

2009 Camp Rainbow CIT AGREEMENT

Rules for Personal Conduct at Camp Rainbow:

As CIT you agree to...

- ...Serve to the best of your ability.
- ...Report to camp by 8:30 am daily, July 13 – 17, 2009.
- ...Not leave Camp without notifying the CIT Chair
- ...Attend the pre-camp training meeting, Sunday July 12, 2009.
- ...Serve without compensation.
- ...Follow personnel policies and procedures of Camp Rainbow.
- ...Not hold Camp Rainbow and the American Diabetes Association liable for accidental injury or illness during the camp session.

Any CIT *who does not follow Camp Rainbow Policies and procedures...*

- ... Will be promptly dismissed from camp.*
- ... Must be picked up from camp by the parent or guardian.*
- ... Will **not** have camp fees refunded.*
- ... Will risk losing the privilege of returning to camp in the future.*

As a **CIT**, you will be expected to be responsible for your behavior and abide by Camp Rainbow rules.

I, _____, have read and understand the rules for attending camp as a CIT and agree to them.

CIT signature: _____ Date: _____

As the **parent/guardian**, you are expected to help enforce the camp rules.

I, _____, have read and understand the camp rules and have reviewed them with my child. I agree to pick my child up from camp in the event that this contract is broken by him/her.

Parent/guardian signature: _____ Date: _____

List any work experience you have (include babysitting, lawn care, etc.): _____

If selected into the CIT program, with which age group of campers would you like to work? Rank choices with #1 the age group you would like to work with the most and #4 the least:

Age Groups:	4 – 6	7 – 8	9 – 10	11 – 13
Rank:	_____	_____	_____	_____

*If the Counselor-in-Training has a sibling attending camp as a camper, the CIT will not be assigned to the same group their sibling is in.

*There are no guarantees that CIT candidates will be assigned to their first choices.

Please read the enclosed sheet about the CIT Program, which covers the Goals, Qualifications and Responsibilities, and the Guidelines. If you agree to abide by the CIT Guidelines and Agreement:

1. Read the paragraphs in the boxes at the bottom of the pages, date and sign your name.
2. Have your parent/guardian read and sign the forms.
3. Mail the following completed forms: CAMPER APPLICATIONS, CIT APPLICATION, CIT AGREEMENT (*remember*: have your two references mailed directly to Kellianne Barron at the ADA).
4. All must be postmarked no later than May 10, 2009.

2009 Camp Rainbow CIT Application
Reference Form #1

Name of CIT Applicant: _____

Your statements will be held in strict confidence. Working in a camp setting with children requires a capable, responsible, stable and patient young person. Your objective and frank appraisal of this applicant will enable us to make proper selections and placements. If you have any questions, please call the ADA office at (713) 977-7706.

1. How long have you known this applicant? _____
In what capacity:

2. Please circle the words/phrases that best describe the applicant:

Dependable	Skilled	Fair	Stable	Frank	Fun
Likes children	Well-liked	Aggressive	Frail	Loyal	Well-groomed
Trustworthy	Tactful	Outgoing	Consistent	Shy	Enthusiastic
Responsible	Mature	Excitable	Idealistic	Loyal	Reliable
Creative	Emotional	Serious	Orderly	Warm	Adaptable
Uses Initiative	Quiet	Friendly	Dedicated	Alert	Understanding
Tolerant	Patient	Healthy	Loud	Intelligent	Cooperative
Flexible	Fun	Honest	Leader	Boastful	Compassionate

3. Please comment on the applicants ability to:
A. Work with children:

B. Show leadership:

C. Display responsibility:

4. Please comment on the applicant's strengths:

5. Please comment on the applicant's weaknesses:

6. Would you recommend this applicant for a day camp position as a Counselor-in-Training (CIT)?

Please feel free to make any additional comments: _____

Signature: _____

please print the following:

Name: _____ Date: _____

Address: _____
Street City State Zip

Home phone: (_____) _____ - _____ Work phone: (_____) _____ - _____

Thank you for your participation. CIT applicant's eligibility will be dependent upon prompt receipt of this form. Please fax directly to Kellianne Barron at (713) 977-6277 or mail to the following address by May 10, 2009. **Please do not give this form back to the applicant.**

MAIL TO: Kellianne Barron
American Diabetes Association
2400 Augusta Dr., Suite 175
Houston, TX 77057

2009 Camp Rainbow CIT Application
Reference Form #2

Name of CIT Applicant: _____

Your statements will be held in strict confidence. Working in a camp setting with children requires a capable, responsible, stable and patient young person. Your objective and frank appraisal of this applicant will enable us to make proper selections and placements. If you have any questions, please call the ADA office at (713) 977-7706.

7. How long have you known this applicant? _____
In what capacity:

8. Please circle the words/phrases that best describe the applicant:

Dependable	Skilled	Fair	Stable	Frank	Fun
Likes children	Well-liked	Aggressive	Frail	Loyal	Well-groomed
Trustworthy	Tactful	Outgoing	Consistent	Shy	Enthusiastic
Responsible	Mature	Excitable	Idealistic	Loyal	Reliable
Creative	Emotional	Serious	Orderly	Warm	Adaptable
Uses Initiative	Quiet	Friendly	Dedicated	Alert	Understanding
Tolerant	Patient	Healthy	Loud	Intelligent	Cooperative
Flexible	Fun	Honest	Leader	Boastful	Compassionate

9. Please comment on the applicants ability to:
B. Work with children:

B. Show leadership:

C. Display responsibility:

10. Please comment on the applicant's strengths:

11. Please comment on the applicant's weaknesses:

12. Would you recommend this applicant for a day camp position as a Counselor-in-Training (CIT)?

Please feel free to make any additional comments: _____

Signature: _____

please print the following:

Name: _____ Date: _____

Address: _____
Street City State Zip

Home phone: (_____) _____ - _____ Work phone: (_____) _____ - _____

Thank you for your participation. CIT applicant's eligibility will be dependent upon prompt receipt of this form. Please fax directly to Kellianne Barron (713) 977-6277 or mail to the following address May 10, 2009. ***Please do not give this form back to the applicant.***

MAIL TO: Kellianne Barron
American Diabetes Association
2400 Augusta Dr., Suite 175
Houston, TX 77057

Camp Staff Code of Ethics

Protection of Campers:

- Campers are not to be left alone without the supervision of at least two adults at any time. Proper supervision may prevent potential injury and abuse.
- Camp personnel will never be alone with campers or an individual camper.
- Camp personnel will not abuse campers including:
 - Physical abuse: strike, spank, shake, slap
 - Verbal abuse: humiliate, degrade, threaten, use profanity
 - Sexual abuse: including inappropriate touching, or display
 - Mental abuse: hazing, negative manipulation, teasing or bullying
- Camp personnel will treat with confidence and respect the personal information they have learned from or about campers, subject to the policies on reporting abuse and neglect.
- Camp personnel will treat campers of all ethnic, religious, and cultural backgrounds with respect and consideration.
- Camp personnel will report any suspicions of abuse or neglect to the appropriate camp leadership (Camp Director or Medical Director) immediately in compliance with state reporting regulations.
- Camp personnel will use positive guidance techniques including redirection, anticipation, and/or elimination of potential problems, positive reinforcement, support and encouragement rather than competition, comparison, criticism, or humiliating discipline techniques.
- Camp personnel will report any incident or accident immediately to the Camp Director and Medical Director.

Staff Protection/Conduct

- Camp personnel will portray a positive role model for campers, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact, and maturity.
- Camp personnel will not use profanity or discuss adult subject matter in the presence of campers.
- Camp personnel will dress appropriately for camp (guidelines will be discussed during staff training).
- Camp personnel will not use, possess, or be under the influence of alcohol or illegal drugs while at camp or camp training events.
- Camp personnel are prohibited from having firearms or other weapons while at camp.
- Camp personnel will comply with the outlined activities and expectations of their defined jobs at camp and participate in all required activities prior to camp (i.e., camp training).
- Camp personnel must be willing and prepared to assist campers in meeting daily personal needs.
 - Camp personnel must accommodate and be sensitive to the developmental differences and abilities of individual campers.
 - Camp personnel will not offer to or accept gifts of goods or money from campers or their families.
 - Camp personnel will not abuse, steal from, or show disrespect to their fellow staff, campers, or camp/personal property.
 - Camp personnel will adhere to the outlined camp policies, procedures, and standards.
 - Camp personnel will agree to all criminal and other background check information requested of them and must meet qualification standards established by the camp.
 - Camp Personnel will not initiate social contact with campers outside of the camp session. If contacted by a camper, the staff person will inform the ADA staff person responsible for camp immediately.”

I understand and agree to adhere to all expectations and rules established by the camp, and the American Diabetes Association as explained above. I understand that failure to comply may result in dismissal.

Signature: _____ Date: _____

If camp staff member is under the age of 18 the signature of his/her parent or guardian must also be provided below:

Signature: _____ Date: _____

AMERICAN DIABETES ASSOCIATION
AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION
HIPAA (Health Insurance Portability and Accountability Act)

Staff Member Name: _____

Staff Member Date of Birth _____

Name of Custodial Parent /Legal Guardian if staff member is under 18

I hereby authorize the American Diabetes Association (ADA) to release my/my child's personal health information as described below:

The purpose of this disclosure is to promote the ADA camp program, publicize the ADA camp program, and/or fund-raise for the American Diabetes Association:

The PHI to be disclosed is limited to the following:

Staff Member's photograph or likeness

Other: (specify _____)

The PHI may be disclosed as part of the American Diabetes Association's marketing efforts, including but not limited to, mailing list development for camp, a brochure promoting camp or other educational program, or fundraising events of the American Diabetes Association.

Expiration date: This Authorization shall expire on December 31, 2016.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving ADA written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my/my child's ability to receive treatment, get payment for treatment, or attend camp.

I understand that I will be given a copy of this signed Authorization.

A copy of this document is valid as an original. The original is not required to be shown.

Name of Staff Member (print) Signature of Staff Member Date

Parent's/Legal Guardian's Name if Staff Parent's/Legal Guardian's Signature Date
Member is under 18. (print)

Confidentiality Agreement
Access and Use of Personal Health Information
Under the Health Insurance Portability and Accountability Act
By American Diabetes Association Camp Staff and Volunteers

Staff Member Name: _____

Staff Member Date of Birth _____

Name of Custodial Parent /Legal Guardian if staff member is under 18

I, _____, understand that I will have access to and will use personal health information (“PHI”) of campers, fellow staff members and volunteers, while serving at or in preparation for an ADA camp program.

My camp position/duties that involve PHI may include:

- Provision of medical management for campers and camp personnel to ensure their physical well being and safety
- Provision of food service and nutrition counseling for campers and camp personnel to ensure their physical well being
- Provision for the well being and safety of campers in the common living areas (cabins and tents) relative to co-morbidities, diabetes treatment plans, food allergies, other allergies and behavioral/psychological/social issues.
- Provide for the safety and well being of campers and camp personnel who will participate in the camp program.

I agree to safeguard PHI and make sure that it is not used in an unauthorized way or given to any unauthorized person or entity.

I hereby agree that I will not copy, record, disseminate, share, use or disclose any PHI beyond my camp position/duties.

I understand that I have the right to refuse to sign this Confidentiality Agreement and that my refusal will disqualify me from serving in any capacity with the ADA camp program that would provide access to personal health information in written, electronic or verbal form.

Name of Staff Member (print)

Signature of Staff Member

Date

Parent's/Legal Guardian's Name if
Staff Member is under 18. (print)

Parent's/Legal Guardian's Signature

Date