

NCDDBA CAMP DOGWOOD DEAF-BLIND WEEKEND 2016

Dear Friend,

September is an exciting time at Camp Dogwood in Sherrills Ford! Every year since 1981, Deaf-Blind people have come from all over North Carolina for a fun-filled weekend on beautiful Lake Norman. Campers look forward to activities like boating, canoeing, jet skis, fishing, crafts, games, and a BIG DANCE! This year our theme is, "**GREASE**". So if you have anything related to this theme, please bring it!! Another year of great memories ahead!

This camp would not be possible without volunteers like you. We need SSPs (Support Service Providers) who will assist with communication and act as human guides for the campers. Whether you are an experienced SSP or a first-time SSP, we hope you will consider sharing yourself and your time with us at the **Camp Dogwood Deaf-Blind Weekend** from **September 8 – 11, 2016**. (Registration / Arrival time will be between **2:00 pm and 5:00 pm** on **Thursday** and departure time will be 10:00 am on Sunday.)

The registration fee for **SSPs is only \$25.00**. There is no additional cost for SSP room and meals. Camp overview training will be provided at camp at 4:00pm on Thursday and prior to camp at various locations in the state. You can call one of the Deaf-Blind Service Specialists on the attached list for further assistance (information or trainings offered prior to camp).

We will be accepting approximately 60 SSPs, so it is important to send in your application as soon as possible. If you are coming to SSP for a specific camper, make sure you put the camper's name on your SSP application. **Priority will be given to SSPs who can assist all weekend and who can meet the communication needs of our campers.**

If you want to SSP at the 2016 Camp Dogwood Deaf-Blind Weekend, here is what you need to do:

1. Fill out **ALL the forms** in this application packet (remember to **sign** the forms).
 - a. You can use a *SIGNATURE APP* if you want or scan your application back to us completely filled out and SIGNED through email or mail.
2. Tear the below sheet and enclose a **\$25.00 fee (check or money order, please no cash) and send to the address below**. If you are a student and you are not able to afford the fee, please contact your local ASL Club to ask for support.
Make your check or money order payable to NCDDBA.
In the memo line, write For Camp Dogwood.
3. **Send your application packet with the \$25 fee as soon as possible to:**

NCDDBA/CDW SSP Application
264 St. Lawrence Way
Clayton, NC 27620
NCDBASSPs@gmail.com

Office – 919-438-3106
VP – 919-585-5428

(Note: Although the deadline is August 1, space is limited, so send it as soon as possible.)

CAMP REGISTRATION FEE & T-SHIRT ORDER FORM

You will be notified by August 15, 2016 if you are accepted to attend camp.

If you are not accepted, your money will be refunded.

No registration refunds will be given after August 26th

In knowing life situations can occur, careful consideration will be reviewed for certain cases.

If you mailed a \$25 fee with your application, but our camp is full, we will send you a refund.

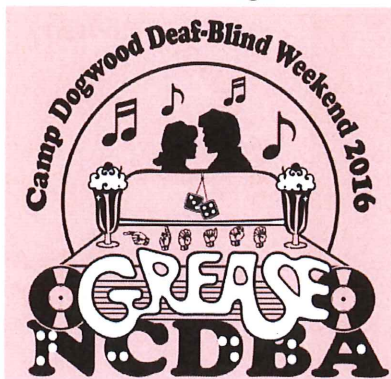
Please sign below that you have acknowledged this statement and send in with your fee.

Name: _____ Date: _____

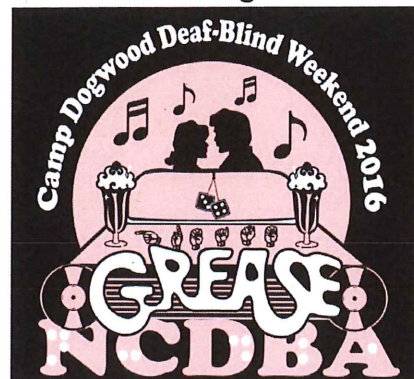
T-shirts are \$15.00 each and offered in Pink and Black. Both t-shirts will be plain on the front with the graphic design on the back. Both graphic designs are the same, but colors are inverted to contrast with the shirt color.

Text description: Man and woman (the main characters of the movie, Sandy and Danny) sitting in a convertible car at a drive in movie. There are fuzzy dice hanging in the windshield. At the top of the picture is text in an arc that says, "Camp Dogwood Deaf-blind Weekend 2016." The couple is facing each other with music notes above their heads. There are milkshakes sitting on window trays on both sides of the car. The bottom of the picture says in all caps, "GREASE" with the ASL fingerspelling on top of each letter. Under that, there are record albums on both sides of the word, "NCDDBA," with Braille on each letter.

Pink T-shirt Design



Black T-shirt Design



Please write your name, check off which color, write in the number of shirts and the sizes you need.

NAME: _____

☐ Black Quantity: _____ Size: _____

☐ Pink Quantity: _____ Size: _____

****Note:** write check or money order payable to NCDDBA, Memo Line: "Camp T-shirt."

CAMP DOGWOOD DEAF-BLIND WEEKEND

Volunteer SSP Application
(You must be at least 18 years old)

Date _____

PLEASE PRINT CLEARLY. THANK YOU!

Last Name First Name County

Street Address City State Zip

Permanent Address (if different) City State Zip

() V, VP, Text (circle)

Primary Phone

() V, VP, Text (circle)

Secondary Phone

VP # or Fax # (if applicable) E-Mail Address

____ Male ____ Female Age: _____

*Have you ever been convicted of a felony? Yes ____ No ____

Will you be able to attend the entire session? Yes No
(Thursday, 5:00 pm through Sunday, 10:00 am)

Priority will be given to SSPs who can volunteer all weekend and who can meet the communication needs of our campers.

Will you be staying at camp overnight? Yes No

If you cannot attend the entire session, what times will you be at camp?

Thursday Times _____
Friday Times _____
Saturday Times _____
Sunday Times _____

- **What time & day are you arriving?** _____

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 2)

My hearing is best described as:

- ☐ Hearing
☐ Hard of Hearing and can understand speech
☐ Hard of Hearing but cannot understand speech
☐ Deaf

Communication and Skills:

Are you a licensed interpreter by the NCITLB?

☐ Yes/Full ☐ Yes/Provisional ☐ No

Are you a certified interpreter? ☐ Yes ☐ No

If yes, Certification _____

What kind of interpreting experience do you have? How long?

Do you have any certifications? ☐ CNA ☐ CPR ☐ Lifeguard

☐ Other certifications (please list): _____

How would you describe your signing skills?

☐ none ☐ beginning ☐ intermediate ☐ advanced

How many years have you been signing?

☐ 1 – 5 ☐ 5 – 10 ☐ 10 – 15 ☐ 15+

Have you had SSP training? ☐ Yes ☐ No

If yes, when was your last training _____

What kind of SSP experiences have you had? (i.e. guiding, food shopping, read mail, etc. - Write on back of this page if needed)

My tactile sign language experience

- ☐ 1 – 3 years
☐ 3 – 5 years
☐ None, willing to try

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 3)

Check all areas that you have experience with and that you feel comfortable working with persons who are Deaf-Blind:

- | | | |
|--|--|--|
| <input type="checkbox"/> ASL | <input type="checkbox"/> Manually Coded English | <input type="checkbox"/> PSE |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Voice Interpreting | <input type="checkbox"/> Cued Speech |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Oral Interpreting | <input type="checkbox"/> Print-on-Palm |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Touch Signals/Haptic Signals | <input type="checkbox"/> Pro-Tactile |
| <input type="checkbox"/> Tactile Signing | use right hand <input type="checkbox"/> or left hand <input type="checkbox"/> or both <input type="checkbox"/> | |
| <input type="checkbox"/> FM Loop | | |
| <input type="checkbox"/> Working with developmentally-disabled deaf-blind people | | |
| <input type="checkbox"/> Working with Hard-of-Hearing (deaf-blind who do not sign) | | |
| <input type="checkbox"/> Other: | <input type="text"/> | |

My dominant hand for writing ☐ right ☐ left ☐ both

Preferences & Housing Information:

Smoking

- ☐ I am a smoker
☐ I am not a smoker
☐ I can be matched with a smoker
☐ I can not be matched with a smoker

I'm comfortable working with

- ☐ Men
☐ Women
☐ Doesn't matter

I'm comfortable pushing a wheelchair

- ☐ No
☐ Yes
☐ Doesn't matter

I'm comfortable around service animals

- ☐ Yes
☐ No
☐ Doesn't matter

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 4)

Approximately how tall are you?

- ☐ 5'4" or less
☐ 5'5" – 5'9"
☐ 5'10" or more

There are a variety of activities our campers enjoy. Please let us know which activities you would enjoy being matched with?

- ☐ Physical Activities (tandem biking, jet skiing, hiking, swimming, etc.)
☐ Calm Activities (crafts, boat rides, board games, workshops, etc.)
☐ All the above

Will you share a room with a smoker

- ☐ Yes
☐ No

Do you have a roommate or room preference? ☐ Yes ☐ No
(There will be NO single rooms available)

If yes, please explain (i.e. person's name, non-smoker, handicapped accessible):

Do you have difficulty with stairs?

- ☐ Yes
☐ No

Do you have difficulty with walking?

- ☐ Yes
☐ No

Will you be bringing a service animal?

- ☐ Yes
☐ No

Do you use a wheelchair?

- ☐ Yes
☐ No

Do you use a walker?

- ☐ Yes
☐ No

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 5)

Is there anything you would like to tell us about yourself that we might not have asked? Please do so here or continue on a separate piece of paper, all information is held confidential and used only in the match ups between SSPs and Campers.

If you are coming for a specific camper, please write the name of the camper you will be working with: _____

(Preferences will be considered, but not guaranteed):

Transportation:

Every year we struggle with transportation for so many of our campers across the state, please consider helping us this year by brining a camper and/or ssp to this event.

Can you transport campers and/or ssps from your area? ___ Yes ___ No

If yes, how many can you bring? _____

Can you fit a wheelchair in your vehicle? ___ Yes ___ No

If you are bringing anyone, please let us know who. _____

Agreement to follow Camp Dogwood Rules:

I agree to follow all Camp Dogwood Rules while participating in the Camp Dogwood Deaf-Blind Weekends.

My Signature

Date

⇒ **DEADLINE FOR ALL CAMP DOGWOOD SSP APPLICATIONS: AUGUST 1**
Please mail your SSP application, all waiver / release forms and the \$25.00 SSP registration fee to:
NCDBA/CDW SSP Application: 264 St. Lawrence Way, Clayton, NC 27620

**Camp Dogwood Deaf-Blind Weekend
SSP - Emergency Contact Information
CONFIDENTIAL**

Name: _____ Date: _____

Your family doctor's name: _____

City: _____ NC

Area Code

Phone Number

****In case of emergency, we need to contact the following people (you must have at least two people listed):**

1. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

2. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

3. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

Camp Dogwood Deaf-Blind Weekend
SSP – Medical Concerns Form
CONFIDENTIAL

Name: _____
 Last First

Date: _____

You must complete this form and return it with your application. The site requires that your form be kept on file in case of a medical emergency.

I want the nurse to know of my medical conditions (circle):

High Blood Pressure	Yes	No
Diabetes	Yes	No
Seizures	Yes	No
Allergies (_____)	Yes	No
Heart Problem	Yes	No
Hepatitis	Yes	No
HIV/AIDS	Yes	No
Other: (please specify)	Yes	No

Date of my last tetanus immunization: _____

I want the nurse to know of my medications listed below:

Medicine: _____ Times: _____

Medicine: _____ Times: _____

Medicine: _____ Times: _____

(You are responsible to take care of your own medicine. **If you are diabetic, you must bring your own testing meter and testing supplies.**)

I am limited with the following physical activities:

Signature: _____

Camp Dogwood Deaf-Blind Weekend
SSP – Medical Release Form

Sometimes, the wording of medical release forms is hard to understand, so below is the actual wording and a “simplified English” version. Please read both. They are the same thing.

Simple English version:

If I am too sick, or hurt, or can't think clearly, or can't make decisions, it is OK for the on-site nurse or camp staff to decide about medical care for me. If it is an emergency, they can decide if I have treatment, and/or medicine, and/or surgery.

Actual Medical Release:

In the event that my consent cannot be readily obtained, the Camp Dogwood nurse and/or staff are authorized to consent on my behalf for necessary medical treatment. In case of medical emergency, the Camp Dogwood nurse or staff is authorized to obtain treatment for me, including medication, anesthesia, and/or surgery.

Signature

Date

(if applicable, signature of guardian or witness)

Date

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 9)

SSP – Release Forms

Last Name: _____ First Name: _____

Here are three release forms for the Camp Dogwood Deaf-Blind Weekends. Each form has an explanation in "Simplified English". There is one place to sign, at the end of all the release forms.

Simplified English Version of Contract Releasing Liability:

I am responsible if:

- ☐ I become sick, hurt, or die at the Camp
- ☐ Some of my belongings (suitcase, bags, money, etc.) are lost or damaged at the Camp
- ☐ I am responsible if I become sick, hurt or lose anything when I travel to the Camp or travel home again.

I will not hold the Camp Dogwood Deaf-Blind Weekends responsible if these things happen. The staff is not responsible. The Camp Dogwood Deaf-Blind Executive Committee is not responsible. The NC Deaf-Blind Associates, Inc. is not responsible.

Contract Releasing Liability:

I, the undersigned, hereby assume all risks of personal injury, illness, death and damage to or loss of property. I expressly waive and release the Camp Dogwood Deaf-Blind Weekends its trustees, employees, agents and other Camp participants from any and all liability, claims, demands and causes of action whatsoever which arise from or in connection with my participation in the Camp, including traveling to or from the camp, for personal injury, illness, death or damage to or loss of property.

Simplified English Version of Harassing Conduct Release:

The Camp Dogwood and the Camp Dogwood Deaf-Blind Weekends will not allow harassing conduct. This means behaving in a way that bothers another person. It means after the other person tells you to stop bothering them, you don't.

Harassment can be:

- ☐ Verbal or Signal (calling people names, yelling at someone, swearing, teasing too much, criticizing volunteers or campers).
- ☐ Physical (pushing, shoving, poking, hitting anyone, following someone).
- ☐ Sexual (touching that is not comfortable for the other person, following someone, telling sexual jokes that bother another person).

I understand if I do these things, the Camp Coordinator or Acting Camp Coordinator may tell me to leave the camp.

Harassing Conduct Release:

Harassing or threatening conduct will not be tolerated at the camp. I acknowledge and agree that if my conduct or condition, in the judgment of the Camp Director or Acting Camp Director, poses a threat of harm to others or myself, I may be removed from the camp.

Camp Dogwood Deaf-Blind Weekend

SSP – Release Forms (Continued)

Public Relations (Please check one):

Sometimes TV or newspaper reporters will come to the Camp Dogwood Deaf-Blind Weekends to write a story and take pictures. Sometimes other photographers come to the Camp Dogwood Deaf-Blind Weekends to take pictures. The Camp Dogwood Executive Committee, NC Deaf-Blind Associates, Division of Services for the Blind, and Division of Services for the Deaf and the Hard of Hearing may use the pictures (in color or black and white) in publicity and training materials as seen fit by the Agencies or for the purpose of informing the communities about Deaf-Blind issues, and/or helping raise money for the Camp Dogwood Deaf-Blind Weekends.

- It is OK to photograph me or videotape me at the Camp.
- It is NOT OK to photograph or videotape me at the Camp.

By signing this, you agree to release any liability and follow harassing conduct rules.

Signature

Date

SSP Confidentiality (Privacy) Statement

I, _____, understand that in my role as an SSP at Camp Dogwood Deaf-Blind Weekends, I may become aware of personal information about campers. I agree to keep such information confidential (private) during and after the camp session(s).

Signature

Date

Support Service Provider Guidelines

1. **SSP'S CANNOT PROVIDE THE FOLLOWING SERVICES:**
 - Teach, counsel, give advice or their opinions
 - Clean up after the consumer, walk or clean up after their pets
 - All service animals must stay with the Deaf-Blind consumer at all times and may not be left alone or in the care of the SSP
 - Provide personal care services (Assist w/medication, Bathing, Feeding, etc)
 - Do errands without physically being accompanied by the Deaf-Blind person
2. **READY ON-TIME:** If a delegate/camper is a "no-show", please send a message to the coordinator regarding this situation. All SSPs must wait approx 15 minutes after the scheduled time to meet before exiting the location site.
3. **LIABILITY & MEDICAL ATTENTION:** If a delegate/camper gets sick and/or gets hurt during the event, the delegate/camper agrees that they will **not** hold responsible the SSP, NCDDBA or the Communication Access Coordinator. Please immediately call the Coordinator on site to seek Medical assistance & call 911, if anyone is injured.
4. **ABUSE:** Delegates/Campers/Delegates or SSPs will **not** abuse each other by:
 - verbal or physical abuse
 - sexual advances, flirting or talking in a sexual manner
 - using profanity or dirty jokes
 - any behavior that makes the individual feel uncomfortable or threatened
 - please do not abuse the services provided & respect each other during each & all assignments

The safety of everyone involved is important, if legal action is needed, this will need to be done on your own and at no cost of NCDDBA, a SSP or the Communication Access Coordinator. If consultation is needed, the Coordinator will be available to facilitate any assistance needed during any given situation. Each individual will be heard and support will be given to those in need.

4. **CONFIDENTIALITY:** All assignments are held strictly confidential.

Camp Dogwood Deaf-Blind Weekend -- SSP Application (page 12)

● I, the undersigned, hereby assume all risks of personal injury, illness, death and damage to or loss of property. I expressly waive and release the Conference/Camp Committee, NCDDBA, Interpreters, volunteers, employees, agents and other Conference participants from any and all liability, claims, demands and causes of action whatsoever which arise from or in connection with my participation in the Conference, including traveling to or from the event, for personal injury, illness, death or damage to or loss of property.

INITIAL _____

● Sometimes TV or newspaper reporters will come to the Conference/Camp to write a story and take pictures. Sometimes other photographers come to the Conference/Camp to take pictures. The Conference/Camp Committee, NCDDBA, HKNC, Division of Services for the Blind, and Division of Services for the Deaf and the Hard of Hearing may use the pictures (in color or black and white) in publicity and training materials as seen fit by the Agencies or for the purpose of informing the communities about Deaf-Blind issues, and/or helping raise money for the NC Deaf- Blind Associates.

By signing this document, you agree to the following.....

I have read these guidelines.

I understand these guidelines and agree to follow them.

Signature

Date