

Spring 2018

Dear Health Care Supervisor:

We want to thank you for your interest in serving as a Camp Agapé Health Care Specialist. This position is critical to our ministry fulfilling Goal #3 (Proving a wholistically safe environment) and operating a safe and caring program.

Enclosed you will find an application and brief job description. Please read the information over carefully and return the application with the dates of your choosing listed as soon as possible.

Upon receipt of your application, if your listed dates are available, we'll send you a contract to confirm your dates.

It is important to note two requirements in order to serve as a camp nurse. First, we need to have you send in advance a copy of your current certification. We will post this documentation on the wall of the Bolick Health Center during your time with us. Second, OSHA requires that all working in the health field with children must be current or be in the process of receiving the vaccination series of three shots for Hepatitis B. If you do not at this time you will need to have begun the process before attending your camp week. Unfortunately, Lutheran Outdoor Ministries can simply not afford to provide this protection for our staff.

Your contract with us is contingent upon you clearing a criminal and child/sexual abuse background check.

Again, we thank you for your willingness to serve your camp ministry in this special way.

Shalom,

Randy Youngquist-Thurow, AIM
Executive Director, CCD

Enclosure

DUTIES OF THE HEALTH CARE SUPERVISOR

1. Volunteer Health Care Supervisor will serve as the head health care provider for the week. They work in partnership with the summer staff to oversee all health and safety procedures.
2. Arrive at Camp, if possible, by 12:30 p.m. on Sunday for lunch with the staff. Staff Meeting begins at 1:00 p.m. on Sunday. Camper Registration is between 3:30 and 5:30 p.m. Health screening happens in the small dining room during registration. Campers will check-in with Team Leaders for initial health screening. Those with medications or dietary concerns move on to see the Health Care Supervisor and Program Director. Medications are checked in and verified with parents. At this time Health History forms must be reviewed and verified.
3. Team Leaders pay special attention to elevated temperatures, current signs of illness, past health problems, sores, rashes, injuries, etc. Use the check-in procedure list at this time.
4. Health Care Supervisor collects and labels all prescription drugs and medicines brought by campers. All medications are to be dispensed by the Health Care Supervisor only (or in their absence they shall assign this role to the appropriate Team Leader).
5. Health Care Supervisor will provide a cabin list of medications and dietary needs to the Team Leader and to each cabin counselor Sunday evening. Please inform counselors of any restrictions, on-going concerns or special needs.
6. Meal time medications will be distributed in the dining rooms by the Health Care Supervisor.
7. Bedtime medications will be prepared by the Health Care Supervisor for pick-up and delivery by Team Leaders in order to be distributed to campers directly. Gerhard – main gathering space; Lodge – Yount meeting room by Television; Retreat House – kitchen
8. Make certain all campers collect their prescriptions on Friday at closing. Table set to meet parents and or campers to return meds before returning home.
9. Health Care Supervisor is to log all health related camper interactions. Please record in the Health Care Log Book (in ink) and in the computer database for each camper. Accident/Incident Forms as well as Tick Bite forms need to be completed and logged. Tick Bite forms are copied and given to parents before departure.
10. In case of emergency or needed doctor office visit, please inform a Director before sending campers or staff for treatment. Except in the case of 911 emergency.
11. Call hospital or doctor and arrange for patients to be treated or seen in advance.
12. Monitor health center supplies and make written requests to one of the camp directors for supplies.
13. Do daily cabin inspections for health/safety and report to Team Leaders at dinner.
14. It is the policy of the camp that no camper or staff member is to make a call home without the permission of a Camp Director. Please do not allow, or promise anyone may make phone calls. All calls must be made from the office phone.
15. Please do not suggest to a camper that they return to his/her home. Our staff are well trained to handle homesickness.

DUTIES OF THE HEALTH CARE SUPERVISOR

Room and Board:

The Camp Health Care Supervisor will receive the following by serving for a week at Camp Agapé: A. Housing in the Bolick Health Center (a private room with one Queen Bed). All meals Sunday noon through Friday noon for two people at no cost. (Additionally each Health Care Supervisor will receive the staff shirt for the summer as a thank you for your service).

Camp age children of Health Care Supervisor serving for a full week:

During the summer of service, one child may receive a full week of base rate fee camp at no cost. Health Care Supervisor will pay the difference between the base rate and any specialty camp fees. Second and third children of a week-long health care provider receive a \$100.00 discount off the base rate.

Dependents not registered as campers:

One dependent receives free lodging (in the supervisor guest room) and meals for the week. Any non-registered dependent – is not a camper and has no special rights to cabin times or camp activities during the week.

I will have _____ dependents with me in the Bolick Center guest room.
(number)

*It is an Agapé ✝ Kure Beach Ministries requirement that a copy of your certification be on file and posted in the Bolick Health Center while you are serving as the camp health care provider.

(We ask that a copy of your certification be sent in advance of your service week)

VOLUNTEER HEALTH CARE SUPERVISOR APPLICATION
(Week-Long or Sunday Only)

Help make a week of summer camp the safest and healthiest it can be. We need your skills and time. Please prayerfully consider how your gifts may impact the lives of campers and staff this summer.

OUR CAMP POLICY REGARDING MEDICAL SCREENING creates a need for the help of a Sunday check-in from 2:30-7:00 P.M. (See Duty #2 on reverse side of this form.)

NAME: _____ Male [] Female []

Certification: R.N. ___ LPN ___ EMT ___ PA ___ MD ___ Other ___ Date Certified: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Home Church: _____ City: _____

Have you ever had any summer camp experience?

Experience with children?

Please check the week or weeks in which you are willing to serve. If you are willing to serve more than one week, place an "X" beside each week. If you can come one week, place the "1" beside first preference, "2" beside the second choice, etc.

FULL WEEK:

Week #1	___ June 17-22	Week #2	___ June 24-29
Week #3	___ July 1-6	Week #4	___ July 8-13
Week #5	___ July 15-20	Week #6	___ July 22-27
Week #7	___ July 29-Aug 3	Week #8	___ Aug.5-10 (Night Owls)

SUNDAY ONLY:

If you are willing to assist with Health Check-in of campers on Sunday only, please indicate below the date/dates on which you can serve.

June 17 ___	June 24 ___	July 1 ___
July 8 ___	July 15 ___	July 22 ___
July 29 ___	Aug. 5 ___	

Camp Agapé has malpractice insurance that protects our camp and the nurse in the event of legal action by a camper. Complete and return to: Camp

Agapé ☩ Volunteer App ☩ 1369 Tyler Dewar Lane ☩ Fuquay-Varina, NC 27526