

#### Dear Applicant:

Thank you for applying to be a SKOR Camp Buddy. Following this letter, you will find the SKOR Camp Buddy application packet.

Please complete all pages of the above application by **March 31<sup>th</sup>**, **2017** and return them to: Hamilton Area YMCA Sawmill Branch – 185 Sawmill Road Hamilton NJ 08620 - Attn: Rich Clayton

You will be contacted once all paperwork (including references) has been returned. Please note that buddies will be utilized on an "as needed" basis. You will be notified via email/phone regarding the week(s) you have been accepted and/or have been put on a wait list. Below is a checklist to help stay organized with everything that needs to be turned in.

Thank you for your interest in the S.K.O.R. Camp Buddy Program and we look forward to seeing you soon!

Sincerely,

## Rich Clayton

Rich Clayton
Director, Sawmill Camp and Programs
Hamilton Area YMCA Sawmill Branch
185 Sawmill Rd.
Hamilton, NJ 08620
609-581-9622 x 21105
609-581-324-9845 fax
richclayton@hamiltonymca.org
www.hamiltonymca.org

S.K.O.R. Camp Buddy Program Checklist

Save this portion of the sheet to keep organized.

 Buddy registration/emergency contact form filled out/turned in (page 3)
 Parent/Buddy signed Behavioral Agreement filled out/turned in (page 4)
 Essay turned in (questions on page 5)
 References mailed, or turned in (page 6)
 Bus Authorization Slip from Steinert (page 7) (if applicable) (permission to walk home from Steinert and authorized pick up persons)
 Bus Authorization Slip from AMC (page 8) (if applicable) (authorized pick up persons)

## S.K.O.R. Camp - Buddy Program

#### WHAT IS S.K.O.R. CAMP?

The Hamilton Area YMCA S.K.O.R. (Special Kids Organized Recreation) Day Camp is offered for five weeks during the summer. This camp is specially designed for children with intellectual, physical, and/or emotional disabilities. We offer a full range of activities and experiences including a variety of sports, swimming, and crafts.

#### WHAT IS THE S.K.O.R. CAMP BUDDY PROGRAM?

The S.K.O.R. Buddy Program is designed to give selected individuals (minimum age of 13, or entering 8<sup>th</sup> grade) the opportunity to learn and develop leadership skills and to experience the joy of helping others in need. This buddy program is for those students who are seriously interested in helping individuals with disabilities. The program consists of group training, weekly buddy wrap-up meetings, and hands on experience with a small group of campers that have disabilities under the supervision of a YMCA staff person. Maturity and a sincere desire to work with children are essential. Space is limited to the amount of S.K.O.R. Campers registered. *Participation in this program does not guarantee being hired as staff in the future.* 

### WHAT IS THE ROLE OF THE S.K.O.R. BUDDY?

- **A**. The S.K.O.R. Buddy is not a counselor. They will be assisting in daily activities with their assigned group and/or assigned camper.
- **B**. The S.K.O.R. Buddy will assist campers with the daily activities such as: active games, water games, swimming, and crafts.
- **C**. The S.K.O.R. Buddy will stay with their assigned group for the duration of the day/week unless assigned to another group by the S.K.O.R. camp director.
- **D**. The S.K.O.R. Buddy *will not* be responsible for any assistance needed in the restroom, feeding, and will not ever be alone with a camper(s).
- **E**. S.K.O.R. Buddies that will be utilizing the bus will serve as bus aides and will sit with, or near, the S.K.O.R. campers (space may be limited on the bus).

#### S.K.O.R. BUDDY TRAINING

There will be a mandatory Buddy training for all S.K.O.R. Camp Buddies and staff. Buddies will be notified of the training date once all information included in this packet is turned in and have been selected to participate in the program. The training will provide information about the S.K.O.R. camp, daily routines, disability awareness/sensitivity and, and a more detailed explanation of what is expected of a Buddy.

### **PREREQUISITES**

- 1. You must be at least 13 years of age or entering the eighth grade.
- 2. A completed application demonstrating your interest in the program
- 3. An essay answering the two questions asked on page 5.
- 4. One reference. The reference form should be given to someone (other than relatives) who can evaluate your capabilities. (Teachers, Scout Leaders, Family for whom you baby-sat, Coach, former employers, etc.)
- 5. You will need to supply your chosen references with a stamped envelope, addressed to the Hamilton Area YMCA.

# S.K.O.R. Camp - Buddy Program Registration/Emergency Contact Form

Please Print Clearly. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_ Email: \_\_\_\_ XL Sm Med 2XL Adult Shirt Size: Lg (please circle one) **Availability** Please check weeks you are interested in volunteering: Week 2: June 26 – June 30 \_\_\_\_\_ Week 3: July 3 – July 7 \_\_\_\_\_ Week 4: July 10 – July 14 Week 10: August 21 – August 25\_\_\_\_\_ Week 11: August 28 – September 1 **Transportation** Are you interested in utilizing the bus? Yes \_\_\_\_ No \_\_\_\_ (Please check all that apply) Steinert – 7:30am \_\_\_\_ 8:30am \_\_\_\_ 4:15pm \_\_\_\_ 5:15pm \_\_\_\_\_ AMC - 7:30am \_\_\_\_ 8:30am \_\_\_\_ 4:40pm 5:40pm **Emergency Contact Information** (Please Print) Please list three individuals that can be reached throughout the day if needed. 1.) Name: \_\_\_\_\_ Relationship: Phone (2<sup>nd</sup>):\_\_\_\_\_ Phone (1<sup>st</sup>): \_\_\_\_\_ Relationship: 2.) Name: \_\_\_\_\_ Phone (2<sup>nd</sup>):\_\_\_\_\_ Phone (1<sup>st</sup>): \_\_\_\_\_ 3.) Name: \_\_\_\_\_ Relationship: Phone (2<sup>nd</sup>): Phone (1<sup>st</sup>): Date: \_\_\_\_\_ Volunteers' Signature Date:

\*\* Parent/Guardian Signature if applicant is under 18 years old \*\*

<sup>3</sup> 

# Parent and Buddy Behavioral Agreement

The Sawmill Summer camp strives to create a SAFE and CARING Community. We want all children to feel welcomed and accepted. We promote and encourage the YMCA character values of Caring, Honesty, and Respect Responsibility. The basic rules of camp are simple.  Be CARING towards yourself and others.  Be HONEST and forthcoming in your interactions with campers and staff.  Be RESPECTFUL of campers and staff.  Be RESPONSIBLE with YMCA equipment and property.  All the camp staff at the YMCA wants your experience to be safe and enjoyable. By following and abiding by the rules and guidelines, your experience promises to be memorable.  Please review the agreement with your child, sign, and send the agreement along with your registration form:  Parent and Buddy Behavioral Agreement  I will be respectful of everyone at camp. I will not swear or speak disrespectfully of campers or staff and I will not bully or harass the campers  I will be responsible and respectful of the YMCA by keeping my areas clean.  I will respect the property of others by asking to share and I will not steal  I will not use alcohol, drugs, or tobacco products at the YMCA  I understand my behavior can affect the experience of other campers. By signing this agreement, I understand that if at any time I do not adhere to these guidelines or the camp administrator deem my behavior as inappropriate, my parents may be called and I may be asked to leave camp. If at anytime the counselors, campers, or administrators hear/see that a buddy is making fun, or belittling any of the S.K.O.R. campers, they will be ask to leave immediately.	Buddy Name (please print):
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Buddy Signature: Date:	this agreement, I understand that if at any time I do not adhere to these guidelines or the camp administrator deem my behavior as inappropriate, my parents may be called and I may be asked to leave camp. If at anytime the counselors, campers, or administrators hear/see that a buddy is making fun, or belittling any of the S.K.O.R. campers, they will be ask to leave
	Buddy Signature: Date:

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# S.K.O.R. Camp Buddy Program Essay Questions

Please fill this page out and attach it your essay. Essay should be printed or typed.

Today's Date:	
Name:	Age:
Grade entering in the fall: School Attending:	
How did you learn of the S.K.O.R. Camp Buddy program?	
Have you participated as a Buddy before? If yes, w	/hen:
Essay Questions:	
Please answer the following questions in essay format. type. Buddies can also have the option of answering the making an appointment with a S.K.O.R. staff person.	
New Buddies:	
1. What is the main reason for you wanting to a S.K.O	.R. Camp Buddy?
2. Are there any experiences, skills or qualifications, wasset to the program?	hich you feel would be an
Returning Buddies:	
1. What have you learned from your past experience a	is a buddy?
2. What was your favorite moment(s) of S.K.O.R. Cam	ıp?

## S.K.O.R. CAMP BUDDY PROGRAM REFERENCE

APPLICANT: Give your reference a copy of this form along with a stamped addressed envelope to:

Hamilton Area YMCA 185 Sawmill Road Hamilton, NJ 08620 Attn: Rich Clayton, SKOR Buddy Program Reference

		is apply	ina to be	in the S.K.C	D.R. Camp Buddy Program.		
(Applicant's Name)			,g to 50		····· camp caudy i regianii		
					e. Please answer carefully. ce. * Returning Buddies, please		
Please rate using the fo	ollowing gr	ading syste	em: 1= ne	eeds improv	ement5 = excellent		
	1	2	3	4	5		
Caring	· ·		J	· · ·	<del></del>		
Personal Appearance					<del></del>		
Initiative					<del></del>		
Creativity					<del></del>		
Responsibility					<del></del>		
Works well under pressure					<del></del>		
Takes pride in work					<del></del>		
Maturity level							
	licant has t	the compa	ssion and	dedication r	needed to work with individuals		
Name:  If further information is needed, would you perm				Signature:			
		-		J			
Phone:			Ema	aii:			
Date of this Reference:							

# Hamilton Area YMCA Sawmill Branch Summer Camp Bus Authorization and Permission to Walk Home for STEINERT Bus Stop

Date:	Camp:	S.K.O.R. Bud	ldy Progr	am_
I give permission for my child the <u>Steinert bus stop</u> .	(Voluntee	r's full name)		
My child may be picked up from t	the Steinert	bus stop by the	following <sub>l</sub>	people:
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
I understand it is the responsibility of m bus in a timely manner.	ny child to get	to the appropriate	Parent Initial	Volunteer Initial
I understand once at the drop off location home or I will provide transportation from	•			
I understand that once my child is releated longer the responsibility of the Hamilton		ous, they are no		
I agree to hold the Hamilton Area YMCA happen to them once they leave the but		anything that may		
Volunteer Signature:			Date:	
Paront/Guardian's Signaturo		ı	Dato:	

# Hamilton Area YMCA Sawmill Branch Summer Camp Bus Authorization for AMC Bus Stop

Date:	Camp:	S.K.O.R. Bud	dy Progr	am
Please print clearly				
(Volunteer's full name)	)			
My child may be picked up	from the AMC bus s	top by the follo	owing peo	ole:
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
			Parent Initial	Voluntee Initial
I understand it is the responsib bus in a timely manner.	ility of my child to get to	the appropriate		
I understand once at the drop of home or I will provide transpor	3			
I understand that once my child longer the responsibility of the		s, they are no		
I agree to hold the Hamilton Ar happen to them once they leav		ything that may		
Volunteer Signature:		[	Date:	
Darent/Guardian's Signatu	Iro.	r	Dato:	