___ Medications _____

___ Air Pollutants _____

Other _____

Diet

Please describe any special diet or dietary restrictions: _____



Camp Victory offers vegetarian meals. Will you be eating the vegetarian meals while at Camp? (circle one) YES NO

Immunizations

Are immunizations up to date? YES _____ NO _____

DATE OF LAST TETANUS BOOSTER: _____

Activity/Exercise

Please describe any special exercise or activity limitations and any adaptations that you will need (e.g. use of golf cart for distances) _____

Medications

Please list all your medications, including commonly used over-the-counter medications. Please be exact with doses, times given and ways that you take the medications. You will be responsible for the taking of all your own medications.

COUNSELOR/STAFF'S MEDICATION LIST			
MEDICATION Name; Dose in mg or ml (cc)	HOW MANY ARE GIVEN AND HOW (by mouth, IM or SQ)	WHEN Day, Time	*SPECIAL PROCEDURE

*Please note if you will need the medical staff to administer any medications (e.g. injections)

AUTHORIZATION

This history is correct as far as I know, and I believe I will be able to engage in all prescribed Camp activities except as noted above.

Signature of Counselor/Staff _____ Date _____



Notice of Privacy Practices

TO COUNSELORS/STAFF:

This notice describes how medical information about Camp JRA counselors/staff may be used and disclosed by the Arthritis Foundation, Northeast Region for the purposes of Camp JRA and how you can get access to this information. This is required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996.

COUNSELOR/STAFF HEALTH INFORMATION:

This notice describes the information privacy practices followed by Arthritis Foundation staff and Camp JRA medical staff. Our organization is dedicated to maintaining the privacy of counselor/staff health information. We are required by law to give you this notice and maintain the confidentiality of counselor/staff health information.

OUR USE AND DISCLOSURE OF HEALTH INFORMATION:

1. To public health authorities and agencies that are authorized by law to collect information.
2. For medical treatment. For example, we will use the counselor/staff medical history to provide you with medical treatment as needed during the week of Camp JRA.
3. Lawsuits and similar proceedings in direct response to a court order.
4. If required to do so by a law enforcement official.
5. When necessary to reduce or prevent a serious threat to the counselor/staff health and safety or the health and safety of another individual or the public.
6. To federal officials for national security and intelligence activities.
7. To persons assisting in the counselor/staff care such as other doctors, or an aide who is providing care.

COUNSELOR/STAFF RIGHTS REGARDING HEALTH INFORMATION:

1. You may request a restriction in the way we use and disclose your counselor/staff health information. You may request that we restrict information to only certain individuals involved in your care.
2. You may request that we communicate with you by alternative means or alternative locations such as only at home or by mail.
3. You have the right to inspect and obtain a copy of the health information used to make decisions about your health. There will be a fee for copying and mailing such records. Please submit your request in writing to Arthritis Foundation, Eastern Pennsylvania Chapter, Camp JRA, 111 S. Independence Mall East, Suite 500, Philadelphia, PA 19106.
4. You have the right to ask us to correct or add missing information to your health record if you believe our information is incorrect. To request an amendment, please submit your request in writing. You must provide us with a reason to support your request.
5. You may request a copy of this notice.
6. You have the right to file a complaint. If you believe your privacy has been violated, you may file a complaint with our practice or the Department of Health and Human Services at 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices and adhere to changes in federal and state regulations.

YOU MAY CONTACT OUR OFFICE AT 267-238-9729 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES.

I hereby acknowledge that I have read the Notice of Privacy Practice of the Arthritis Foundation, Eastern Pennsylvania Chapter's Camp JRA

Counselor/Staff Signature _____ Date _____



Camp JRA Counselor Agreement

Camp JRA counselors are expected to be of high moral character and to be in good mental and physical health. Counselors are expected to put concern for their campers' health and safety before that of their own. The following serves as an agreement between the counselor, Camp JRA, and the Arthritis Foundation, Eastern Pennsylvania Chapter. Camp JRA is an Equal Opportunity Employer. All applicants are screened without regard to age, race, religion, gender, national origin, ethnic background or disability.

Please read this agreement carefully, and initial every statement. Your signature indicates your agreement with the following terms:

_____ I attest that I will return pre-camp paperwork and respond to Camp e-mail messages in a timely manner.

_____ I attest that I am in good physical and mental health.

_____ I understand that work at Camp JRA is demanding and requires long hours, curfews, limited time off, lack of privacy and no pets.

_____ I will notify the medical staff of Camp JRA of any pertinent medical conditions that I may have. I will also inform the medical staff of any prescription medications I am taking and provide emergency contacts and telephone numbers.

_____ I will act in a mature and responsible manner befitting an Arthritis Foundation employee and an adult charged with the care and responsibility of children.

_____ I will not inflict sexual, physical or verbal abuse on any camper or staff member.

_____ I will not bring on site or consume any tobacco, alcohol or other illegal drugs during the week of Camp.

_____ I will abide by the rules and regulations of the Camp facility and by Camp JRA staff guidelines.

_____ I understand that if I fail in my duties as camp counselor or violate the terms and spirit of this agreement, I will be subject to dismissal from Camp JRA and will forfeit my stipend.

_____ I hereby consent to the use and reproduction of all photographs and videos taken of me during Camp JRA by the Arthritis Foundation, Eastern Pennsylvania Chapter or Camp Victory for the purposes of Camp marketing, promotion, fundraising and for Arthritis Foundation social networking sites.

_____ I hereby authorize the Arthritis Foundation, Eastern Pennsylvania Chapter to conduct a background check to obtain information pertaining to any charges or convictions I may have for federal and/or state or other violations.

_____ I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply the Arthritis Foundation, Eastern Pennsylvania Chapter verification



of the information provided in my application, including without limitations evaluations of my prior performances, and I hereby release them from all liability from their doing so.

_____ I promise that everything on this application is true and correct. I agree that any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified and/or corrected by the Arthritis Foundation, Eastern Pennsylvania Chapter by contacting persons or organizations named in this application.

By signing this letter you are agreeing to the terms and conditions outlined above.

Name of Counselor _____

Signature of Counselor _____ Date: _____

Signature of Camp Director _____ Date: _____



Camp JRA Legacy Fund

Camp JRA counselors are offered stipends to help to cover travel costs to Camp. Counselors will be receiving a \$150 stipend for Camp JRA 2015.

Are you interested in donating your counselor stipend to the Camp JRA Scholarship fund for campers who need financial assistance in order to attend Camp JRA?

Donations are considered tax write-offs!

_____ Yes, please donate my **entire** counselor stipend to the Camp JRA Scholarship Fund.

_____ Yes, please donate a **portion** of my stipend to the Camp JRA Scholarship Fund.

Amount to Donate: _____

Signature: _____

Do you plan on riding one of the **Camp buses** (Philadelphia/Pittsburgh) back from Camp on the last day (July 24th)?

If so, which bus? (circle one) Philadelphia Bus Pittsburgh Bus

Return all forms and application fee by March 27, 2015 to:

Arthritis Foundation Eastern Pennsylvania Chapter

Attn: Camp JRA

111 South Independence Mall East, Suite 500

Philadelphia, PA 19106

You may also fax the application to (215) 574-3070 or email it to: SBrown@arthritis.org.

For questions, contact Sheila Brown at (267) 238-9729 or email her at the address above.