



Rotary Camp Onseyawa
Trish Brewer, Camp Director
315-521-4627
PO Box # 614
Geneva, N.Y. 14456

May 2018

Hi all,

Camp is almost here. Please plan on arriving to the **Ovid Fire hall on Saturday, August 11th by 10:00 a.m.** TRAINING & ORIENTATION will begin at the fire hall. We will transition to the camp grounds later that evening. Camp set up will be Sunday morning, August 12th. All staff should wear closed toe shoes for setting up camp. Flip Flops are not safe for this activity. If you are running late or get lost, please call the camp cell number listed below to let us know.

Clothing appropriate for warm, hot, cold and rainy days. (I wouldn't bring anything new or of value)

Midriffs, spaghetti strap and halter shirts are not allowed as well as shorts that are shorter than where your fingers fall when your arms are at your sides. Pants should fit properly and should not be falling off your hips so to show undergarment, distract others or pose a safety issue. Remember you are working with campers.

Appropriate swimsuit!!!! For girls this means a one-piece bathing suit. Everyone swims!

Sleeping bags, bedding, pillows and blankets. In the tent some nights could get cool.

Enough towels for showering and activities at the waterfront

Extra footwear to include shoes appropriate for hiking and water shoes for the lake

Flashlight and extra batteries and bulbs (only battery powered illumination is allowed)

Personal hygiene articles (soap, shampoo, toothpaste toothbrush and shaving items)

Insect repellent, sunscreen

No food in tents. We cannot guarantee the safety of any belongings stored in tents, such as I Pods, iPads and cell phones. In any event, keep these items in the office & away from campers, as campers are not allowed these items while at camp.

Camp address:

Rotary Camp Onseyawa
C/o Babcock Hovey
County Road 132
Ovid, N.Y. 14521
Cell: 315-585-6323

AGAIN: Please plan on arriving to the OVID fire hall on Saturday, August 11th by 10:00 a.m. Staff will be departing from camp for break on Friday, August 17th after campers leave. This is approximately 3:00p.m. You will be expected to return on Sunday, August 19th by 10:00 a.m. Campers will be arriving at 11:00 a.m. so please be back on time. We look forward to seeing you all soon. Call the camp cell if you have any questions prior to August 11th.

Regards,

Trish Brewer & Nicole Caratozzolo

**Rotary Camp Onseyawa
Staff Criminal Background Check I. (3/2018)**

1. Interested candidates complete a staff application packet that includes:
 - a. Three written references.
 - References are to be from people not related to the candidate.
 - Interview process will start upon receipt of two references.
 - References confirmed by telephone to verify completion of the form and provide the opportunity to share any additional thoughts on the candidates.
 - Candidate will not be hired until all three references are received.
 - b. The application question:
Have you ever been convicted of a crime other than a minor traffic offense? Yes_____ No_____
2. Adult candidates offered a camp position based on their application packet and interview will be required to:
 - a. Complete a American Camping Association Voluntary Disclosure Statement that asks:
 - Previous residence(s) for last 5 years (including college and home residences).
 - Have you ever been convicted of any crime of violence against minors?
 - Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
 - Are you subject to any court order involving sexual or physical abuse of a minor, including, but not limited to domestic order or protection?
 - Have your parental rights ever been terminated for reason involving sexual or physical abuse of children?
 - b. Complete a waiver consenting to a background check of personal and criminal records. (Attached)
3. Adult candidates will be hired subject to a satisfactory criminal background check. Staff will be immediately released if an unsatisfactory criminal background check is received. Determination of an unsatisfactory criminal background check will be made by the Camp Administrator, Camp Director, camp insurance company, and/or CCE Human Resources office representative.

(continued)

**Rotary Camp Onseyawa
Staff Criminal Background Check Waiver**

The undersigned hereby consents to a background check of personal and criminal records and waives his/her rights to privacy as guaranteed under the Privacy Act.

It is understood that this Waiver is provided solely for information related to his/her Rotary Camp Onseyawa Staff Application.

Name (please print): _____

Date of Birth: _____

Signature: _____

Date: _____

Addresses for the past five years:



2018

STAFF SPECIAL DIETARY REQUIREMENTS
PLEASE INCLUDE DOCTORS SIGNED ORDER

STAFF NAME _____ AGE _____

Do you require any special dietary needs? yes no
If you answered yes to the previous question proceed:

- CELIAC DISEASE
- DAIRY FREE
- SOY FREE
- WHEAT FREE
- DYE FREE
- OTHER: PLEASE EXPLAIN

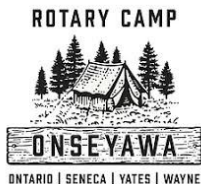
PLEASE SUBMIT DOCTOR'S ORDERS FOR SPECIAL DIETARY REQUIREMENT WITH THIS APPLICATION.

BELOW THIS LINE FOR CAMP USE ONLY:

UNIT NAME _____ UNIT LEADER _____

COPY TO UNIT LEADER UNIT LEADER _____ YES _____ NO
UNIT LEADER SIGNATURE _____

COPY TO KITCHEN SUPERVISOR _____ YES _____ NO
COPY TO CAMP DIRECTOR _____ YES _____ NO



ROTARY CAMP ONSEYAWA
STAFF MEDICAL INFORMATION / EMERGENCY CONTACT

(Revised 3/2018)

Name _____ Sex ____ DOB ____ / ____ / ____ Age ____

Address _____
Street City State Zip

Name of Doctor _____ Hospital _____

Address _____ Phone _____

Type of Health Insurance _____ Policy No _____

Person(s) to contact in case of emergency _____

Address _____ Phone _____

***** **PART II**

Do you have any serious medical conditions? Yes No If so please list: _____

Do you take any medication? Yes No If so please list: _____

Do you have any allergies (medications, foods, insect bites, etc.)? Yes No If so please list: _____

Do you have any restrictions (lifting, walking, dietary)? Yes No If so please list: _____

(A written statement from your doctor is required as to the current status of such restrictions)

Date of last tetanus vaccination: ____ / ____ / ____

Required if not on file: written verification of rubella vaccination, disease or titer from all staff born after 1956.

Staff member's signature _____ Date ____ / ____ / ____

*** Please note that without a written statement from a doctor stating you have a restriction then you will be expected to perform all duties required of the position. Dietary accommodations will not be provided to individuals without a physician statement. Vegetarian dishes will be offered as part of our regular menu.**



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Dear Staff Member,

Throughout the camp session there may be individuals who take pictures or videos to help promote Camp Onseyawa. These may be used for presentations at Rotary Club meetings, recruitment activities and/or parent meetings. They may also be used for fund raising or advertising efforts on behalf of Camp Onseyawa. Please sign and return this form with your paperwork.

Thank You!

Trish Brewer
Camp Director

_____ Yes, I consent to allow Camp Onseyawa to use my name and picture for any of the causes listed above.

_____ No, I do not give consent!

(Print name)

(Sign name)

(Date)