

Epilepsy Association of Western and Central PA



Application for Employment Camp Counselor

Camp Frog is a one-week overnight camping experience for youth ages 8-17 who have a primary diagnosis of epilepsy or seizures. The EAWCP is seeking energetic, accountable camp counselors to provide a safe and memorable experience for our campers for the duration of camp. The Camp Frog counselor will work alongside counselors from the partnered YMCA camp. The job of the Camp Frog counselor is to keep campers safe by recognizing and responding to seizures, to make sure they are having fun, and to report any concerns or problems to the on-site EAWCP staff as they arise.



1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
P: 412-322-5880 | F: 412-322-7885
www.eawcp.org

JOB DESCRIPTION

Position: Camp Frog Counselor

Reports To: Camp Director; President & CEO

Position Objective/Summary:

Principle responsibilities include assisting Camp Frog campers with additional safety, behavioral, and emotional support during the week of camp.

Principle Duties and Responsibilities:

1. Encourage participation and integration from Camp Frog campers
2. Oversee transitions to and from scheduled activities
3. Accompany campers to all meals & activities
4. Sleep in camper/counselor accommodations
5. Act as a counselor to all campers in the cabin (typically 2-4 Frog campers and 4-6 YMCA campers)
6. Attend a mandatory training on seizure recognition and first aid presented by the EAWCP
7. Provide seizure recognition and first aid to campers
8. Be respectful of all campers and staff at Camp Fitch or Camp Conrad Weiser
9. Complete the mandatory video trainings required by Camp Fitch or Camp Conrad Weiser
10. Comply with all Camp Fitch or Camp Conrad Weiser rules and regulations
11. Inform the Camp Director of problems as they arise

Qualifications:

1. Be 18-26 years of age
2. High school diploma or GED required
3. Complete the following clearances: PA Criminal Record Check, PA Child Abuse History, and FBI Fingerprint Background Check
4. Knowledge of behavior modification techniques, child development, and other special needs concerns is favored
5. Interest in working with children who have special needs
6. Able to attend all meetings, training, and the entire week of camp
7. Able to fulfill the responsibilities of the job, including but not limited to standing for long periods of time, walking significant distances over uneven surfaces (approx. 3 miles/day), lifting (up to approx. 50lbs), and the ability to swim
8. If you have participated in Camp Frog as a camper, you must skip at least one summer of camp before applying for the position as a counselor.

Working Conditions:

Counselors will be working at a camp where a lot of physical activities will be performed, including but not limited to: hiking, swimming, crawling, lifting, jumping, walking, running, horseback riding, throwing, etc.

Applicant Signature

Date

Camp Director's Signature

Date

NOTE: The above statements are intended to describe the general nature and level of work being performed by employees assigned the job. They are not exhaustive lists of all duties, responsibilities, knowledge, skills, abilities, and working conditions associated with this job. Additional functions may be required to meet agency objectives.

The Epilepsy Association of Western and Central PA is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including sex, age, race, color, religious creed, citizenship, marital status, national origin, ancestry, military status, or disability.

PERSONAL

Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

Address: _____
Street Address

City State Zip Code

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Are you either a citizen of the United States or a legal alien who has the right to remain permanently and work in the United States? (You will be required to produce proof of your right to work following a conditional offer of employment.) ☐ Yes ☐ No

Have you ever been employed by the EAWCP? ☐ Yes ☐ No
If yes, please state when and by what name (if different from above): _____

Do you have any friends or relatives employed by the EAWCP? ☐ Yes ☐ No
If yes, please give employee's name(s): _____

Do you hold a valid driver's license? ☐ Yes ☐ No
Do you hold a CDL license? ☐ Yes ☐ No
If yes, what class? _____

To be considered qualified under the Americans With Disabilities Act, an applicant must be able to perform the essential functions of a job with our without a reasonable accommodation. Please review the application and attached job description and answer the following question: Can you perform the essential functions of the position for which you have applied with or without accommodations? ☐ Yes ☐ No

If you answered 'No', please identify what job functions you cannot perform with or without an accommodation. Please state any additional information you believe would be helpful to us in considering your application. Do not list any information that would indicate your age, race, color, sex, religion, marital status, military status, national origin, citizenship, or disability.

EDUCATION

Name and Address of School	Years Attended	Graduation Year	Degree
High School			
College			
Other			

WORK EXPERIENCE Please include prior camp experience & work with children.

Employer	Address and Phone	Position	Dates Worked

Check the dates/locations you are available to work at Camp Frog.

☐ Camp Conrad Weiser, Wernersville, PA
June 14-20, 2020

☐ Camp Fitch, North Springfield, PA
June 21-27, 2020

Do you hold any Red Cross First Aid or CPR training certificates?

☐ Yes ☐ No

If yes, please list (include expiration dates): _____

Do you hold a current life-saving or water safety certificate?

☐ Yes ☐ No

If yes, please list (include expiration dates): _____

Please list any other relevant certificates (including expiration dates): _____

Do you have the following clearances, dated within the past year?

PA Criminal Record Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PA Child Abuse History	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FBI Fingerprint Background Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, enclose a copy of each. If no, you will be given instructions on how to apply for new clearances if you are being considered for a counselor position.

Have you ever worked with children with special needs or chronic health disorders?

If yes, in what capacity? ☐ Yes ☐ No

Have you had any personal experience with epilepsy or seizures?

If yes, in what capacity? ☐ Yes ☐ No

The age groups at Camp Frog include the following. Please indicate your 1st, 2nd, 3rd, and 4th choices.

8-10 year olds _____

11-12 year olds _____

13-14 year olds _____

15-17 year olds _____

Why do you want to be a counselor with Camp Frog?

Please write a brief description of a specialized training or experience in camping or in any other fields that might help you in the position of Camp Frog counselor. Feel free to submit additional sheets if necessary.

It is understood and that, in making application for employment, an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

I agree to conform to the rules and regulations of the Epilepsy Association of Western and Central PA. My employment may be terminated at any time, at the option of either the Epilepsy Association of Western and Central PA or myself. I understand that no representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge and belief true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from employment upon discovery thereof.

Applicant's Signature

Date

Please return this form to:

Epilepsy Association of Western and Central PA
1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
Attn: Paige Devlin, Camp Director
Fax: 412-322-5880

For any questions or concerns, contact Paige Devlin at 412-322-5880 | 1-800-361-5885 | pdevlin@eawcp.org