



Hello!

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.

After all camper applications are turned in, we will have a better idea of how many counselors will be needed this year. We will send more detailed camp information sometime in June.

Please email 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 your insurance card and license have not changed since last year, we should still have that on file.

If you have any questions prior to receiving your follow-up e-mails, please e-mail Megan Berry at megs13810@gmail.com.

Sincerely,

Camp Rainbow Planning Committee

2019 CAMP THEME: LOST IN SPACE



COUNSELOR PACKING LIST

The items listed below are things that you may need at camp. We will not be doing laundry at camp except in case of emergency. Please pack enough comfortable clothing for the entire camp session. You may need more than one change of clothes each day - we play hard at camp, so don't bring anything that can't be ruined. Please remember that you are working with children and should dress appropriately. It may be a good idea to label all your personal belongings.

Please pack what you will need to be comfortable in a camp/cabin setting. You will be sleeping in bunk beds, and each cabin only has one toilet and two showers.

You are welcome to bring snacks to keep in your cabin. We ask that you be discrete with your food, and campers are not allowed to drink any carbonated beverages while at camp. You can get a caffeine fix at breakfast with a cup of coffee. **ABSOLUTELY NO TOBACCO PRODUCTS OR ALCOHOLIC BEVERAGES ARE ALLOWED.**

- Water bottle (VERY IMPORTANT!)
- swimsuit(s) (female counselors must wear a one-piece swimsuit or a cover-up over a two-piece)
- cap/hat
- flip-flops/sandals for bath/pool
- beach towel(s)
- pillow/pillow case
- bedding for a twin-sized bed (or a sleeping bag)
- shower caddy
- bath towel(s)
- rain jacket and/or umbrella
- outfit for dance (optional) - campers enjoy dressing up - but it gets hot in the dance area.
- Laundry bag
- Decorations for your cabin (optional) - the theme this year is "Lost in Space"
- Games/activities for hanging out in the cabin (optional)
- Musical instrument (optional - if you play one)
- Comfortable shoes - maybe more than one pair - we do a LOT of walking

**APPLICATION
DEADLINE:
FRIDAY,
MAY 31**



RETURNING 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 & 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: _____



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

Background Check

Background checks are required of all counselors. **If you volunteered at Camp Rainbow 2018, then you do NOT need to have another background check done.**

For returning counselors who did not attend camp last year, we will need you to complete a background check. If this applies to you, you will receive instructions about this once your application has been submitted. *(If you have had a background check done within the last two years through another agency and have a letter confirming this, please provide it with your application.)*