



Hello, Potential Counselors!

We hope this letter finds each of you well. Some of you are former campers, and some of you have never experienced Camp Rainbow before. We promise you that, if selected to serve as a counselor, it will be something you will never forget.

To give you an idea of what to expect, 2-3 volunteers are assigned to a cabin with a returning counselor serving as "head counselor." Each cabin will have 6-8 campers, and they will be your responsibility for the entire camp. You will eat meals with them and take them to activities such as ropes, archery, and arts and crafts. There will also be time scheduled at the lake and swimming pool each day.

Camp Rainbow 2019 will be at Twin Lakes in Florence, Ms from **Monday, July 22** to **Saturday, July 27**, with the campers arriving on **Tuesday, July 23**. Please be prepared to be at camp for the entirety of that time. If you have any conflicts, please let me know when you submit your application.

Note: All counselors must be at least 18 years of age, must pass a background check, and must participate in a phone interview with a Camp Rainbow Planning Committee Member. Once applications have been processed, one of the planning committee members will contact you to perform a short interview and to provide you with information about camp.

Please e-mail or mail your counselor application, a copy of your medical insurance card (front and back), and your driver's license (front and back) to:

Megan Berry (megs13810@gmail.com)
117 Sunrise Drive
Clinton, MS 39056

If you have any questions please e-mail Megan Berry at megs13810@gmail.com.

Sincerely,

Camp Rainbow Planning Committee

2019 CAMP THEME: LOST IN SPACE



Background Check

Background checks are required of *all* counselors. Camp Rainbow provides the service of having your background check completed, however it has to be scheduled through the University of Mississippi Medical Center. You must go to UMMC to be fingerprinted and will have to schedule an appointment to do so. Please see instructions below.

If you have had a background check done within the last year and have a letter confirming this, you are welcome to send this in.

If you live out of town and do not have a current background check and want to pay for this to be completed at your local law enforcement station, please feel free to do so. Send in the completed background check as soon as possible.

UMMC is requesting that background checks be scheduled as soon as you can because this is their busiest season. Use the following link to schedule an appointment:

<https://hrumc.as.me/?appointmentType=290370>

After selecting an appointment time, you will be prompted with this screen. You can disregard the instructions about the “NEPAR” form. Please enter “Camp Rainbow” under the sponsoring department and then “IDI from the UMMC Department” for fee info.

Contractors, Visitors and Observers

If system access or badge access is required, please be sure to send a copy of the NEPAR form to your HR Business Partner prior to fingerprinting. You may access the NEPAR form at the link below if needed.
https://intranet.umc.edu/sites/Administration/business_services/hr/Organizational_Development/Documents/NEPAR_Form.pdf

Please bring a copy of this form with you to your appointment.

Sponsoring Department: *

How will the \$50 fee be paid? *

[Complete Appointment >](#)

Please email or mail completed background checks to:

Megan Berry

Megs13810@gmail.com

117 Sunrise Drive

Clinton, MS 39056

Thank you for attending to this matter.

Sincerely,

Camp Rainbow Planning Committee

**APPLICATION
DEADLINE:
FRIDAY,
MAY 31**



NEW COUNSELOR APPLICATION 2019

Personal Information:

Full Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Home: _____ Cell: _____
Email: _____ Fax: _____

Employment Information:

Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Position Title: _____ Supervisors Name: _____

Education/Training:

Current Highest Level of Education Attained (Please Circle):
High School
College: Freshman, Sophomore, Junior, Senior
Graduate School Degree Earned: _____

Medical Training (List Institutions, Medical Degrees, Certifications)

- 1. _____
- 2. _____
- 3. _____

Certifications:

Do you have any certifications in the following? Please circle yes or no & give date of expiration.

Lifeguarding:	Yes or No	Expires: _____
CPR:	Yes or No	Expires: _____
First Aid:	Yes or No	Expires: _____

**** Please attach photocopies of all current license/certifications****

Are you willing to assist children with physical/emotional disabilities? Yes or No



If selected as a counselor for Camp Rainbow:

I understand that I will be caring for children who may currently be receiving chemotherapy. The possible side effects are nausea/vomiting and changes in physical appearance. These children may tire easily and require frequent rest periods. I believe that I will be able to provide supervision deemed necessary for the physical and emotional well-being of these and all children who attend Camp Rainbow.

Signature

Date

Personal Health Information

In the event of a medical emergency during the camping session, we will need the following information to care for you. **Please complete the following. Attach a copy (front & back) of your insurance card and your driver's license (front & back).**

Emergency Contact Information:

1. Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Do you have any physical, medical, dietary restrictions? **Yes or No**

If yes please

explain: _____

General Health History:

Check Yes or No

	Yes	No
Heart Problems		
Seizures		
Diabetes		
Mumps		
Measles		
German Measles		
Asthma		

Immunization History:

Are you up to date on your immunizations?

Yes or No

(Tetanus Booster, DBT Series, Polio Booster,
MMR-Measles, Mumps, and Rubella)

What is the date of your last tetanus shot? _____

Recent/current infectious communicable disease exposure, if any.

If YES, explain. If NO, leave blank.

Will you have traveled outside the United States between 4/1/19 and 7/21/19?

If YES, please list all countries visited:

Allergies, check YES or NO.

	Yes	No
Hay Fever		
Ivy Poisoning		
Insect Stings		
Medications		

List Other: _____

Personal Medications: All must be brought in original pharmacy container.

Medications will be administered by medical staff.

Med Name	Dosage	Time	Days of Week

Signature: _____ Date: _____

NEW COUNSELOR QUESTIONNAIRE

1) How did you hear about Camp Rainbow? _____

2) Why do you want to be a Camp Rainbow counselor?

3) What can you contribute which will have a positive impact on camp and the campers?

4) How would you handle a situation of a homesick camper?

5) How would you handle a situation of a camper who didn't want to participate in activities?

6) Due to the nature of Camp Rainbow, some campers need more assistance than others. Are you prepared to not only share the responsibility with your fellow counselors of caring for these type of campers, but also ensuring that each camper in your cabin receives the same amount of love and attention? If so, how would you accomplish this?

REFERENCES

Please list three references that we may contact to offer a recommendation on your behalf. Acceptable references include a teacher, supervisor, manager, employer, mentor, or the like. Family members and peers are not acceptable references.

REFERENCE #1

Name_____

Contact Number_____

E-mail Address_____

Relationship to Applicant_____

REFERENCE #2

Name_____

Contact Number_____

E-mail Address_____

Relationship to Applicant_____

REFERENCE #3

Name_____

Contact Number_____

E-mail Address_____

Relationship to Applicant_____



Media Release Form

Full permission is granted to Camp Rainbow to use, publish, and release photos of me for publication relating to Camp Rainbow. My name may be used in connection with the photo with the understanding that there will be no exploitation of me and that the photo used should conform to standards of good taste.

_____ **Yes** _____ **No**

Full permission is granted to Camp Rainbow to contact me to participate in a voluntary news media interview regarding Camp Rainbow. My name may be used in connection with the interview with the understanding that there will be no exploitation of me and that the interview should conform to the standards of good taste.

_____ **Yes** _____ **No**

Signature

Date

Statement of Absence of Criminal Record

1. Have you ever been convicted of a felony? ___ YES ___ NO

2. Have you ever been convicted of child abuse, neglect, a sexual offense or any crime against a child/children? ___ YES ___ NO

3. Are there any other facts or circumstances involving your background or the background of others in your household that would call into question your being trusted with the supervision, guidance and care of young people? _____ YES _____ NO

I certify that I have not been convicted of, or plead guilty or no contest, to any crime or felony (other than minor traffic violations).

Signature

Date

We will be conducting a criminal background check on all applications.