



# THE KANSAS JAYCEES CEREBRAL PALSY FOUNDATION

P.O. Box 267 - Augusta, KS 67010 ? (316) 775-2421  
<http://www.cpranch.org> e-mail: [execdirector@cpranch.org](mailto:execdirector@cpranch.org)

## Summer Staff Application Process (applicant keeps this page)

### **This packet includes:**

- Application Form
- 3 Reference Forms
- Information about our camp

### **You need to:**

- Fill out application, copy certificates (CPR, First Aid, etc.), and mail them with your application.
- Fill out top of reference forms.
- Send forms to your references, ask them to complete the forms and send to PO Box 267, Augusta, KS.

### **The Personnel Committee will:**

- Contact you for an interview
- Inform you on position availability

Average workweek from Sunday 1:00pm through Friday 1:00pm.

Please note basic requirements for all positions you apply for. In-depth job descriptions available during interview or upon request. You may apply for more than one position. Please rank them in order of preference. You must be a citizen of the United States or have a valid Green Card of a J-1 VISA to be employed.

### **In addition to salary the camp offers you:**

- Free room and board
- Access to laundry facilities

## **Job Description and Requirements**

This camp is very active and your participation will be necessary. All jobs include hands on experience with the campers. The staff performs a variety of tasks which will include but are not limited to: dressing, bathing, toileting, lifting, supervising, cleaning and full participation in all activities.

<u>Job Title &amp; Availability</u>	<u>Requirements</u>	<u>Description</u>
15 Counselors environment, Salary \$1,400-1,600	Minimum age 18	Camper care, maintaining a clean and safe  help campers participate in program, and serve as an activity leader.
Lifeguard Additional salary	Lifeguard certification	Oversee daily swimming time
CIT(counselor in training) operations as	Min. age 15	Help with campers, activities and other camp  needed.

# CAMP EMPLOYMENT

The Kansas Jaycees' Cerebral Palsy Foundation, Inc. is a specially designed summer camp for children, teens, and adults with physical and/or mental disabilities, including, but not limited to cerebral palsy, spina bifida, mental retardation, and juvenile arthritis. We want to invite you to take part in our program by serving as a counselor.

The Ranch offers one of the best overall experiences in working with individuals with physical and/or mental disabilities. Many of our counselors are students in college with majors relating to working with special populations. Others are working toward unrelated majors but enjoy the challenge of working at the Ranch. Counselor staff members serve as primary caregivers for campers.

Counselors need to work the entire camp season if possible, although there may be room for some flexibility in the program. There will be a week of pre-camp staff training that everyone will be required to attend. It will include CPR and first aid training, care of disabled, lifting, communicable diseases, group activities, team building sessions, and planning meetings. We will also cover the personnel policies and standards at this time.

All of the Ranch's facilities are designed to be accessible to physically disabled campers. Buildings are air-conditioned. Facilities include dorms, recreation room, kitchen, dining hall, lodge, pool, severe weather shelter, 28-acre lake, and a boating and fishing dock. We also have horses and a miniature golf course, to name a few of the activities available.

Counselors live in the dorms in group living style, sharing a wing and bathroom with other counselors of the same sex. Campers stay in separate wings. Counselors are allowed to stay in the dorms during the days off, although it is not preferred. Several weekends during the summer the camp will be rented out, during which time most of the camp with the exception of the counselor's private rooms are off limits, unless the renters invite the counselors to join in the use of the facility. Rentals are necessary to help raise funds for the camp to pay counselors' salaries, among other things.

Counselors work as Activity Leaders and Assistants to organize and lead various camp programs. Leaders needed for this summer include sports & games, horses, fishing, canoeing, BB guns & archery, dramatics, arts & crafts, nature study, cookouts, and hayrack rides. Two counselors will also serve as lifeguards.

The ranch is a great experience in addition to all the fun that is shared by campers, staff, and volunteers. Ranch staff members work hard during a rewarding week of working with campers, and form memories special enough to last a lifetime! We hope you will be a part of the Ranch this summer. If you have any questions, call, write, or e-mail:

Cheryl Schmeidler, Executive Director  
 PO Box 267, Augusta, KS 67010  
 Email: [execdirector@cpranch.org](mailto:execdirector@cpranch.org)    Web Site: [www.cpranch.org](http://www.cpranch.org)

Those wishing to receive mail at the Ranch can either use the P.O. Box or this physical address:  
**6411 SW 50<sup>th</sup>, El Dorado, KS 67042, Camp phone: 316-775-2421**

## 2008 Camping Schedule

*We accept almost any type of disability & don't discriminate on the basis of sex, race, religion, or creed.*

Week	Date	Age	Theme	Week	Date	Age	Theme
1	June 1 - 6	25 & Up	<i>Aloha!</i>	*6	June 29 – July 4	21 & Up	<i>Red, White &amp; Blue</i>
2	June 8 - 13	12 - 20	<i>Wet 'N Wild</i>	7	July 6 - 11	21 & Up	<i>Around The World</i>
3	June 15 - 20	21 & Up	<i>Amazing Adventures</i>	8	July 13 - 18	25 & Up	<i>Wild West</i>
4	June 22 - 27	5 - 11	<i>Into The Wild</i>	9	July 20 - 25	21 & Up	<i>Peace Out</i>
** 5	June 27 -29	ALL	<i>FAMILY FUN</i>	10	July 27 – August 1	25 & Up	<i>Week Hollywood</i>

- \* This is a "bring a buddy" week where the campers are allowed to bring a friend with them to camp.
- \*\* This is a weekend activity where campers and families participate together.

Office use only

# The Kansas Jaycees' Cerebral Palsy Foundation, Inc.

Date rec'd	_____
Date/time of interview	_____
Reference 1	_____
Reference 2	_____
Reference 3	_____
Position	_____
Salary	_____
Date hired	_____ NO _____
Weeks	_____

## APPLICATION FOR EMPLOYMENT

The Kansas Jaycees' Cerebral Palsy Foundation, Inc. is an equal opportunity employer. Applications are considered without regard to race, color, religion, national origin, sex, sexual orientation, marital status or disability.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Prior experience at CP Ranch (year and length of time) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Current Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Check age range as of May 31<sup>st</sup> \_\_\_\_\_ 15-18 yrs. \_\_\_\_\_ 18-20 yrs. \_\_\_\_\_ 21 & up

### Position applying for: (if more than one, rank in order of preference)

\_\_\_\_\_ Counselor (18 years old or older) \_\_\_\_\_ CIT (Counselor In Training) (15-18 years old)

\_\_\_\_\_ Volunteer (18 years old or older) \_\_\_\_\_ Volunteer (15 to 18 years old—daytime only)

### Additionally, rank the Activity Positions you feel qualified for:

_____ Lifeguard	_____ Arts and Crafts	_____ BB Guns	_____ Drama
_____ Fishing	_____ Horses	_____ Canoeing	_____ Sports & Games
_____ Archery	_____ Sing-a-longs	_____ Nature Study	_____ Cookouts
_____ Hay Rack Rides	_____ Storytelling	_____ Other _____	

**DATES YOU ARE AVAILABLE:** from \_\_\_\_\_ to \_\_\_\_\_

If hired are there any specific days you need off? \_\_\_\_\_

Do you speak any language other than English? \_\_\_\_\_ Yes \_\_\_ No. If yes, which \_\_\_\_\_

Do you know American Sign Language? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Limited amount

Ideally, interviews will be conducted at the CP Ranch. Other possibilities include in Emporia.

Which type of interview would work for you? \_\_\_\_\_Ranch(east of Wichita) \_\_\_\_\_Emporia

Best day of the week and time for interview?\_\_\_\_\_

**EDUCATION**

<u>Year</u>	<u>School</u>	<u>Major</u>	<u>Degree</u>

**PAST EMPLOYMENT** (list most recent employment first)

<u>Date</u>	<u>Position</u>	<u>Employer</u>	<u>Supervisor</u>	<u>Address/phone</u>

**CAMP EXPERIENCE**

<u>Date</u>	<u>Camp</u>	<u>Director</u>	<u>Address/phone</u>	<u>Camper or staff?</u>

**REFERENCES** (give name/address of 3 people, not relatives, who know your character, experience or abilities)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

**ADDITIONAL TRAINING, COURSES OR EXPERIENCE** (list any other information about experience/training/work involving children, individuals with disabilities and /or organized camping)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATES/TRAINING** (Check all that apply, date received, date valid through, and include a photocopy of certificate.)

check which apply	certification	date rcvd.	date valid till		check which apply	certification	date rcvd.	date valid till
	Standard First Aid					EMT		
	Advanced First Aid					Lifeguard		
	CPR					Instructor (list type)		
	Other					_____		

**Have you ever been convicted of a misdemeanor?**     Yes     No

**Have you ever been convicted of a felony?**     Yes     No

(Prior convictions will not necessarily bar you from employment. The type and how recent the conviction was will be considered.)

If yes, please indicate date: \_\_\_\_\_ State/location \_\_\_\_\_

Offense: \_\_\_\_\_ State of sentence: \_\_\_\_\_

Additional information you would like considered about your conviction: \_\_\_\_\_

What is motivating you to seek a position at the CP Ranch?

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What contribution do you think you can make at camp?

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What effect do you think a week at camp can have for a person with a disability?

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Please state any other information that might have bearing on this application and the position for which you are applying:

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**\*The Kansas Jaycees' Cerebral Palsy Foundation, Inc. has a strict policy prohibiting the use of alcohol and illegal drugs. Can you adhere to this? Yes \_\_\_ No. Why or why not? \_\_\_\_\_**

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**I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an acceptance decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.**

I hereby understand and acknowledge that any relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Additionally, please sign the statement below:

I \_\_\_\_\_, authorize the Kansas Jaycees' Cerebral Palsy Foundation to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions from crimes committed upon children.

I understand that such access is for the purpose of my application as an employee/volunteer, and that I expressly DO NOT authorize the Ranch, its directors, officers, employees or volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

I certify that I have read and agree to the statement above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application (pages 3-6) to:  
The Kansas Jaycees' Cerebral Palsy Foundation, Inc.  
PO Box 267  
Augusta, KS 67010  
Phone – 316-775-2421      Email – [execdirector@cpranch.org](mailto:execdirector@cpranch.org)**

**CONFIDENTIAL REFERENCE**

I, \_\_\_\_\_, hereby authorize the recipient of this form to release any information requested on this form to the The Kansas Jaycees' Cerebral Palsy Foundation, Inc.. I understand that such information is for the purpose of my application as an employee/volunteer, and that I expressly DO NOT authorize the Ranch, its directors, officers, employees or volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

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Signature of applicant                      Date              Position(s) applicant is applying for

The named person above has requested that you give a reference for him/her for a position at the Kansas Jaycees' Cerebral Palsy Foundation, Inc.. This is a residential summer camp for children and adults with mental and physical disabilities. We would appreciate any information you can give on this person.

This evaluation will help us learn about the character and ability of this person. After you complete this form, please return it to PO Box 267, Augusta, KS 67010, at your earliest convenience. Thank you for your assistance in helping us locate the most qualified staff.

Thank you,

Cheryl Schmeidler  
Executive Director

**Please return completed reference to:  
The Kansas Jaycees' Cerebral Palsy Foundation, Inc.  
PO Box 267  
Augusta, KS 67010**

Please rate the following:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
Emotional and Mental Stability					
Ability to Work with Others					
Physical Stamina					
Acceptance of Responsibility					
Dependability					
Organizational Skills					
Moral values					
Response to Supervision					
Maturity					

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

What are the applicant's strongest characteristics? \_\_\_\_\_

\_\_\_\_\_

What are the applicant's weakest characteristics? \_\_\_\_\_

\_\_\_\_\_

Would you feel comfortable leaving your own children with this person? \_\_Yes \_\_\_\_No

Why or why not? \_\_\_\_\_

\_\_\_\_\_

Please check all the following that you feel apply to the applicant:

- |                                      |                                    |                                     |                                     |   |
|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Outgoing  | <input type="checkbox"/> Insecure   | <input type="checkbox"/> Respectful | <input type="checkbox"/> Sensible       |
| <input type="checkbox"/> Thoughtful  | <input type="checkbox"/> Stubborn  | <input type="checkbox"/> Adaptable  | <input type="checkbox"/> Tolerant   | <input type="checkbox"/> Temperamental  |
| <input type="checkbox"/> Lazy        | <input type="checkbox"/> Nervous   | <input type="checkbox"/> Headstrong | <input type="checkbox"/> Excitable  | <input type="checkbox"/> Argumentative  |
| <input type="checkbox"/> Competent   | <input type="checkbox"/> Critical  | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Prompt     | <input type="checkbox"/> Self Conscious |
| <input type="checkbox"/> Flexible    | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Touchy     | <input type="checkbox"/> Selfish    | <input type="checkbox"/> High Strung    |
| <input type="checkbox"/> Integrity   | <input type="checkbox"/> Forceful  | <input type="checkbox"/> Intolerant | <input type="checkbox"/> Motivated  | <input type="checkbox"/> Unimaginative  |
| <input type="checkbox"/> Curious     | <input type="checkbox"/> Friendly  | <input type="checkbox"/> Peppy      | <input type="checkbox"/> Moody      | <input type="checkbox"/> Opinionated    |
| <input type="checkbox"/> Outspoken   | <input type="checkbox"/> Organized | <input type="checkbox"/> Happy      | <input type="checkbox"/> Energetic  | <input type="checkbox"/> Enthusiastic   |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Shy       | <input type="checkbox"/> Pushy      | <input type="checkbox"/> Creative   | <input type="checkbox"/> Cooperative    |
| <input type="checkbox"/> Fun         | <input type="checkbox"/> Healthy   | <input type="checkbox"/> Quiet      | <input type="checkbox"/> Honest     | <input type="checkbox"/> Humorous       |

Please make any additional comments that you feel will help use determine if this person is suitable to work with campers that are mentally and/or physically disabled.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print your Name \_\_\_\_\_ Signature \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your time!  
The Kansas Jaycees' Cerebral Palsy Foundation, Inc.

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Ability to Work with Others					
Physical Stamina					
Acceptance of Responsibility					
Dependability					
Organizational Skills					
Moral values					
Response to Supervision					
Maturity					

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\_\_\_\_\_

What are the applicant's weakest characteristics? \_\_\_\_\_

\_\_\_\_\_

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Why or why not? \_\_\_\_\_

\_\_\_\_\_

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| <input type="checkbox"/> Fun         | <input type="checkbox"/> Healthy   | <input type="checkbox"/> Quiet      | <input type="checkbox"/> Honest     | <input type="checkbox"/> Humorous       |

Please make any additional comments that you feel will help use determine if this person is suitable to work with campers that are mentally and/or physically disabled.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print your Name \_\_\_\_\_ Signature \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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Company \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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