

Awesome Summer Days Camp

hosted by the Kelberman Center for Autism Services



Counselor Application

General Information

Name _____	Date of Birth _____
Permanent Address _____	
Summer Address (if different than above) _____	
Home Phone _____	Cellular Phone _____
Email Address _____	
Social Security Number _____	

Employment Opportunities

Awesome Summer Days Camp

This is a day camp experience for campers with autism spectrum disorders, ages 6 through 15. Hosted by the Kelberman Center, an affiliate of Upstate Cerebral Palsy, Awesome Summer Days affords these children the chance for a real summer camp encounter that allows them to participate in many traditional camp activities with support guidance and social skills instruction. Art, music, sensory, and social development activities are designed to match the unique strengths and needs of individuals with autism spectrum disorders. Awesome Summer Days Camp 2008 will take place primarily at 3390 Brooks Lane in Chadwicks, NY.

All counselors are needed for the 5 weeks of camp preceded by one week of orientation. Counselor hours are Monday through Thursday, 8am-3:00pm.

Camp Schedule
July 7th- August 7th

Position Desired

Read below for available positions. Then, to the left of each description in the space provided, please indicate the position in which you are applying for by placing a (X). If you are interested in more than one position, please number in order of preference.

- Group Leader
 - A group leader assists with planning and facilitating daily activities for a group of campers to whom they are assigned.
 - The Summer Program includes a variety of activities for facilitation including typical summer camp experiences mixed with social skills instruction.
 - Some teaching or leadership experience is required.

- Counselor Opportunities:
 - Counselor positions provide each employee with a unique opportunity to gain insight into the social and emotional learning process that takes place in exceptional settings that cannot be duplicated in other settings.
 - Child to staff ratio will be determined by the information provided by the parents based on the needs of the child.
 - Each counselor will be assigned to a camper or small group of campers, depending on the needs of the children and youth.
 - During Camp Kelberman, the counselor will accompany the camper(s) to all of the daily activities, and will assist in their participation.

- Part-time Specialist
 - Specialists will organize and run specialized activities for all campers.
 - Specialists will be employed part time as needed for each activity, usually several hours one time per week.
 - Specialists are needed for the following activities. Additional activities will be considered!
Art Instructor, Music Instructor, Dance Instructor, Yoga Instructor, Lifeguard, Sports Coach,

- Volunteer
 - Volunteers can join us full-time or part time for a variety of activities!

About You

To allow us to further get to know you and your abilities, please provide information in the space allotted. Feel free to attach a sheet of paper for additional space.

1. How did you hear about the Kelberman Center Summer Programs, and why did you decide to apply for a position?
2. Describe your experience serving children and adolescents with special needs. Please include ages, settings, and degree of disability.
3. Describe your previous experience(s).
4. Describe your teaching and/or work experience and standard of proficiency in the area you teach or work.
5. Do you have any health problems that would require special accommodations or otherwise limit your work at camp?
6. Is there any other information that you would like to convey about your qualifications and/or experience, which would have a bearing on this application?
7. Although NOT required, do you hold any additional certifications such as American Red Cross Safety & First Aid, Water Safety, Life Guarding, and/or CPR certifications? If so, please list Certification, Association (if applicable), & Dates of Training/Certification.

Personal References

Please provide the following contact information for two persons who can serve as your professional references. Please give names of persons who have observed your work or worked closely with you for at least one year. These references should not include relatives, personal friends, or family members. If you are currently a student, please make certain that at least one reference is a professor or program advisor.

First Reference _____ Title _____

Relationship to Applicant _____

Organization / Institution / Company _____

Phone Number (s) _____

Second Reference _____ Title _____

Relationship to Applicant _____

Organization / Institution / Company _____

Phone Number (s) _____

Program Skills

Please read over the list of program skills below; then, indicate your personal skill level (advanced, intermediate, or beginner). Next please indicate your facilitation experience. The skills below are most certainly NOT required. We simply want to make sure we are utilizing all talents available during Summer Programs. Should you be interested in sharing any other personal abilities or areas of interest, please do.

Personal Skill Level			Activity	Facilitating Experience		
Advanced	Intermediate	Beginner		Extensive	Some	None
			Artist/Crafts			
			Games			
			Drama			
			Sports			
			Musical Instrument			
			Multi- Media			
			Canoeing			
			Fishing			
			Teaching			
			Photography			
			Science Activities			
			Team Building			
			Social Development			
			Stress Management			
			Other			

Confidentiality Agreement

I have expressed interest in a participation opportunity at the Summer Program, sponsored by the Kelberman Center. I understand that during the course of this experience, interactions with individuals and youth with autism spectrum disorders, their families, and review of private records will occur. Information about campers is to be revealed in subsequent discussion or writing about the program experience. Such discussion and writing is to be only for professional growth. Disclosure of additional information or prior knowledge of these individuals by volunteers or staff members in other roles or settings is not to occur. Interactions and records may include but are not limited to student intervention techniques, health history, and social, economical, or emotional information.

I have read the above and agree to respect the confidential nature of all information obtained during the course of this experience.

Applicant's Signature _____ Date _____

Liability Waiver

As a volunteer for the Summer Program, hosted by the Kelberman Center, I understand that I hereby agree to waive any claim for liability against the Kelberman Center, Upstate Cerebral Palsy, or any other facility utilized for sessions based on injury arising out of participation in any activities during the program session(s). This is a voluntary release for any and all future injuries or accidents arising out of participation in any Summer Program activity. The undersigned is aware of the risks of attending, traveling to and from, and participating in all activities and hereby assumes all risks.

I have read and understand all of the above.

Applicant's Signature _____ Date _____

Emergency Contact Information

Should any of the above risks result in accident, we will contact your family and/or friends. Please include the requested information below.

1st Emergency Contact _____ Relationship _____

Phone Number (s) _____

2nd Emergency Contact _____ Relationship _____

Phone Number (s) _____

The Kelberman Center at Upstate Cerebral Palsy is a regional center for excellence for individuals with autism spectrum disorders and related learning challenges. We are dedicated to excellence in service through: prompt evaluation and diagnosis; individualized education and services; social and life skills enhancement; innovative practices, training and research. We believe in the power of individuals, family, and community working together to maximize our collective potential.

Application Deadlines and Notification Regarding Status

Counselor Applications must be received by May 15. After receiving completed applications, interviews may be conducted prior to making final decisions. Should any questions arise prior to your notification, feel free to contact the Kelberman Center at 797-6241 or email beth.myers@kelbermancenter.org.

Counselor Training

All counselors will be required to attend an orientation training to participate in the Summer Programs. Please contact the Kelberman Center at (315)797-6241 or email beth.myers@kelbermancenter.org for more specific training information.

Background Verification

I understand that in applying for a Summer Program position the information that I furnish on this form is subject to verification, which may include a criminal history check.

Signature _____ Date _____

Mail the Application to:

The Kelberman Center
1601 Armory Drive
Bldg. C
Utica, NY 13501