WELCOME! Camp STAR summer camp is Sunday, August 11 through Saturday, August 17, 2019! We are open to youth between the ages of 8 to 18 who live with limb difference or loss. Camp will be held at Camp Kon-O-Kwee/Spencer in Fombell, PA (near Pittsburgh, PA). We encourage all children, no matter their current situation, to attend camp to experience first-hand the fun and friendship of being with other kids and staff with similar circumstances!

**CAMPER DROP OFF:** Sunday, August 11, between 11 a.m. and 1 p.m. (if you need to drop off before or after, please contact Cindy McCue)

**CAMPER PICK UP:** Saturday, August 17: Please join us for our closing lunch, slide show and camper acknowledgements at 11:30 a.m.

**COUNSELOR ARRIVAL:** Sunday, August 11, by 9:30 a.m. to get set-up and receive camper information.

**COUNSELOR DEPARTURE:** Saturday, August 17, 2:30 p.m. or until the last camper has gone. We may have a very brief wrap up meeting as well.

**CONTACT:** Cindy McCue, 412-370-5481 or cindymcq1@gmail.com

**SEE YOU SOON!**

Cindy McCue
Your Camp STAR Director

In order for your registration to be complete, you must send all of the following to:

**Camp STAR, 568 Waynesburg Road, Washington, PA 15301**

- A recent photo of yourself; If you have a digital picture, please email it to cindymcq1@gmail.com.
- The completed Counselor/CIT registration packet
- Copies of your clearances.

It is VERY important that you fill the application out entirely and return everything in a timely manner.

**Submission Deadline:** July 27, 2019
CAMP STAR

VOLUNTEER REGISTRATION

I am volunteering as a:

☐ Counselor  ☐ CIT (Counselor in Training) ☐ Student Visitor  ☐ Other: ____________________________

Name ____________________________________________________________

Address ____________________________________________________________ City, State, Zip ____________________________

Home Phone (_____)__________________________ Cell Phone (_____)__________________________

Email ____________________________________________________________

**COUNSELOR**

Occupation __________________________________________ Title __________________________________________

Employer __________________________________________

Professional License Number for medical professionals: __________________________ State: __________

**CIT OR STUDENT VISITOR/VOLUNTEER**

School: __________________ Grade/Year this fall: ________ Grad Year ________

Major/Concentration __________________________________________

Please complete your intended schedule for the week of Camp STAR (full-week attendance is strongly preferred):

<table>
<thead>
<tr>
<th>Arrival Time</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
<tr>
<td>Departure Time</td>
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Do you have Life Guard Certification? ______ yes ______ no  ID# ____________________________

(Please enclose a copy of your certification card for our records.)

List all medical conditions we should be aware of: __________________________________________

List any known allergies including allergies to bee stings and nuts: ____________________________

__________________________________________________________

Emergency contact and phone number with area code: __________________________________________

CLEARANCES FOR CHILD ABUSE AND CRIMINAL HISTORY:

*If your current clearances are more than FIVE (5) years old AND if you have lived in PA continuously for at least the last TEN (10) YEARS, please go to the following websites to apply for your clearances:*

CHILD ABUSE HISTORY: https://www.compass.state.pa.us/cwis/public/home

PA CRIMINAL HISTORY: https://epatch.state.pa.us/Home.jsp
AUTHORIZATION FOR RELEASE

I hereby give my permission to Camp STAR, Amputee Camp its, agents and officers to any photographs, films or television interviews of me. I understand that these items may be used in news media, newspapers, magazines, and in other publication, which may be circulated or viewed by the general public. I further agree to hold harmless Camp STAR, Amputee Camp its, agents and officers from any liability connected with these photographs, film or television interviews and with the release of any information related to my involvement with Camp STAR, Youth Amputee Camp.

Signature of Volunteer ___________________________ Date ____________

Camp STAR, Youth Amputee Camp
Attn: Cindy McCue
2504 Atlas Street, Pittsburgh 15235
412-370-5481

CONFIDENTIALITY AGREEMENT

As a volunteer with the Camp STAR, I understand that I may have access to private and confidential information. I agree to respect the privacy of the people served by the Camp STAR. I will keep confidential all information regarding Camp STAR clients and groups served.

(Print Name) ____________________________________________

(Signature) _____________________________________________

(Date) __________________________________________________
AWARENESS OF CHILD ABUSE

You have agreed to be a volunteer for Camp STAR Youth Amputee Camp here at Camp Kon-O-Kwee/Spencer in Fombell, PA. This camp is all about our children who are amputees. The ages of the campers range from 8 to 17 years old.

You will be working directly with the campers. We want you to be able to minimize the potential for abuse or accusations of abuse from happening during your time here at Camp STAR. Camp should be a fun time and a safe environment for the campers.

Be aware of the types of child abuse: physical, verbal, and sexual. Abuse can happen anywhere and anytime. The people that are abusers can be strangers, family member, staff, volunteers, and other youth. The perpetrator keeps the child from disclosing through intimidation, threats, and rewards. Preventive measures are very important to follow to make sure that we make this camp a safe environment for the campers. The following are examples to do this:

**Touching policy:**
1. Do the Grandma Standard – would you be uncomfortable if your Grandma walked into a room when you were with a child. If so, then that would mean that it was inappropriate touching.
2. Do hand to shoulder contact, side by side hugs, pats on head, “high fives,” hand shakes, eye contact, and smiles.

**Privacy policy:**
1. Give the campers privacy when they are changing clothes, showering, or using toilet facilities.
2. Counselors are not permitted to be alone with a camper at anytime.

**Discipline policy:**
1. It should be age appropriate and related to the behavior that you are trying to change.
2. Slapping, hitting, and spanking children are inappropriate and unacceptable disciplinary techniques.
3. Staff should be role models for exercising self-control.

We are required by law to report all incidents of suspected child abuse to the appropriate authorities, and that it is a punishable offense not to do so. You as a volunteer, agree to abide by the above policies as well as immediately report any situation to the Director (Cynthia McCue) that seems to be questionable.

I have read all of the above information and understand the request to provide a safe environment for the campers at Camp STAR.

_________________________________________  _______________________
Volunteer Signature                        Date

Camp STAR
Youth Amputee Camp
568 Waynesburg Road
Washington, PA 15301

Phone: 412-370-5481
www.chp.edu/campstar
Email: cindymcq1@gmail.com
CODE OF CONDUCT

These standards are designed to help volunteers understand the practices we expect them to employ at Camp STAR.

Volunteers should not:

- Have any inappropriate contact outside the camp with any camper met through camp including those 18 years of age or older.
- Be in contact with any camper away from camp unless the camper’s parent is aware of the situation.

Some examples of inappropriate conduct include:

- Violations of state laws regarding child abuse, providing alcohol to minors, or having alcohol at camp, etc.
- Use of profanity or inappropriate language at camp
- Physical contact which is inappropriate to a counselor-camper relationship considering the age and sex of the child

These are examples only and not intended to be a comprehensive list. There could be other actions not listed herein, which could result in suspension or dismissal as a volunteer.

Allegations of violation of these standards will result in immediate suspension as a Camp STAR volunteer. If an investigation by the proper authorities determines a violation occurred, it will result in the immediate and permanent dismissal as a Camp STAR volunteer. If you have any questions please call 412-370-5481

Name _____________________________________________________________

Signature _________________________________________________________ Date ________________
Camp STAR Checklist

☆ Sleeping bag/ bedding  
  (some campers/counselors also bring a twin sheet set)
☆ Pillow
☆ Bath towel(s) and washcloth(s)
☆ Prescription medicines
☆ PERSONAL HYGIENE ITEMS
  - Soap
  - Deodorant
  - Toothbrush/toothpaste
  - Shampoo/Conditioner
  - Brush/comb
  - Shower shoes (flip flops)
☆ Laundry bag (pop-up type work very well)
☆ Clothing for one-week (including some for cool weather and rain)
☆ Pajamas
☆ Rain gear (suggested: raincoat /poncho, rain boots, umbrella)
☆ Shoes
  - Athletic shoes
  - Flip flops /crocs
☆ Swimsuit
☆ Beach towel
☆ Spray On type of Sunscreen
☆ Hat
☆ Flashlight (spare batteries)
☆ Bug repellant
☆ Backpack or small duffel bag
☆ Camera (optional)
☆ Small/box fan (optional)
☆ Fishing Rod(s)/tackle (optional)
☆ A fun lip sync or talent show act and costume or great idea for the end of the week party!

DO NOT BRING
- Matches
- Knives (even pocket knives)
- Handheld electronic games
- iPods, mp3 players, or stereos
- Shirts with objectionable messages
- Jewelry or other valuables
- Any kind of weapon