



Heifer International Learning Center, | Heifer Farm

216 Wachusett Street | Rutland, MA 01543-2099

T: 508.886.2221 | F: 508.886.5038 | Email: Heifer.farm@heifer.org | www.heifer.org

Day Camp Counselor-in-Training Camper Application

Thank you for your interest in our Counselor-in-Training (CIT) camper opportunities with our Day Camp. We believe that CITs are an integral component of our camp program, and we look forward to having another great group of CITs this summer.

What is a CIT?

A CIT is a 14-16 yr. old youth who enjoys working with younger children in a variety of hands-on activities in outdoor and indoor settings. CITs must be personable, patient, fun-loving, and not afraid to get a little dirty. CITs act as assistants and helpers to our Day Camp Counselors. There is no charge for this advanced camper opportunity.

A CIT Must:

- Be no older than 16 and no younger than 14 during their week(s) at Heifer Farm.
- Find transportation to and from Heifer Farm for the workday. **Heifer Farm does NOT provide lodging for these positions.**
- Be willing and able to assist with activities involving livestock handling, gardening, work projects, and other experiential education activities.
- Exhibit personal maturity, responsibility and good leadership qualities.
- Have good interpersonal and communication skills with the ability to work cooperatively with a wide range of people.
- Be willing to follow Heifer Farm policies including appropriate dress code & discipline policies.
- Register for no less than one full week.
- Fill out the attached forms and return them to Heifer Farm during the acceptance period (March 1—May 1, 2017).

When does a CIT work?

Day Camp runs Monday through Friday from 9:15 a.m. to 4 p.m. CITs need to arrive by 8:30 a.m. to be oriented for the day and to assist with preparation and then to stay a half hour later to assist with clean-up. Therefore, **CIT camp hours are 8:30 a.m. to 4:30 p.m. There will also be a mandatory training day for all CITs: Saturday, June 17, 2017, 1:00—4:00 pm.**

How to apply—CIT Application Acceptance Period: March 1—May 1, 2017. Please ensure complete applications arrive at Heifer Farm no later than May 1st. No application will be accepted after May 1st.

Return the completed application to *Heifer Farm, CIT Applications, 216 Wachusett St, Rutland, MA 01543.*

If the application is approved (it will be competitive), you will receive a confirmation e-mail with more details for planning your CIT's week(s). It will include a Confirmation Agreement to complete, sign and return by no later than May 15th, a list of what to bring to camp, where to drop off and pick up your child, and our camp policies.

There is a limited number of CIT positions (3 per session) however if we do not fill all positions during the application period we may continue accepting applications after and make decisions on a rolling basis at that time.

To ensure the safety of each camper, and as required by law, we need a health history for each of our CITs. You must complete each section included in our registration packet, paying careful attention to sign the *Consent and Permission to Treat* and the *Authorization to Administer Medication to a Camper* forms. The information you provide is confidential and will only be shared with appropriate staff.

When returning your application packet, please use the checklist below to ensure that you are returning all of the required paperwork to have your child apply for the Day Camp CIT program at Heifer Farm.

- Application form (sections A-D; sign sections C & D) - including answer to the essay question.
- Certificate of Immunizations (signed by your child's physician)
- Heifer Farm Waiver (signed by parent or guardian)

For any further information, contact the Heifer Farm Reservation Office at heifer.farm@heifer.org or 1-508-886-2221.



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Day Camp Counselor-in-Training Description

Last Updated 2/3/2017

Camper Title: Day Camp Counselor-in-Training (CIT)

Supervised by: Education Manager; Day Camp Counselors

Work Period: ONE week minimum or TWO week maximum some time during the 7 weeks of Day Camp 2017:

Session 1:	June 26—30
Session 2:	July 10—14
Session 3:	July 17—21
Session 4:	July 24—28
Session 5:	July 31—Aug 4
Session 6:	Aug 7—11
Session 7:	Aug. 14—18

Work Schedule: 8:30 a.m. to 4:30 p.m.—Monday – Friday

Mandatory CIT Training: Saturday, June 17, 2017, 1:00—4:00 pm ****Please note new training time for 2017!**

Requirements:

- 1.** Must be 14-16 years of age ****Please note new minimum CIT age**
- 2.** Exhibit personal maturity, responsibility and good leadership qualities
- 3.** Exhibit patience and sensitivity in working with young children
- 4.** Experience in working with children, ability to be fun and engaging with children
- 5.** Willing and able to assist with activities involving livestock handling, gardening, work projects, and other experiential education activities;
- 6.** Good interpersonal and communication skills with the ability to work cooperatively with a wide range of people.
- 7.** Willingness to follow Heifer Farm policies including appropriate dress code and discipline policy.

Duties:

- 1.** Under direction of Day Camp Counselor, assist with education programs and activities for day camp participants.
- 2.** Under direction of Day Camp Counselor, assist campers with livestock chores, animal handling, garden work, work projects, and other farm related activities for day camp participation.
- 3.** Under direction of Day Camp Counselor, assist with camper management – bathroom breaks, behavior boundaries, etc.
- 4.** Perform other day camp tasks as interests and needs dictate.
- 5.** Learn the basic information about issues of hunger and poverty, the mission of Heifer International, and link Heifer Farm programs to Heifer International’s work around the world.



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For Office Use Only: <input type="checkbox"/> Waiver Received <input type="checkbox"/> Immunization Form <input type="checkbox"/> Sect. C & D signed <input type="checkbox"/> Sections C & D signed <input type="checkbox"/> Confirmation Returned
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2017 Heifer Farm Day Camp—CIT Application

<input type="checkbox"/> June 26—30	<input type="checkbox"/> July 17—21	<input type="checkbox"/> July 31—Aug 4	<input type="checkbox"/> Aug 14—18
<input type="checkbox"/> July 10—14	<input type="checkbox"/> July 24—28	<input type="checkbox"/> Aug 7—11	

CIT Application Instructions:

- Submit complete application to Heifer Farm by May 1, 2017.** We cannot accept applications after May 1, 2017. Please plan mailing the packet accordingly.
- Submit all pages of the Application along with the Certificate of Immunization and the signed Waiver Form at time of application.
- Please check off all weeks that the applicant is available.
- Indicate how many weeks the applicant would like to serve as a CIT. One Two (Two weeks is the maximum.)
- If you have preferred weeks, please note here: _____
- Answer the following question in your own words on the form provided in this application (see page 5):
 - Why would you like to become a Counselor-in Training (CIT) and what makes you a good candidate?
- If your application is accepted, turn in commitment letter within 2 weeks to confirm program participation.

There are no CAMP FEES for the Counselor-in-Training program.

As required by law, this form must be filled out completely and signed. **Parents/Guardians of campers arriving at camp without or with an incomplete form will be contacted to pick up their children.**

SECTION A – General Camper Information

****New Age Minimum in 2017****

Camper's Name: _____ **Date of Birth:** _____ **Grade @ Camp** _____
Address: _____ **Age During Camp:** _____ **Min Age: 14— Max Age: 16**
City: _____ **State:** _____ **Zip Code:** _____ **Cell Phone:** _____
Campers Email: _____

Parent's Name (or Guardian): _____ **Parent's Name (or Guardian):** _____
Day Phone: _____ **Cell Phone:** _____ **Day Phone:** _____ **Cell Phone:** _____
Email Address: _____ **Email Address:** _____

Home Phone: _____ **Gender:** M / F **New Camper?** Yes or No

EMERGENCY CONTACT

When parents cannot be reached, who should we contact in case of an emergency? Is this person authorized for pick-up of your child? Yes or No

Name: _____ **Cell Phone:** _____
Address: _____ **Relationship:** _____

PICK UP AUTHORIZATION

Please list two additional people (besides mother, father or guardian listed above) who are authorized to pick up your child at camp. We will require picture identification and we will only release your child to the people named on this sheet.

1. _____ **Phone:** _____
 2. _____ **Phone:** _____

Section B – Health History

Immunization History

Please attach a certificate of immunizations signed by a physician.

Required Immunizations (per the Massachusetts Department of Public Health)

1. **Measles, Mumps and Rubella (MMR) Vaccine:** At least one dose of MMR Vaccine must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity.
 - A second dose of live measles containing vaccine is required for all campers of any age.
 - Both doses of measles vaccine must be given at least one month apart, and be given at or after 12 months of age, or there must be proof of laboratory evidence of immunity.
2. **Polio Vaccine:** At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactive polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV), a total of four doses are required.
3. **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** At least four doses of DtaP/DTP/DT/Td are required (the pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.
4. **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

Allergies

Mark All Known	Specifics	Reaction	Treatment
<input type="checkbox"/> Plants/Pollen			
<input type="checkbox"/> Insect Stings			
<input type="checkbox"/> Food			
<input type="checkbox"/> Animals			
<input type="checkbox"/> Other			

Are there any specific activities that should be restricted, limited or adapted?

Specify any dietary restrictions or needs.

Provide any additional information about your camper's physical and behavioral, emotional or mental health which will be useful to our camp health care and/or camp staff.

If your camper has any needs that will require special accommodation while at camp, please call the Day Camp Coordinator at 508-886-2221.

Why would you like to become a Counselor-in Training (CIT) and what makes you a good candidate?

Section C – Consent and Permission to Treat

To my knowledge, this health history is correct and complete. I hereby give my permission to the **designated health care personnel - including an off-site health care consultant and on-site health care supervisor** - selected by the camp to provide routine health care and to seek emergency medical treatment for my child/ward.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person herein described. I authorize the medications I have listed in *Section D— Authorization to Administer Medication to a Camper* of this form to be administered by the Health Care Supervisor, as directed to the minor camper for whom it was prescribed.

Healthcare Provider and Insurance Information

Name of Family Physician: _____ Phone: () _____

Name of Dentist/Orthodontist: _____ Phone: () _____

Medical/Hospital Insurance: _____

Policy or Group Number: _____

Name of Insured: _____ Relationship to Camper: _____

Signature of Parent/Guardian: _____

PLEASE SIGN!

Printed Name: _____ Date: _____

Section D – Authorization to Administer Medication to a Camper

ALL PARENTS/GUARDIANS PLEASE SIGN:

Authorization to Administer Medication to a Camper (Both Over-the-Counter and/or Prescription Meds)

I hereby authorize Heifer International's Day Camp at Heifer Farm to administer, to my child,

_____ the medication(s) indicated below, in accordance with 105 CMR 430.160.
(Name of Child)

Parent/Guardian Signature: _____ Date: _____

PLEASE SIGN!

Note: Heifer Farm maintains basic first aid supplies but cannot administer ANY form of over-the-counter or prescribed medication without receiving this completed Medical Authorization Form. Medication administration will occur at the infirmary in the Visitor Center. **Please check any medication you wish to be made available to your child.** Medications will be administered in accordance with their established protocols, unless you note otherwise.

Bites/stings/allergic rashes

- Anti-itch lotion (like calamine lotion)
- Anti-itch cream (like 1% Hydrocortisone)
- Benadryl

Headache/fever/earache muscle aches/pain/ menstrual cramps

- Acetaminophen (like Tylenol)
- Ibuprofen (like Advil)

Minor cuts/bruises

- Antibiotic ointment (like Neosporin)

Upset stomach

- Antacid (like Tums)

Sore Throat & Coughs

- Cough drops

Other

- Insect repellent
- Sunscreen

Please Check Off!

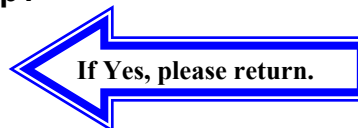
Section D – Authorization to Administer Medication to a Camper

Prescription Medications: (copy this page for additional medications)

Does your child require any prescription medications at camp?

If no, leave this section blank.

If yes, please complete below and return.



Diagnosis (at parents discretion): _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____

Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water):

Specific Precautions:

Possible Side Effects/Adverse Reactions:

Does the medication need to be with the camper at all times? (i.e., epipen or inhaler) Yes or No

Self-administration of Epi-pen®, inhaler, blood sugar monitor, or insulin injections (if applicable)

I hereby authorize my child to self-medicate/monitor using a/an: _____

(Epi-pen®, inhaler, blood sugar monitor, or insulin injections)

Parent/Guardian Signature: _____ **Date:** _____

DETACH AND KEEP FOR YOUR RECORDS

Department of Public Health Regulations -

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

**Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*



Day Camp Permission and Waiver

Heifer Project International (“Heifer International”, “we”, “our” or “us”) is an international charitable organization whose mission is to work with communities to end hunger and poverty and to care for the Earth.

We understand the individual identified below (the “participant”) will be participating in day camp at a Heifer Learning Center. We routinely film and take photos of activities occurring at such day camps, and would like to obtain permission to use and edit the resulting photos and video footage, along with the participant’s name, indefinitely and free of charge, for training, fundraising and education purposes in furtherance of our charitable mission. We would also like to obtain permission for the participant to participate in the day camp.

By signing below, participant (and, if participant is 17 years of age or under, participant’s parent or guardian) (a) grants Heifer International the permission requested above, (b) WAIVES AND RELEASES Heifer International and its directors, officers, representatives, employees, and volunteers from, and INDEMNIFIES them against, any and all claims, demands, damages, actions, causes of action, and liabilities that may arise from the day camp or the use of said photos and video footage, and (c) agrees Heifer International will be the exclusive owner of any results or proceeds from such photos and video footage.

Please Print Clearly

Participant’s Name Participant’s Signature Date Participant’s Date of Birth

If participant is 17 years of age or under:

Parent’s/Guardian’s Name Parent’s/Guardian’s Signature Date

Parents/Guardian’s Contact Information

(please check the “opt out” box below if you do not wish to receive correspondence/communication from us)

Mailing Address Zip Code Email Address Phone #

Opt out (I do **NOT** wish to receive correspondence/communication from Heifer International)

Internal use only:

Sponsoring Organization: _____ N/A for day camp _____

Program Name/Dates: _____ **Day Camp CIT Program** _____

Location: Heifer Ranch **Heifer Farm** Heifer Village