

San Jose Burn Foundation



OFFERING PROACTIVE FINANCIAL SUPPORT FOR BURN SURVIVORS AND THEIR FAMILIES | SUPPORTING ADVANCES IN BURN TREATMENT AND CARE | A PROACTIVE EDUCATIONAL PRESENCE SINCE 1990.

THE SAN JOSE FIREFIGHTERS BURN FOUNDATION

www.sjfirefightersburnfoundation.org

Sponsors the 2018 KIDS BURN CAMP

When: Friday April 27th through Sunday April 29th

Where: YMCA Camp Campbell 16275 State Route 9, Boulder Creek, CA 95006

Meeting Time: Friday April 27th at 3:00pm-SJFD Training Center
255 S. Montgomery Street, San Jose, CA 95110

Return Time: Sunday April 29th at 3:00pm-SJFD Training Center
255 S. Montgomery Street, San Jose, CA 95110

What is camp all about? Camp is fun!!!!!! Camp is a healthy, happy and enriching environment for a burn survivor child's growth and development. Camp is for children ages 6 to 17 who have survived burn injuries. Counselors and staff who volunteer their time supervise the campers. Most of the counselors and staff have attended camp for many years. The counselors and staff consist mostly of firefighters, paramedics and nurses, however there are many other staff with different professions, backgrounds and talents. Volunteers who are 18 and older are counselors in training (CIT) and work with the seasoned counselors. There are many activities at camp. Swimming (heated pool), basketball, broom hockey, ropes course, various sports, various games, bingo with prizes, a field trip to Santa Cruz Beach Boardwalk and lots of other surprises.

Sponsorship: All expenses during camp are paid for by the San Jose Firefighters Burn Foundation and partnering organizations.

Thank you so much and we look forward to seeing you!

Please call with any questions.

- Joe Pereira Co-Camp Director 831-239-8933
- Dan Vega Co-Camp Director 408-515-7656

Applications are mailed or emailed to:

Tina Thibeau-Boyd RN

Camp Nurse

2151 Oakland Rd. #5

San Jose California 95131

Email tbt111@comcast.net

Phone: 831-419-7824

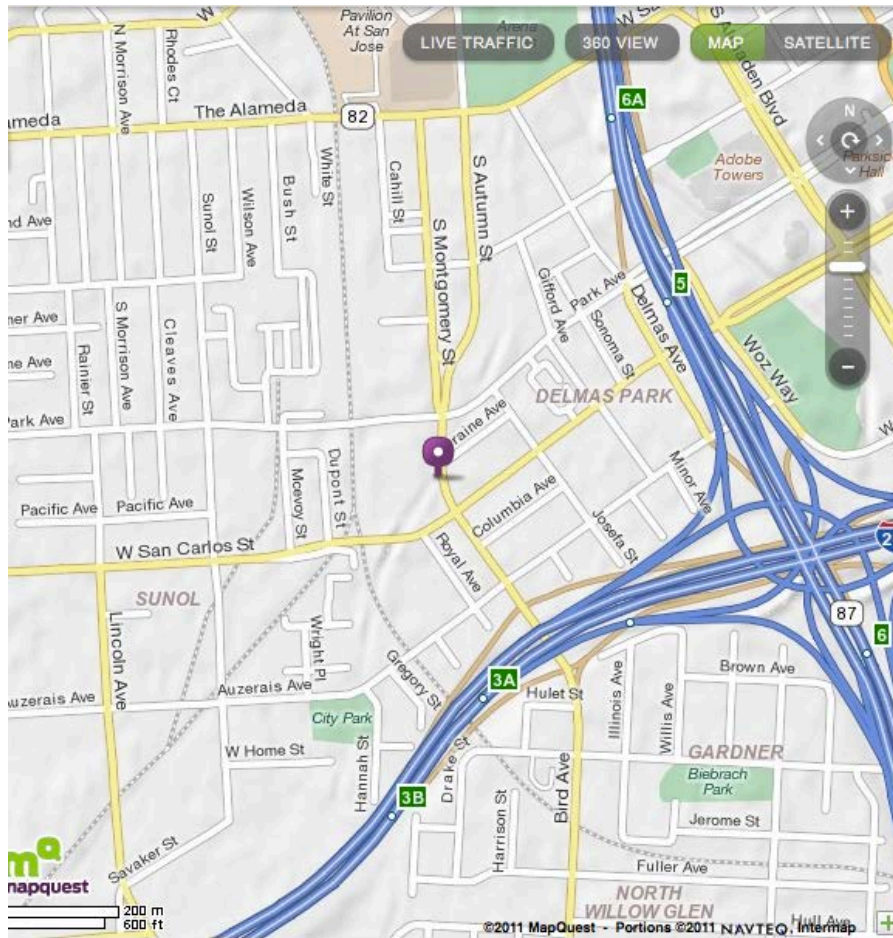
The Internal Revenue Service requires that the San Jose Fire Fighter Burn Foundation, Inc. advise you that your contribution is tax-deductible to the fullest extent of the law. Tax Exempt ID Number 77-0266672. Please retain this letter for your records.

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San Jose Fire Department Training Center. Camper drop off and pick up location
255 S. Montgomery Street, San Jose, CA 95110



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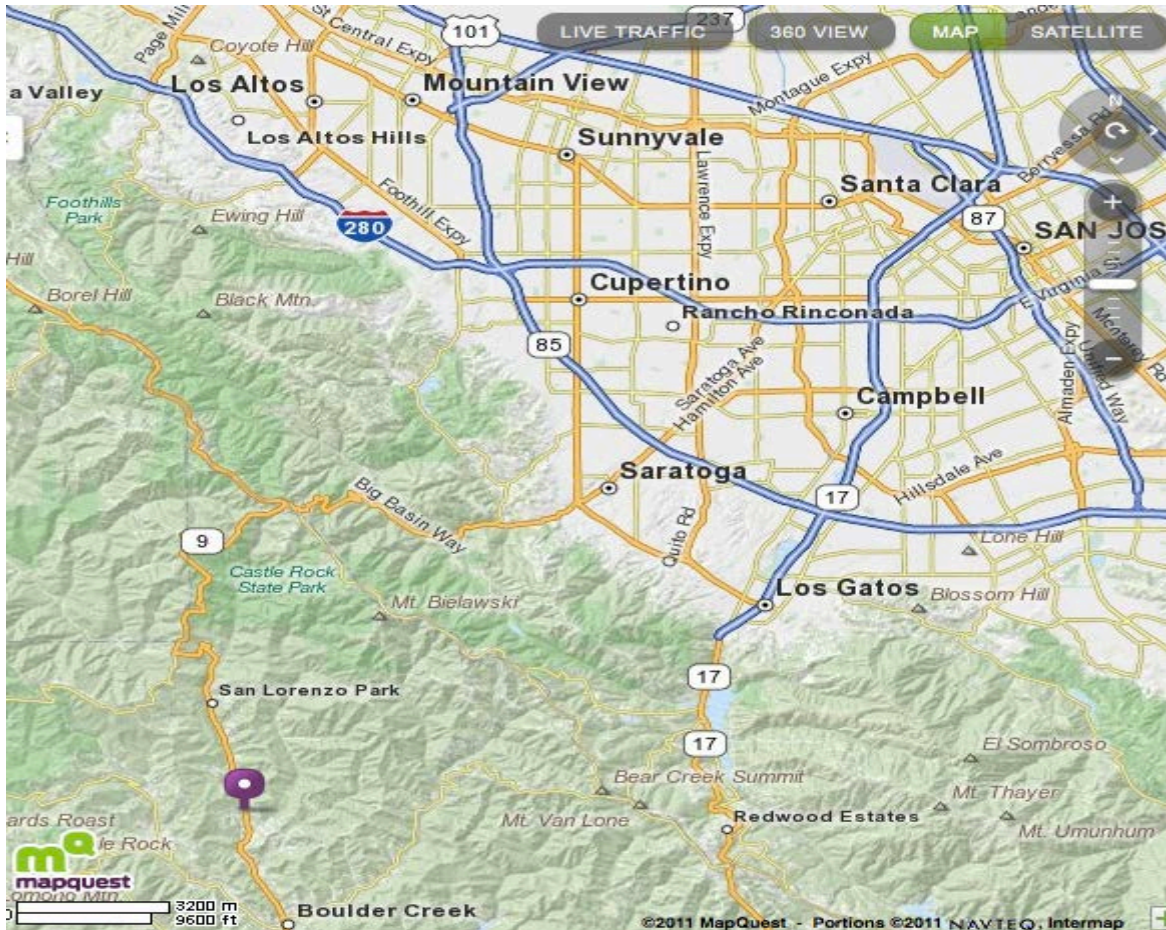
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YMCA Camp Campbell:

www.ymcasv.org/ymcacampcampbell

16275 State Route 9, Boulder Creek, CA 95006

(831) 338-2128



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Your responsibilities:

As a counselor you will be teamed with 1 or more counselors. You and your co-counselor(s) will be assigned to a group of children that have been separated into male female groups and then separated into age groups. Your group will be assigned to a cabin. Usually there are 1 or 2 campers to every 1 counselor. As counselors you are responsible to know where your kids are at all times. The buddy system is enforced for the campers and all campers will be with a counselor at all times. 2 campers and 1 counselor is the smallest ratio during camp. Camp is a group experience and we encourage the counselors and campers to participate in all camp activities as a group. You are responsible for being on time and getting your group to activities on time, to the vans for departures on time and to meals on time. You are responsible for the kids safety and well-being. Some children take medicines or need medical assistance while at camp. There is a camp nurse on staff and you will need to coordinate with the nurse to meet the needs of your camper.

Special relationships are formed at camp between the kids and the counselors and they look to you for guidance and behavior. We are all there for the kids; camp is all about the kids. Sharing and helping them experience camp, meeting other children who have survived burn injuries and most of all having fun!

Thank you for volunteering your time to help the kids and the SJFFBF with camp this year. Your dedication to this program is what makes it successful and fun each year. We appreciate and look forward to sharing your time, efforts and talents. Thank you for your commitment to this program.

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COUNSELOR APPLICATION

Last Name	First Name	F/M	Nickname
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Mailing Address	City	State	Zip Code
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Home Phone	Cell Phone	Email Address
------------	------------	---------------

Employer	Position	Phone
----------	----------	-------

Emergency Contact	Relationship	Phone
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T-shirt size (circle one) **S** **M** **L** **XL** **2XL** **3XL**

Sweatshirt size (circle one) **S** **M** **L** **XL** **2XL** **3XL**

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Personal Health History

Are there any reasons why you could not participate in all or some of the camp activities? Yes / No
If yes, please explain

Health Insurance Provider	Primary Care Physician	Phone
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Do you have any medical conditions that would hamper your ability to perform the essential function of the job for which you are applying? Yes / No If yes, please explain

Knowledge Skills and Abilities

List any skills or talents that you would be willing to share at camp.

Age group you would prefer to work with at camp?

5-8 9-11 12-14 15-17

Current Certificates and/or Licenses

CPR Certificate Yes No Type _____ Expiration Date _____

EMT _____ Paramedic _____ RN _____ Other _____

Lifeguard _____ Water Safety Instructor _____ Other _____

Have there been any significant events in your personal or professional life that would affect your participation in our camp program? Yes _____ No _____
If yes, please explain (use a separate sheet if necessary)

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Have you ever been convicted, fined, placed on probation or imprisoned? Yes/No If yes, please explain (use a separate sheet if necessary)

Have you ever been accused of, arrested for, convicted of or in any other way been involved in an allegation of a crime involving a child? Yes/No
If yes, please explain (use a separate sheet if necessary)

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes ____ No ____
If yes, please explain (use a separate sheet if necessary)

Are you now or have you ever been subject to any court order involving the sexual or physical abuse of a minor including, but not limited to a domestic protection order or the termination of parental rights?
If yes, please explain (use a separate sheet if necessary)

I UNDERSTAND THAT:

- a) If hired, circumstances are discovered that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and a request of information from any central registry of child abusers.
- c) The camp may terminate employment (or volunteer service) of any person that is found, regardless of when discovered, to have:
 1. A history of complaints of abuse or neglect towards a minor:
 2. Resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor: and/or
 3. Falsified or omitted information in this disclosure statement.

PLEASE INITIAL: _____

I, _____ authorize investigation of all statements

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herein, including any checks of criminal records, and release the camp and all the others from liability in connection with the same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law that alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ Date _____

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PHOTO/VIDEO/PUBLICITY RELEASE

The San Jose Firefighters Burn Foundation and partnering organizations all need your help and support in our work to provide services for burn survivors, education and other programs. You can help our efforts to increase public awareness and support of our programs by appearing in photographs, videos or other publicity that the camp may produce. We therefore request your permission to film, photograph or interview you to further our efforts.

NO, I DO NOT wish to be photographed, videotaped or interviewed in any way.

YES, I DO authorize the San Jose Firefighters Burn Foundation to use photographs, videotapes or interviews of me to further their efforts to promote public awareness and support.

Signature _____

Date _____

RELEASE OF PERSONAL CONTACT INFORMATION

The San Jose Firefighters Burn Foundation will publish a camp staff roster including the names, mailing addresses, email addresses and phone numbers of those involved in the program in order to facilitate continued communications among the staff. We therefore request your permission to list your personal contact information.

NO, I DO NOT give permission to have my personal contact information released on the camp staff roster.

YES, I DO give permission to have my personal contact information released on the camp staff roster.

Signature _____ Date _____

Staff Behavioral Agreement

DRUGS & ALCOHOL...The possession or use of alcohol or non-prescription drugs are strictly prohibited. Violation of this rule will result in an immediate dismissal.

TOBACCO USE...All persons under the age of 18 will not be permitted to use tobacco at camp. Anyone 18 years of age or older may use tobacco, but may only do so in the designated area, and only after all campers have been put to bed.

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VISITORS & LEAVE...No one is allowed to leave camp without first notifying the Camp Director(s). If you do leave for an unexcused reason, you will not be permitted to return. Visitors are not allowed on the premises without prior approval of the Camp Director(s).

CURFEW...Camp staff will be in bed by 11:00pm each night in order to assure that a good night's sleep is obtained in preparation for the following day's activities. Camp staff will sleep in their assigned cabins every night.

CLOTHING...Clothing that has wording, graphics or any type of a design that might be construed as negative or offensive towards others is prohibited. The use of thongs or bare feet is unacceptable around camp. Good personal hygiene standards must be practiced, and dress shall be neat and clean.

CONDUCT...Any behavior that displays negative role modeling and may be construed as detrimental to the camp's integrity will not be tolerated and will be grounds for dismissal.

PETS...No person shall have dogs or other domestic pets in camp.

MEDICATIONS...All medications (over-the-counter and prescription) must be turned over to the Camp Nurse upon arrival and will be stored under lock and key. Medications will only be dispensed under the directions of a physician.

PRIVACY...Do not touch anyone else's belongings without their permission.

I, _____ understand that the position as counselor at the SJFFBF Kids Burn Camp is non-compensated, and involves working twenty-four hours a day for the duration of the position. I further realize that camp, by nature, is a physically strenuous activity, and that I hold harmless the SJFFBF and partnering organizations from any claim resulting from participation at "Kids Burn Camp" and/or any "Kids Burn Camp" activity. The SJFFBF reserves the right to release any volunteer because of lack of campers, or if behavior of the volunteer is, in the sole judgment of the Camp Management Team, determined to be detrimental to the best interest of the children or adults using the facilities and/or the overall welfare of the camp program.

Signature _____ Date _____

Medical Examination Form-Camper/Counselor

TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR ADVANCED NURSE PRACTITIONER

Medical Health Exams: All campers/counselors must have a current medical health exam on file with us **every 2 years**. A medical health provider, a physician, a physician's assistant, or nurse practitioner must do this.

Please fill out this entire form carefully and completely. This information is necessary for camp staff to properly prepare to meet the needs of the campers/counselors. All information is kept confidential and is for staff use only. Incomplete forms may delay or prevent your child from being registered for camp.

Name
Birth Date

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Health Insurance Provider Primary Physician Phone

The purpose of this report is to ascertain whether the camper can engage in strenuous activities, has a communicable disease that could be conveyed to others or has a medical, physical or emotional condition that would require special attention by the camp staff.

HEALTH HISTORY (Please explain any "YES" answers-attach additional sheets if needed)

Cardiovascular disease ___Yes ___No	Lung disease. ___Yes ___No
Muscular disease ___Yes ___No	Epilepsy ___Yes ___No
Diabetes ___Yes ___No	Seizures, convulsions or
Fainting ___Yes ___No	Dizziness or frequent headaches ___Yes ___No
Food allergies ___Yes ___No	Allergies to medicines ___Yes ___No
Psychiatric disorder ___Yes ___No	Communicable disease ___Yes ___No
Immunizations are current ___Yes ___No	Currently taking medication ___Yes ___No

MEDICATIONS - Include route, dosage and frequency:

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____

SIGNATURE OF AUTHORIZED MEDICAL EXAMINER Date Phone

City State Zip Code

CAMP CLOTHING & EQUIPMENT

Camp Campbell should have a moderate temperature in the beginning of April. However, the weather can be unpredictable at that time of year. The mean temperature is a high in the upper 60's and a low in the mid 40's so come prepared for any options. It is possible for rain and cool temperatures this time of year. You might wish to check the weather forecast before you pack.

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BEDDING & LINENS

- Sleeping bag OR Blanket & Sheets
- (1 twin flat & 1 fitted)
- Pillow
- Pillowcase
- Towels (bath & swim)
- Washcloths
- Laundry bag (or old pillowcase)

CLOTHING

- Jacket or Sweater
- Shirts (long & short sleeved)
- T-shirts (long & short sleeved)
- Sweaters/Sweatshirts
- Jeans/Pants
- Shorts
- Underwear
- Socks
- Pajamas
- Belt
- Swimming suit
- Raincoat or poncho
- Cap or hat
- Tennis Shoes
- Shower thongs
- Sandals or aqua shoes (for swimming)

TOILET ARTICLES

- Toothbrush & toothpaste
- Comb & brush
- Shower-gel or Soap & plastic soap box
- Shampoo & conditioner
- Deodorant
- Moisturizing lotion
- Sunscreen
- Other necessary toiletries (feminine hygiene products, Chapstick, Kleenex, etc.)
- Medicines (over-the-counter and prescription)
- Bug spray

NECESSARY EQUIPMENT

- Sunglasses
- Wide-mouth plastic water bottle or canteen (with shoulder strap or hip-pack, if possible)
- Flashlight & batteries
- Glasses or contacts (2 pair, if required)
- OPTIONAL
- Camera
- Earplugs (you will be sleeping near others)
- Umbrella
- Fishing pole
- Guitar or other musical instrument
- Books
- Swim goggles
-