Camp Rising Sun Staff Application
Summer 2017

Thank you for your interest in Camp Rising Sun (CRS)!! Every year we are fortunate to recruit volunteers and students that are high-quality, positive, and very diverse. We sincerely value the camp community and knowledge gained from this unique experience and hope you will too.

Our mission
- to provide a specialized summer camp experience for individuals with Autism Spectrum Disorder (ASD) and their peers;
- to provide an opportunity for students, professionals, and volunteers to gain experience and training while working with those diagnosed with ASD;
- to provide respite for parents and caregivers of individuals with ASD.

All participants are required to fully attend the pre-camp trainings, camp session dates, and also the full commitment of time listed in their agreement. Saturday and Sunday of camp dates include an on-site training with campers arriving Monday at 9:30 AM. All participants are required to stay overnight from the first training date at camp until the end of the camp session.

New staff need to complete the additional online training.

Albuquerque Training Date: Saturday, April 29, 2017 8:30 AM-3:30 PM
New Staff Online Training: Introduction to Autism Spectrum Disorders

Camp dates are
- 3:30 PM Saturday, June 3rd through 3:00 PM Friday, June 9th, 2017 (Kids Camp)
- 3:30 PM Saturday, June 24th through 3:00 PM Friday, June 30th, 2017 (Teen Camp)

Training: Experience is not required to volunteer at CRS, but attendance and participation in all trainings is required.

Applications can be mailed to or dropped off at the main office at 2300 Menaul Blvd, ABQ, NM 87107. They can also be emailed to camprisingsun@salud.unm.edu. Qualifying applicants will be called for an interview. Interviews will continue until all positions are filled.

CRS LEND Students: CRS partners with UNM in the departments of Occupational Therapy, Speech and Hearing Sciences, Physical Therapy, Special Education, Adapted Physical Education, and Exercise Science to provide students an opportunity to receive credit or clinical hours for participation in camp. You need prior approval from your departmental advisor to participate in the LEND program. All students wishing to receive course credit (including independent study) shall participate in the CRS LEND program. If you are a student at another university or in a department of UNM not listed above, let us know and we may be able to work with your university or department to transfer hours.

Please contact us at 505-272-5142 or camprisingsun@salud.unm.edu if you have questions.
Position Descriptions: Camp Rising Sun

Counselor: Directly responsible for the care of assigned camper(s). This could include supervision, support for daily care, behavior support, and support for successful completion of program activities. Minimum age: 18 yrs.

LEND Counselor: Directly responsible for the care of assigned camper(s). This could include supervision, support for daily care, behavior support, and support for successful completion of program activities. This independent study is a 1 - 3 credit course with a focus on working with children and adolescents with Autism Spectrum Disorder (ASD) from ages 8 to 17 years old. Graduate and undergraduate students will participate in Camp Rising Sun trainings and work directly with individuals with ASD under the supervision of a highly skilled multidisciplinary team. As counselors, students will work alongside other professionals in their field including registered occupational therapists, speech language pathologists, physical therapists, and education specialists. Minimum age: 18 yrs.

Rover: Provide support where assigned on a daily or hourly basis, supporting campers as a counselor, or supporting program as a program specialist. Minimum age: 18 yrs.

Team Leader (Kids Camp): Support counselors in their responsibilities, while providing leadership & guidance in overseeing campers. Ensure a positive, safe, healthy, and fun experience for all. Preferred Minimum Age: 21 yrs.

Program Specialist: Leads program activities assigned according to area of program expertise. Along with teaching a specific program area, provide support to relieve counselors during breaks and to fill-in where needed when not leading assigned program activity. Minimum age: 18 yrs.

Lifeguard: Under the direction of the Aquatics Supervisor, responsible for the safety of all who are in the pool area. Required: Current lifeguard certification. Minimum age: 16 yrs.

Aquatics Supervisor: Responsible for lifeguard supervision and scheduling, pool program activities, and safety of pool participants. Required: Current lifeguard, first aid, and CPR certifications. Minimum age: 21 yrs.

Medical Support (Director, Camp Nurse): Responsible for the medication management and health care of campers, volunteers and staff participating in the daily life of Camp Rising Sun. Must have current licensure as a registered nurse, nurse practitioner, physician’s assistant, or physician. Minimum age: 21 yrs.

Special Diets: Supports the nutritional integrity of camp meals and snacks by providing input to selection and preparation of the menu of food served to staff and campers at camp; checks in special-diets, logging allergies and dietary restrictions of campers; helps to ensure dietary restrictions and an overall balanced nutritional menu are observed at camp. Minimum age: 18 yrs.

Camp Assistant Coordinator: Supervise, train and schedule daily activities for a crew of approximately 4-6 camp assistants who provide cleaning, minor repair, and support to the camp facility and program equipment. Preferred Minimum age: 21 yrs.
Please return application to:

Camp Rising Sun, CDD
2300 Menaul NE
Albuquerque, NM 87107

Camp Staff Application

Name: ________________________________ DOB: ________________ Gender: __________

Mailing Address: ________________________________

City: __________________ State: _____________ Zip Code: __________________

Email Address: ___________________________

Home #: ____________________ Cell #: ____________ Work #: __________________

Job Title/Role (please choose one):

☐ Recent HS Grad  ☐ UNM Student  ☐ College Student (non UNM)  ☐ Professional
☐ Paraprofessional  ☐ Community Volunteer

Discipline:

☐ SLP  ☐ PT  ☐ OT  ☐ SpEd  ☐ ExSci  ☐ LPN  ☐ RN  ☐ DR  ☐ Psychologist  ☐ Psychiatrist  ☐ Social Worker  ☐ Counselor
☐ BCBA  ☐ Other: __________________________________________________________

Ethnicity: Do you consider yourself to be Hispanic/Latino?  ☐ Yes  ☐ No

Race: Please check which best describes your race.

☐ American Indian or Alaskan Native  ☐ Black/African American  ☐ Caucasian/White  ☐ Asian
☐ Native Hawaiian/Pacific Islander  ☐ Bi-racial/ multi-racial  ☐ Hispanic/Latino

Shirt Size:  ☐ Small  ☐ Medium  ☐ Large  ☐ X-Large  ☐ XX-Large

Are you currently covered by Health Insurance?  ☐ Yes  ☐ No  Driver’s License #: __________________

Diet (please choose one):

☐ no restrictions  ☐ vegetarian  ☐ vegan  ☐ food allergy  ☐ gluten free  ☐ restricted diet  ☐ other: ______________________________

(Camp food is basic, but reasonable accommodations will be attempted; staff with specific restrictions will need to bring unrefrigerated items to support their dietary needs)

Do you have any physical or mental disabilities that might prevent you from performing the essential functions of the position for which you are applying?  ☐ Yes  ☐ No  Describe: ________________________________________________________________

Which camp(s) would you be interested in participating?

☐ Kids Camp  ☐ Teen Camp

June 4-10, 2015  June 25-July 1, 2015
Saturday-Friday  Saturday-Friday

What position are you applying for (see position descriptions, pg 2)?

Counselor _______ Program Specialist (list expertise) _________________________________ [Ex: Arts & Crafts, Theater, Sports & Games, etc.]

Team Leader_______Coordinator_______Rover_______Aquatics_______Nutrition_______

Years attended as a Camper_______and/or Staff Member_______

Social Security #: _________________________Banner ID #: _________________________

☐ Volunteer/Staff  ☐ CRS-LEND  (Check ‘CRS-LEND’ if you are applying/interviewing as a Camp Rising Sun-LEND student position and we will send you the CRS/LEND Approval Form.)
Current licensure, certification, trainings (check those you have and attach a copy):

- Standard First Aid
- CPR
- Lifeguard Training
- Archery
- Medical
- Other: ________________________________

## Education- High School and Beyond

<table>
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<tr>
<th>Years</th>
<th>School/City</th>
<th>Major Subjects</th>
<th>Degree</th>
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## Employment

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>Address</th>
<th>Phone/Email</th>
<th>Nature of Work</th>
<th>Supervisor</th>
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Indicate any employer you do not wish CRS to contact, and list the reason:

_________________________________________________________________
_________________________________________________________________

## Other Camp, Volunteer, Child Care, or Autism Experience (add another page if needed)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Camp or Organization</th>
<th>Supervisor</th>
<th>Camper or staff?</th>
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## References: Please list at least three non-family references.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title or Position</th>
<th>Address/City</th>
<th>Phone</th>
<th>E-Mail Address</th>
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</table>
Write a brief biographical sketch, including specialized training, which might have bearing on the position(s) for which you are applying. (Add another sheet if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

Describe your experiences with children with special needs and/or autism.
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What contributions do you think camp can make in the lives of children with autism spectrum disorder?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list any activities you would like to organize or teach. Beside each activity, list if you can organize or teach as an expert or can assist in teaching.  
*Examples include: ropes courses, arts & crafts, outdoor skills, hiking, dancing, drama, nature, sports, story telling, yoga, photography, pool, etc.*

1. 

2. 

3. 

Please indicate if you have special skills or training in specific areas  *(i.e. sign language, musical instrument, knitting, etc.)*
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
All Applicants

I authorize investigation of all statements herein, including any checks of criminal record, and release the camp and all others from liability in connection with same. I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature: ___________________________ Date: _______________________

All statements become part of any future camp staff personnel file. This form has been drafted to comply with federal laws; however, Camp Rising Sun assumes no responsibility or liability for use of this form.

Confidentiality Agreement

As a member of the Camp Rising Sun Staff, I understand that confidential interactions and experiences with our campers and their families will occur, as well as review of private records. Any information I obtain from the camp experience or private records is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience. General information should not be shared other than for purposes of formal camp evaluation or professional growth.

Signature: ___________________________ Date: _______________________

Liability Waiver

As a volunteer or staff member of Camp Rising Sun, held on the property owned by Manzano Mountain Retreat, I hereby agree to waive any claim for liability against Camp Rising Sun, CDD, HSC, UNM, or Manzano Mountain Retreat due to any injury/illness associated with any camp activities. The undersigned is aware of potential risks and agrees that this waiver applies while traveling to and from camp, attending the Camp, and participating in any camp programs and events.

Signature: ___________________________ Date: _______________________

Camp Rising Sun Camp Staff Application
Voluntary Disclosure Statement All Camp Staff

Name: ____________________________________________ Birthdate: ______________________________

Home Address: ____________________________________________

Street Address __________________________ City ____________________ State ____________ Zip Code ____________

Social Security #: ________________________________

Other Names by Which Known (e.g. Maiden Name): ____________________________________________

Home Phone: __________________________ Business Phone (if applicable): __________________________

Cell Phone: __________________________ E-Mail Address: __________________________

School or College: ____________________________________________

Address: ____________________________________________

Street Address __________________________ City ____________________ State ____________ Zip Code ____________

Drivers License #: __________________________ State: ____________ Expiration Date: ____________

1. Previous Residence(s) for the last five years (include college and home residences):

   City: __________________________ State: ____________ Years: ____________

   City: __________________________ State: ____________ Years: ____________

   City: __________________________ State: ____________ Years: ____________

   City: __________________________ State: ____________ Years: ____________

   (Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

   □ Yes    □ No

   If yes, please explain (use a separate sheet, if necessary):

   __________________________________________________________________________

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

   □ Yes  □ No

   • Indecent assault and battery on a child under fourteen;
   • Indecent assault and battery on a person with a developmental disability;
   • Indecent assault and battery on a person who has obtained the age of fourteen;
   • Rape;
   • Rape of a child under sixteen with force;
   • Assault with intent to commit rape;
   • Kidnapping of a child under sixteen with intent to commit rape;
   • Distribution and trafficking of narcotics or other controlled substances;
   • Intent to commit any of the above crimes.

   If yes, please explain (use a separate sheet, if necessary): ______________________________________
4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
   □ Yes  □ No

   If yes, please explain (use a separate sheet, if necessary):
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Are you now, or have you ever been, subject to any court order involving sexual or physical abuse of a minor,
   including, but not limited to, a domestic order of protection?
   □ Yes  □ No

   If yes, please explain (use a separate sheet, if necessary):
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
   □ Yes  □ No

   If yes, please explain (use a separate sheet, if necessary):
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

I understand that:

a. The camp may deny camp participation to any person who answers “yes” to any of questions 2-6 listed above.
   If hired or a volunteer participation agreement is completed, and the employer later discovers circumstances that would
   indicate a “yes” answer to any of the above questions, participation may be terminated immediately.

b. The information provided on this form is subject to verification, which may include a criminal history check
   and request from any central Registry of child abusers.

c. The camp may terminate employment or volunteer service of any person if that person is found, regardless
   of when discovered, to:
   
   1. have a history of complaints of abuse of a minor;
   2. have resigned, been terminated, or been asked to resign from a position whether paid or unpaid,
      due to complaint(s) of sexual abuse of a minor; and/or
   3. have falsified or omitted information in this disclosure statement.

d. This disclosure statement must be updated yearly.

Signature: ____________________________ Date: __________________________

PLEASE RETURN ASAP, POSITIONS ARE LIMITED.
Camp Rising Sun, CDD, 2300 Menaul Blvd NE, Albuquerque, NM 87107
Or via fax to 505.272.3140
For questions, please contact Natalie Kossar at 505.272.5142 or 1.800.877.6380.
Camp Rising Sun LEND Student Approval Form

Student Name: ___________________________ Banner ID: ___________________________

A completed copy of this form is required for submission with your application for the CRS LEND program. Please obtain your faculty liaison’s signature granting your approval to interview for a LEND counselor position, and submit this form to the Center for Development and Disability with your application. Interviews for qualified applicants will be scheduled once all paperwork is obtained.

Camp Session:  Teen Camp____  Kids Camp____  Either____

Department: ______________________ (OT, SHS, PT, SPED, GE, Community, Other*)

Status in Department:  Undergraduate(UG)____  Graduate(G)____  Non-degree____

<table>
<thead>
<tr>
<th>Department &amp; Faculty Advisor</th>
<th>Courses</th>
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</thead>
<tbody>
<tr>
<td>OT- Heidi Sanders, M.A., OTR/L</td>
<td>△ OCC TH 690 for credit</td>
</tr>
<tr>
<td>PT- Marybeth Barkocy, P.T., D.P.T./Janet Popp</td>
<td>△ PT 653 for credit</td>
</tr>
<tr>
<td>UG SHS- Sandy Nettleton, Ph.D., CCC-SLP</td>
<td>△ SHS 490 for credit</td>
</tr>
<tr>
<td>G SHS- Sandy Nettleton, Ph.D., CCC-SLP</td>
<td>△ SHS 551-004 for credit Clinical hours</td>
</tr>
<tr>
<td>UG SPED- Veronica Moore, Ph.D.</td>
<td>SPCD 495 for credit</td>
</tr>
<tr>
<td>G SPED.- Susan Copeland, Ph.D., BCBA/Liz Keefe, Ph.D./Cathy Qi, Ph.D.</td>
<td>SPCD 595 for credit</td>
</tr>
<tr>
<td>Adapted PE- Cathy Tingstrom, Ph.D.</td>
<td>△ PEP 495 undergraduate for credit △ PEP 595 graduate for credit</td>
</tr>
<tr>
<td>Other: (*if we are unable to work with this department to transfer credit, you may choose to participate as a community professional)</td>
<td>△ ________________ (list full course, and whether course is to be taken for credit or no credit)</td>
</tr>
</tbody>
</table>

Non Department- Community professional seeking CEU’s
Please specify discipline: ___________________________

By signing this form, I agree that I have approval to interview for participation in CRS as a LEND student. I also agree that I am available for, and commit to attending all trainings, and the camp session designated in full, should I be accepted as a CRS LEND student.

_________________________________  Date  ___________________________________  Student Signature  Date

Faculty Signature

A University Center for Excellence in Developmental Disabilities Education, Research and Service
UNM REFERENCE CHECK FORM – Camp Rising Sun

Job Title: _

Applicant’s Name: _

Name of Reference: _

Name of Reference Organization: _

Date of Reference Check: _

Telephone number: _

1. “How long have you known the applicant?” _

2. “In what capacity?” _

3. “What was the nature of her/his involvement/job in your organization?”

4. “How effective was she/he?”

5. Please review the job description. In your opinion, does the applicant have the knowledge, skills, and ability to perform the job described?” Please explain...

6. “From what you know of the applicant, how well do you think he/she would interact with:
   Peers: Those
   s/he could be supervising (campers): _
   Supervisors: _
Additional Comments:

8. “How well does/did she/he complete assigned tasks?”

9. “How does she/he handle stress?

10. “Are there any additional comments you would like to make about the applicant in general, that might assist us in determining how/with whom to place the applicant? Please describe in detail.

Return this form as soon as possible; we cannot make a job offer or send follow-up material until this has been completed. Applicants are hired on an on-going basis, as references are returned.
Address: CDD-CRS 2300 Menaul NE, Albuquerque, NM 87107
Thank you for your time and assistance.
UNM REFERENCE CHECK FORM – Camp Rising Sun

Job Title: 
Applicant’s Name:

Name of Reference: 
Name of Reference Organization: 

Date of Reference Check: 
Telephone number:

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