

WE ARE HIRING!

Weekend Camp Programs

POSITIONS AVAILABLE

- CAMP REGISTERED NURSE
- CAMP COUNSELORS
- COUNSELORS-IN-TRAINING
- FOOD SERVICE DIRECTOR
- FOOD SERVICE ASSISTANT
- VOLUNTEERS

The mission of Camp Idlewild of Florida is to provide innovative camp programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

How to apply?

-Go to our camp website to download the employment or volunteer application.

-Complete the application in full, along with the 3 references forms. Send completed documents to the camp office or email to: jfyoung@campidlewildofflorida.com

-Upon receipt, Camp Management will contact you to schedule an interview.

Staff & Volunteer Training October 2-4, 2020 will be held at Camp Idlewild

APPLY TODAY!

&13-996-1226

WWW.CAMPIDLEWILDOFFLORIDA.COM

Dear Potential CIW Staff or Volunteer,

Welcome to Camp Idlewild of Florida! Thank you for your interest in working or volunteering with our new camp program! We are thrilled to be opening the doors to campers for our first Weekend Camp in the Fall of 2020. The mission of our program is to provide innovative camping programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

Camp Idlewild is located in Land O' Lakes, Florida, and is built on 140 private acres and is surrounded by Florida's natural landscape of cypress trees and a 65-acre spring fed lake. This location provides the perfect setting to participate in many outdoor activities while having a whole lot of fun! Campers and staff will enjoy sleeping in our beautiful cabins, eating in the lodge, exploring the outdoors and participating in all of the theme-based activities that we have planned.

Our program model has been designed for children who have the following super powers: Autism Spectrum Disorders (including Asperger's Syndrome), Sensory Processing Disorders, Down syndrome, Developmental Delays, Intellectual Disabilities, Blind or Visual Impairments, Deaf or Hard of Hearing and Physical Disabilities. Our program provides a 3:1 Camper to Counselor ratio to ensure individual attention. Our camp team is comprised of exceptional staff and volunteers who inspire and care about the campers we serve. They are trained to provide the best quality of supervision, assistance and support for the camper's individual needs. Weekend Camp staff includes: Camp Management Team, Camp Director, Registered Nurse, Program Director, Camp Counselors, Counselors-In-Training, Food Service, Housekeeping and Volunteers. **CIW is looking for the best of the best to join our team!**

Weekend Camps provide an excellent opportunity for campers, staff and volunteers to spend a fun-filled weekend, meeting new friends, gaining new experiences, as well as providing respite services to our parents/caregivers. This allows for an introduction to the program prior to committing to a summer camp experience.

Check-in for campers: Friday at 6PM and Check-out: Sunday by 11AM. The number of campers will be limited to 20 per session. All staff and volunteers are expected to arrive no later than 4:30pm on Friday and will be done by 1:00 on Sunday. The rate of pay for the Weekend is: Counselors--\$200 and CIT's--\$125; Camp Nurse and Food Service Staff will be discussed at the time of interview. For anyone driving 25 miles (one-way) to get to camp, CIW will provide a gas stipend for your travel to and from camp to be included for the driver of the vehicle.

Please make sure to complete the entire Employee/Volunteer application and (3) reference forms prior to submittal back to the camp office. Once we have received your paperwork, we will contact you promptly to schedule a video or in person interview. We are currently seeking experienced staff and volunteers to work these first weekends. CIW will be hosting a mandatory weekend training on October 2-4 at Camp Idlewild.

WEEKEND CAMP DATES:

October 23-25, 2020 "Monster Mash"
November 6-8, 2020 "Fall Fun"
December 4-6, 2020 "Winter Wonderland"
February 5-7, 2021 "Mardi Gras"
March 5-7, 2021 "Luck of the Leprechaun"
April 2-4, 2021 "Spring Splash"

Please visit our website: www.campidlewildofflorida.com or contact the camp office: (813) 996-1226 should you have any questions. We look forward to meeting you and having you join our team!

Yours in Camping,

Camp Idlewild of Florida Team



VOLUNTEER FOR CAMP PROGRAM

Reports to: Camp Director, Lead Counselor, Counselor, Executive Director

Qualifications:

- 1. Age 15 or older
- 2. Current First Aid Certification preferred
- 3. Current CPR Certification preferred
- 4. Camp experience preferred but not required
- 5. Lift a minimum of 25 pounds
- 6. Desire to work and live in a camp community 24 hours a day during summer/weekend camps; or for the day hours only
- 7. A genuine interest in working with children and adults with varying special needs
- 8. Good character, integrity, adaptability, enthusiastic, sense of humor, patient, flexible, positive attitude and self-control
- 9. Ability to accept guidance and supervision
- 10. Independent, mature and have the ability to supervise and take care of others
- 11. Must be able to work long hours and have a high level of energy

Responsibilities:

- 1. Provide a positive atmosphere for campers, staff and volunteers by demonstrating enthusiasm, excitement, and energy during camp activities.
- 2. Have the ability to conduct yourself in a professional manner, while still having a great time with campers and staff.
- 3. Assist Counselors with up to 3 assigned campers per session. Ratio will vary depending upon the needs and abilities of each camper.
- 4. Possess the ability to appropriately manage camper behaviors and situations in a positive manner using behavior management techniques and by following the camper's behavior management plan (if provided).
- 5. Assist with the supervision of campers' activities in the cabin during assigned duty times (rest time and after evening programs) and throughout the day.
- 6. Assist with the daily responsibilities of caring and assisting campers with activities of daily living (ADL'S) as needed: including prompting, verbal cues, dressing, bathing, toileting, meal times and supervision throughout the day.
- 7. Assist with camper check-in/check-out process, which includes welcoming parents/caregivers and campers, going through check-in stations with families, packing and unpacking camper's belongings, making sure camper is organized & settled into assigned cabin area.
- 8. Explain and enforce all camp rules to campers.
- 9. Assist program staff with facilitation of camp events and programs.
- 10. Assist in daily maintenance of facilities or prep: sweeping and mopping of facilities, disinfecting all areas, organizing camper's belongings, kitchen help and other areas as needed.
- 11. Successfully complete mandatory staff and volunteer training prior to the start of camp sessions.
- 12. Attend regularly scheduled staff and volunteer meetings.
- 13. All other duties assigned by leadership staff.
- 14. The ability to HAVE FUN!



Camp Idlewild of Florida Volunteer Application for Programs

7602 Henry Drive, Land O Lakes, FL 34638 (813) 996-1226 (Office) Email: campidlewildofflorida@gmail.com www.campdilewildofflorida.com (July 2020 JFY)

Camp Idlewild of Florida is dedicated to providing equal employment and volunteer opportunities to all individuals based on jobrelated qualifications and ability to perform a job, without regard to age, sex, race, color, religion, creed, citizenship, ancestry, sexual orientation, gender expression, marital status, veteran status, national origin, disability or any other protected classification. It is our policy to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds.

Personal:							
Last Name First	Last Name First I		Area Code – Telephone No.				
Present Address (Number Street, City, State & Zip Code	Email Address						
Permanent Address			Telephone #				
Parent/Legal Guardian (for minors)	Relatio	onship	Telephone #				
Emergency Contact #1 Name	Address		Telephone #				
Emergency Contact #2 Name	Address		Telephone #				
T-shirt Size: Circle one:	If hired, can you pro work in the U.S.?	ovide sufficient proof of eligibility to	Do you have a valid Driver's License? Y / N				
XS S M L XL 2XL 3XL	🗌 Yes 🗌 N	lo	Number State				
For what position are you applying (Choice 1)	For what position a	re you applying (Choice 2)	Dates Available:				
How did you learn about our program?		Have you ever volunteered o	r worked for a camp?				
		Yes No If Yes, when	?				
Age: Check one statement below:		Sex: Check one:					
I am 15 years of age or older		🗌 Male	Gender Diverse				
I am 18 years of age or older							
Do you need special accommodations in ord	er to perform the	e position you are being conside	ered?				
Yes No If so please describe:							
Have you ever been convicted of a criminal unlawful sexual offense, traffic violations wi probation, suspended sentence or fine, but program. Please be advised, all staff and vo hiring process.	thin the last five y does not include	years, or military offenses. Con a referral to or participation in	viction includes a guilty verdict, plea, a pre-or post-trial criminal diversion				
Yes No If Yes, state nature and disposition of case:							

Education:

School	Name & Location of school	Course of study (Major)	Number of years completed	Did you graduate	Degree or diploma
Graduate					
College					
High School					
Other					

Courses related to individuals with disabilities:

Personal References: Three letters of reference are required for volunteers. Two must be of a professional or educational nature and one may be personal (no relatives). Completed references must be sent directly to the Camp Idlewild office or emailed to campidlewildofflorida@gmail.com

	Name	Address	Cit	ty, State, Zip	Phone Number	Relationship
1.						
2.						
2						
3.						
Ac	ident/Me	dical Insurance:				
	-	ny:	Name o	of Insured:	Policy and Gr	oup Number:
Mai	abarchin in nr	ofossional student or s	anvice ergenization	and loadarship pacition	as hold (may avaluda thasa that	
	ion or nation		ervice organizations	s and leadership positio	ns held (may exclude those that	c disclose your race, color,
		-				
Pe	sonal Cam	np Experiences: (A	ttach extra paper	as necessary)		
		•••		,		
	Camper 🗌	Counselor 🗌 Other	V	Where:		Number of years:
Sum	marize your e	experience of working w	ith individuals with	disabilities or special ne	eds:	
Ce	tifications	and Experience:	(Include copies of	f any certifications that	at may apply.)	
-	Language:					
		Noi	ne	Beginner	E Fluent	
		Col	lege Course	Moderate experie	ence	
Тур	e:	ASL	PSE	SEE		
Swir	nming:	🗌 Noi	n-swimmer	Beginner	🗌 Life Gua	rd Certification
		🗌 Mo	dorato	Strong Swimmer		
			uerate			
		🗌 Tea	ching experience	Water Safety Inst	ructor	
CPR	:	Red	Cross	American Heart A	Association Other _	
First	Aid:	🗌 Red	Cross	Other		
1			CIUSS	Other		

Employment or volunteer experience: Please list the most recent below. "See Resume" is not an acceptable description of duties

uuties.					
FROM	COMPANY	NAME OF SUPERVISOR	STARTING POSITION		STARTING SALARY
(month/year)					
					\$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING		FINAL SALARY
					\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU	REASON FOR LEAVING	
			SUPERVISED		
DESCRIPTION OF DUTI	ES:				
FROM	COMPANY	NAME OF SUPERVISOR	STARTING POSITION		STARTING SALARY
(month/year)					Ś
TO (11 ()	ADDRESS		DOGITION ON LEAVING		Ş FINAL SALARY
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING		FINAL SALARY
					\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU REASON FOR LEAVING		Ş
NO. OF WONTHS	CITY, STATE & ZIP	TELEPHONE NO.	SUPERVISED	REASON FOR LEAVING	
			SOFERVISED		
DESCRIPTION OF DUTI	EČ.				
DESCRIPTION OF DOTI	L3.				
FROM	COMPANY	NAME OF SUPERVISOR	STARTING POSITION		STARTING SALARY
(month/year)					
					Ś
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY	
					\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU REASON FOR LEAVING		•
	,		SUPERVISED		
DESCRIPTION OF DUTI	ES:		•		

Applicant Acknowledgement (Read carefully before signing)

1. I understand that all statements and answers are true without reservations or evasions. I authorize an investigation of all statements in this application as well as any other information provided in interviews, and that, if discovered during the application process, will disqualify me from consideration and, any false statements or omissions of information in this application will be sufficient cause for discharge. Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

2. I understand and agree that any volunteer offer is contingent on acceptable results of an investigative background report. I am advised that an investigative report will be requested for applicable information concerning my character, general reputation and personal characteristics. I authorize Camp Idlewild of Florida to contact all previous employers or volunteer contacts to furnish all pertinent information, such as my reason for leaving and record of performance. I hereby release my references and contacts, previous employers and Camp Idlewild of Florida from any liability and/or damage resulting therefrom.

3. I understand and agree that any volunteer offer is contingent on acceptable proof of my eligibility to work in the United States and for certain jobs, proof of an acceptable driving record.

4. I understand that, if I am granted a volunteer opportunity at Camp Idlewild, I will be expected to represent a good role model to program participants, especially campers, demonstrating respect for individuals and property, responsibility and good judgment, decorum, politeness, modesty and refraining from abusive and profane language. I understand that Camp Idlewild is an alcohol-free and drug-free facility and that possession or use of such products on Camp Idlewild property will be cause for immediate dismissal. I understand the use of tobacco products is prohibited while on duty. In addition, I have the responsibility to support the mission, goals and objectives Camp Idlewild, to provide a quality camping experience for children and young adults with special needs.

5. I understand and agree that if I am hired in a volunteer role, I will conform to the rules and regulations of Camp Idlewild and that my volunteer position can be terminated with or without cause, at any time, at the option of either the company or myself. Camp Idlewild also has sole discretion to modify the terms and conditions of my volunteer position.

Signature Date

Parent/Guardian Authorization and signature for volunteers under the age of 18:

I/we hereby give permission for ______ to volunteer for the Camp Idlewild of Florida.

Getting to know you:

Tell us a little bit about who you are. Ex. Hobbies, Interests, Passions, Goals, etc.

What contributions do you think you can make at Camp Idlewild?

What do you hope to get out of your time volunteering at Camp Idlewild?



CAMP IDLEWILD OF FLORIDA

7602 Henry Drive, Land O Lakes, FL 34638 (813) 996-1226 Email: campidlewildofflorida@gmail.com www.campidlewildofflorida.com

REQUEST FOR REFERENCE

has provided your name as a reference to accompany their application for a staff or volunteer position at Camp Idlewild of Florida. Our camp program serves individuals with varying special needs and disabilities age 6 to 17 through residential camping programs, aimed to promote personal growth, challenge their abilities and develop new skills in a fun, energizing environment. **Please note, all information provided in this reference will be kept confidential.**

1.	In what capacity	and for how long	have you known	the applicant?

- 2. Have you seen this applicant work with individuals with special needs and/or disabilities? □Yes □No If yes, in what capacity?_____
- 3. Would you feel comfortable if this person were caring for individuals with special needs and/or disabilities? □Yes □No If no, please explain: ______

4.	Please rate the following:				
	Gets along with coworkers in close living conditions	Good	Fair	Poor	Unable to rate
	Accepts guidance and supervision	Good	Fair	Poor	Unable to rate
	Flexibility to accept changing assignments and conditions	Good	Fair	Poor	Unable to rate
	Maintains energy and enthusiasm over an extended period	Good	Fair	Poor	Unable to rate
	Maintains energy and enthusiasm under trying conditions	Good	Fair	Poor	Unable to rate
	Capacity for leadership	Good	Fair	Poor	Unable to rate
	Imagination and originality	Good	Fair	Poor	Unable to rate
	Emotional stability and maturity	Good	Fair	Poor	Unable to rate
	Capacity for accepting differences in people	Good	Fair	Poor	Unable to rate
	Inspires confidence and loyalty in others	Good	Fair	Poor	Unable to rate

5. How would you rate applicant as a potential staff or volunteer member with the Camp Idlewild of Florida?

	Below Average		Average	
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Above Average

- Exceptionally Strong
- 6. Do applicant's personal traits, moral standards and character traits represent what you would expect of someone who will be working with individuals with special needs as a Camp Counselor, Counselor-In Training, Registered Nurse, Program Specialist, Food Service, Housekeeping Staff or Volunteer?

□ Yes □ No If No, please explain_____

Position

Please add any comments that you feel might assist in providing a complete overview of applicant's abilities and potential:

Signature_____

Date_____

Phone_____