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. Due to the historically large number of applicants received and limited number of positions available, we typically fill positions early each year. For this reason, we strongly encourage you to apply and complete all necessary forms in a timely manner.

**Camp Dates** are: 3:30pm, Saturday, May 31st through 3:00 pm Friday, June 6th (Kids Camp)
3:30pm, Saturday, June 21st through 3:00pm, Friday, June 27th (Teen Camp)

Applicants should complete the application in full and submit online (camprisingsunnm.org) by opening the “Staff and Volunteer Application PDF” or return in person to our offices (listed below). Qualifying applicants will be called for an interview.

Interviews will begin in January and continue until all positions are filled. If you are selected to be a member of our camp team, we will notify you within three weeks.

A follow up packet will be sent to you with either an interim agreement or job specific agreement if you are hired. Receipt of an interim agreement indicates you qualify for more than one position, and your specific placement (i.e. team leader, counselor etc.) will be determined once all the applicants have been interviewed.

All medical and release forms in the follow up packet need to be returned within 10 business days of being received. A physical exam is not required unless you have a chronic condition.

**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 department advisor to participate in the LEND program. On the first page of the staff application, check the box titled ‘CRS/LEND’, write your banner ID and fill out the last page on the application titled ‘Camp Rising Sun LEND student approval form’ with your department advisor’s signature. This additional page is required for participation as a LEND student in CRS. All students wishing to receive course credit (including independent study) shall participate in the CRS LEND program.

All Participants are required to attend pre-camp trainings; camp session dates; as well as the full commitment of time listed in their agreement. New staff need to complete the additional online training (listed below).

**On-site Training Dates:**
- Kids Camp: 3:30pm Sat., May 31st – 9:30 am Mon., June 2nd
- Teen Camp: 3:30pm Sat., June 21st – 9:30 am Mon., June 23rd

**Albuquerque Training Date:**
- One Saturday in April (date TBA)

**New Staff Online Training:**
- Overview of Autism Spectrum Disorders

Peers arrive at 9:30 am promptly following each listed training session with the first wave of campers arriving at 10:15 am, and camp begins. All participants are required to stay overnight from the first training date until the end of the camp session. (see camp dates above)

Please contact us at 505-272-5142 or sdwright@salud.unm.edu if you have questions.

Autism & other Developmental Disabilities Programs
Center for Development and Disability
2300 Menaul Blvd NE, Albuquerque, NM 87107

Camp Rising Sun Camp Staff Application

A University Center for Excellence in Developmental Disabilities Education, Research and Service
Camp Rising Sun Camp Staff Application

Please return application to:
Camp Rising Sun, CDD
2300 Menaul NE
Albuquerque, NM 87107

Positions are limited - apply early!

Name: ___________________________________________  DOB: __________________  □ Male □ Female

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

Discipline:
□ SLP  □ PT  □ OT  □ SpEd  □ ExSci  □ LPN  □ RN  □ DR  □ 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
May 31 - June 6, 2014  June 21 - 27, 2014
Saturday-Friday  Saturday-Friday

What position are you applying for (see position descriptions, pg 6)?
Medical Support ______ Coordinator ______ Counselor ______ Rover ______ Aquatics ______ Camp Assistant ______
Nutrition ______ Program Specialist (list expertise) ________________________________ [Ex: Arts & Crafts, Theater, Sports & Games, etc.]
Team Leader ______

Years attended as a Camper ______ and/or Staff Member ______

Social Security #: __________________________

Check ‘CRS-LEND’ if you are applying to camp to interview for a Camp Rising Sun-LEND student position and fill out the CRS LEND Approval Form at the end of this application.
□ CRS-LEND  □ Volunteer/Staff

Banner ID #: __________________________

Camp Rising Sun Camp Staff Application
Current licensure, certification, trainings: check those you have
☐ Standard First Aid   ☐ Lifeguard Training   ☐ Emergency Water Safety   ☐ CPR   ☐ Archery
☐ Other: _____________________________

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<th>Education- High School and Beyond</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)

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<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.

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<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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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 disorders?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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.

4.

Please indicate if you have special skills or training in specific areas (*i.e. Computer expertise, sign language, musical instrument, 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 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: ________________________
Position Description: Camp Rising Sun

**Aquatics Supervisor:** Responsible for lifeguard supervision and scheduling, pool program activities, and safety of pool participants. Required: Current lifeguard certification. Minimum age: 21 yrs.

**Camp Assistant:** Carry out cleaning and minor repair and support to the camp facility and program equipment. Minimum age: 18 yrs.

**Coordinator, Camp Assistant:** Supervise, train and schedule daily activities for a crew of approximately 4-6 camp assistants who provide cleaning and minor repair and support to the camp facility and program equipment. Minimum age: 18 yrs.

**Coordinator, CIT or Peer:** Supervise and train counselors-in-training or peers to insure positive outcomes in support of campers with autism spectrum disorders (ASD). Minimum age: 18 yrs.

**Coordinator, Counselor:** Supervises counselors and rovers and coordinates daily break schedule, night duty schedule and insures campers are benefitting from the camp experience. Minimum age: 18 yrs.

**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.

**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.

**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 an RN or MD. Minimum age: 21 yrs.

**Nutrition Specialist:** 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.

**Program Coordinator:** Supervises the program specialists and develops the daily program activity schedule, to include individual, group, and all-camp program activities. Minimum age: 18 yrs.

**Program Specialist:** Leads program activities assigned according to your 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.

**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.
Voluntary Disclosure Statement
All Camp Staff

Name: ________________________________________________________ Birthdate: ____________________________________________________

Last                                             First                                         Middle

Home Address: ________________________________________________________________________________

Street Address                                                        City                                   State                      Zip Code

Social Security #: ____________________________ 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

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 mentally retarded person;
   •   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):

   _____________________________________________________
   _____________________________________________________
   _____________________________________________________

Camp Rising Sun Camp Staff Application
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 Somer Wright at 505.272.5142 or 1.800.877.6380.
**Camp Rising Sun LEND Student Approval Form**

<table>
<thead>
<tr>
<th>Student Name: _____________________________</th>
<th>Banner ID: ________________________</th>
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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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<tr>
<td>OT- Heidi Sanders, M.A., OTR/L</td>
<td>□ OCC TH 690 for credit</td>
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<tr>
<td>PT- Beth Provost, P.T., Ph.D.</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>
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<tr>
<td>G SHS – Sandy Nettleton, Ph.D., CCC-SLP</td>
<td>□ SHS 551-004 for credit</td>
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<tr>
<td>□ Clinical hours</td>
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<tr>
<td>UG SPED- Veronica Moore, Ph.D.</td>
<td>□ SPCD 204 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>
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<tr>
<td>Adapted PE- Cathy Tingstrom, Ph.D.</td>
<td>□ PEP 599 for credit</td>
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<tr>
<td>Other: (*This must be a department that participates in LEND with CRS; contact us if you have questions)</td>
<td>□ ______________________</td>
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(list full course, and whether course is to be taken for credit or no credit)

| □ No 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.

**Faculty Signature** ____________________________ **Date** ____________

**Practicum Director Signature** ____________________________ **Date** ____________

**Student Signature** ____________________________ **Date** ____________

A University Center for Excellence in Developmental Disabilities Education, Research and Service