

Become a Counselor Associate for Camp Valor

The Utah Hemophilia Foundation's summer camp, Camp Valor, will be held Monday, August 1st through Friday, August 5th, 2011. The Camp Valor Counselor Associate (CA) program is open to youth ages 15 to 17 with a bleeding disorder, as well as carriers, siblings and youth of affected parents and friends. Unfortunately, the number of CAs may be limited due to the large amount of applicants. Priority will be given to those directly affected by a bleeding disorder.



Our goal is to have CAs learn important leadership and teambuilding skills. This way each CA will be well-trained and ready to become an adult Camp Counselor and a future leader in the bleeding disorders community. In order to provide each CA with a safe and meaningful experience, the following is required:

- All potential CAs must complete and return the attached application, with the required signatures, to the UHF office by June 30. **Applications will not be accepted after June 30—NO EXCEPTIONS.**
- **All selected CAs must bring a completed and signed Camp Valor Camper/CA Medical Form to camp on Monday, August 1st during check-in at 11:30 a.m.—NO EXCEPTIONS.**
- All selected CAs are REQUIRED to attend the leadership training session that will take place this year at Camp Wapiti on Monday, August 1st. Again, check-in is at 11:30 a.m. Only CAs who have completed this training will be able to attend Camp Valor.

These steps will prepare each CA to help us provide a high quality, enjoyable and safe experience for each camper, CA and adult volunteer. We strive to build on the great success of past years to improve the overall effectiveness of our CA and camp programs.

If you have any questions or concerns, please email us at the UHF office, at western@hemophiliautah.org, or you may call (801) 484-0325 or toll free 877-463-6893 and speak to Scott Muir or Jan Western.

We look forward to seeing you at Camp Valor!

Sincerely,

Kristy Fowler
Camp Valor Committee Chairman
Utah Hemophilia Foundation

and

Reg Ecker
Camp Valor Director
Utah Hemophilia Foundation



**UTAH HEMOPHILIA FOUNDATION
CAMP VALOR 2011
CAMP GEAR AND CLOTHING CHECKLIST FOR COUNSELOR ASSOCIATES**

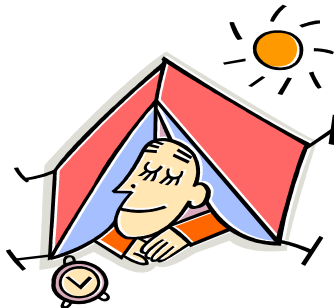
Each CA must deliver the completed and signed medical form to the Medical Staff at check in on Monday, August 1st at 11:30. CAs without the signed form will not be allowed in camp – NO EXCEPTIONS.

- Sleeping Bag
- Pillow
- Towel(s)/Washcloth(s)
- Soap
- Toothbrush/Toothpaste
- Comb/Brush
- Shampoo
- Pajamas
- Kleenex
- Marked sack for dirty clothing
- Camera/Film
- Flashlight/Batteries
- Canteen/Water Bottle
- Any other prescription meds.
- 1-2 Long-sleeved shirts
- Short-sleeved shirts/tee-shirts
- 1-2 pair long pants
- Shorts
- Jacket
- Socks (and *please* change them!)
- Tennis shoes
- Raincoat/Poncho (or something to keep you dry when it rains)
- Hat
- Swimsuit
- Sunscreen (SPF30+)
- Clothes or costumes to go with theme (optional)

DON'T FORGET TO BRING YOUR:

- * Smile
- * Great Attitude
- * Willingness to try new things
- * Sense of adventure!

- **Please identify each article with your name**
- **If you are on prophylaxis treatment you will need to bring enough of your own concentrate for a week.**
- **Do not bring pets, candy or any goodies**
- **Do not bring portable music players, iPods, etc.**
- **No firearms, knives, lighters, matches, fireworks, firecrackers, etc.**



CAMP VALOR 2011

August 1—5, 2011

Counselor Associate (CA) Registration

Utah Hemophilia Foundation

772 East 3300 South, Suite 210

Salt Lake City, UT 84106

Phone: 801-484-0325

Toll Free: 877-463-6893

Fax: 801-746-2488

Email: western@hemophiliautah.org

A **\$70 reduced registration fee** will apply to all applications received at the UHF office by June 5, 2010. The **\$80 registration fee** will apply for applications received at the UHF office by June 30, 2010. The registration fee must be sent in with completed registration form (fee may be waived for financial hardship—please contact the UHF staff). Checks should be made out to the Utah Hemophilia Foundation and sent or delivered to the address above.

APPLICATIONS WILL NOT BE ACCEPTED AFTER JUNE 30, 2011.

The separate medical form must be brought to camp by each CA and delivered to the Medical Staff on Monday, August 1st at 11:30 a.m. – NO EXCEPTIONS.

Please note that CAs arrive on Monday, August 1st at 11:30 a.m. for leadership training, camp setup, volunteer orientation, and staff training.

Bleeding Disorder status (check one):

I have a bleeding disorder

I have a sibling with a bleeding disorder

I am a carrier

I have a parent with a bleeding disorder

CA's Last Name

First Name

Preferred Name/Nickname

Address

City

State

Zip

Home Phone Number

Birth Date (MM/DD/YYYY)

Male/Female

CA's Email Address

CA's Cell Phone Number

Dietary restrictions:

Parent or Legal Guardian

Daytime Phone Number

Parent/Guardian Email Address

Please complete one form per Counselor Associate. Make copies of this form, if necessary.

Consent Forms

Permission to Participate in Activities and to Use Camp Transportation

I hereby give permission for the above-named CA to participate in all camp activities and to use provided transportation. I freely waive all rights to any future claims against the Utah Hemophilia Foundation, Camp Wapiti, camp volunteers or representatives due to any accident, injury and/or illness or treatment of the same that may occur during the camp period.

Yes No

Signature of Parent or Legal Guardian

Date

Agreement to Comply with Camp Tobacco Policy

I understand that smoking or the use of tobacco products by minors is illegal in the State of Utah and is not allowed at camp. I agree that CAs who violate this policy may be expelled from camp and that their families may be required to arrange and/or pay for that CAs transportation home. I hereby attest that I have explained this policy to the above-named CA.

Yes No

Signature of Parent or Legal Guardian

Date

Permission to Participate in Educational Programs

I hereby give permission for the above-named CA to participate in educational programs at camp, including general health education and home infusion therapy training, if appropriate.

Yes No

Signature of Parent or Legal Guardian

Date

Release of Graphic/Photographic Rights

I hereby grant the release of any film, video or other photographic images of the above-named CA and of any artwork created at camp by said CA for use by the Utah Hemophilia Foundation for fundraising, educational or other purposes.

Yes No

Signature of Parent or Legal Guardian

Date

Camp Valor T-Shirt Size:

Child's Medium (10-12)

Adult Medium

Adult XX-Large

Child's Large (14-16)

Adult Large

Adult XXX-Large

Adult Small

Adult X-Large

Please answer the following questions completely using additional pages, if necessary.

Have you previously volunteered at Camp Valor?: Y or N If yes, how many years? _____

If no, how did you hear about this opportunity?:

As a Counselor Associate, which age group would you prefer to work with? (Please mark 2 choices.):

8-9 year olds

10-11 year olds

12-13 year olds

List the name of another CA with whom you would like to be partnered. (We will do our best to make this accommodation):

What qualities do you possess that make you a good candidate for a Counselor Associate?:

Is being a Counselor Associate different from being a camper? Why or Why Not?:

Do you have any special interests, skills or talents or abilities you would be willing to share at camp?:

Please list the names and telephone numbers of 3 individuals, to whom you are not related, that we may phone for a reference:

Name	Phone Number
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Name	Phone Number
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Name	Phone Number
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Thank you for providing this information and for your interest in becoming a Camp Valor Counselor Associate. A UHF staff member or a Camp Valor Committee volunteer will contact you with more information in the near future. In the meantime, if you have any questions, please feel free to call the UHF office.