

**Special Needs Camp of KY, Inc.**

PO BOX 875

Owingsville, KY 40360

 (606) 336-0326

Email:  Katie.SNCKI@gmail.com

Website: www.specialneedscamp.org

Dear Parents/Guardian/Counselor:

Thank you for taking the opportunity to complete this application as a counselor/buddy for Special Needs Camp of Kentucky, Inc. Summer Camp 2019. We have many exciting activities and events planned for this year’s camp. The date for camp is June 17th through 21st.

 We are EXCITED to announce that we are now an official 501(c)3 non-profit organization, therefore; our new name is Special Needs Camp of Kentucky, Inc. (SNCKI). With this brings many changes; all donations are now 100% tax-deductible. A donation form has been attached for your convenience.

Camp has always been free for campers and counselors to attend and it will continue to be free this year with the help of continued financial support. The cost of camp is constantly increasing, each year. Expenses have gone from $2,000 to fund camp 10 years ago to running over $20,000 to support Camp 2018, please help us with this need.  It takes a minimum of $275 per camper just for them to be able to attend camp. If you know of any potential camp supporters (individuals or businesses) please make copies of the donation form to give to them. We gratefully appreciate your continued support.

A few things to consider when completing the application:

* Counselors must meet the age requirement for camp, 13 years of age.
* Counselors **MUST** include on their application **three** non-relative references which SNCKI officers will contact.
* Please ensure that **ALL** sections of the application are filled out completely. Incomplete applications will be denied.
* Applications are taken into consideration on a first-come first-serve basis due to limited space.
* We **MUST** receive all applications by **April 27th, 2019**  via mail delivery, email delivery, faxing to 606-683-6971 or hand delivery to 6255 E. Hwy. 60, Salt Lick, KY  40371.
* Acceptance or denial letters will be sent out to applicants the 1st week of May. In addition, if you are accepted additional information will be needed and described in the acceptance letter.

If you have any questions, please contact us via any of the sources at the top of the letter!

Sincerely,

Katelyn Harvey, President

Special Needs Camp of Kentucky, Inc.



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**Counselor Application Form**

**June 17th - 21st, 2019**

**MUST BE RETURNED BY April 27th**

**Name of Counselor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         State: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian(s)Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (If Diff. From Above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (where they can be reached during camp hours):(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will Volunteer be providing their own transportation to and from camp:  YES NO

If not, list who has permission to transport counselor other than parents/guardian/caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please turn over to complete the rest of this application.**

**Please list date(s) if known you will not be able to attend camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete applications and full attendance will have first priority to acceptance.**

**References:**

Applicants **must have three** **non-relative** references, which will be contacted by SNCKI officers.

**Reference #1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference #3:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (if under 18yrs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

Please feel free to contact SNCKI at any time if you have any questions or concerns by any of the sources listed above.  We will be more than happy to put your mind at ease.

**\*SNCKI reserves the right to accept or deny this application. Notification of decision will be made the first week of May. \***

**Permission Form**

I hereby give the staff of Special Needs Camp of KY, Inc. permission to give volunteer his/her medication when specified.

Permission is given to Special Needs Camp of KY, Inc. to use photographs, videos, slides, and names (individual or group) of volunteer in their camp promotion and/or individual promotion, including (but not limited to) newspapers, magazines, news bulletins, movies, television, displays, news releases, camp website, name tags, scheduling, brochures, flyers, fundraising programs, and all social media.

Permission is given for the volunteer to ride in any designated camp vehicles to any or all camp activities, buses transporting camper to and from activities and also, to attend ANY and ALL activities scheduled at any other site. This includes any and all field trips such as, Mall, Malibu Jacks, Candy Factory, Pool, Movies, and etc.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician / emergency personnel / urgent treatment center selected by SNCKI staff to obtain needed medical services, hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the volunteer. I understand that the medical costs incurred by the volunteer are the responsibility of the volunteer/parents/guardians.

All volunteer/parents/guardians participating in Special Needs Camp of KY, Inc. activities are deemed to have waived all claims against its staff and/or volunteers and/or campers for injury, accident, illness, or death occurring during any Special Needs Camp of KY, Inc. excursion or activity.

Every possible precaution will be taken to ensure the safety and well-being of each volunteer. However, should an injury or accident happen, the sponsors, volunteers, campers and/or staff of Special Needs Camp of KY, Inc. will not be held responsible.

Volunteer has permission to attend Special Needs Camp of KY, Inc. 2019 under the terms previously stated.

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Medical Form**

This form is needed to ensure proper billing of medical costs that might arise while at camp. We take all precautions to ensure that this does not happen, but this information is necessary. It must be completed and on file prior to the start of Special Needs Camp of KY, Inc.

Should medical attention be required in the event of an emergency, he/she will be seen by the Bath Co. Ambulance Service. If required they will be taken to either the Bath County Clinic (Owingsville), St. Claire Medical Center (Morehead), or St. Joseph Hospital (Mount Sterling) by the Bath Co. Ambulance Service.

Please provide us with the necessary insurance information below. Please also provide us with a copy of insurance card.

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber of Insurance Policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_

Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_