

CAMP DOGWOOD DEAF-BLIND WEEKEND 2010

April 20, 2010

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, crafts, workshops, games, shopping, and a BIG DANCE! This year our theme is, "**Hollywood**". 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 sighted 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 9 – 12, 2010**. (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. 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 training prior to camp).

This year because of limited space and funding, we will only be able to accept 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 2010 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).
2. Enclose a \$25.00 fee with the application. 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 **NCDBA**.

In the memo line, write **For Camp Dogwood**.

3. **Send your application packet with the \$25 fee as soon as possible to:**

Marilyn C. Trader

3010 Falstaff Rd

Raleigh, NC 27610

VP: 919 324-3886

Cell 919 623-2558

Fax 919 250-3194

AADBSec@hotmail.com

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

We will send you a letter to let you know if you have been accepted. If you mailed a \$25 fee with your application, but our camp is full, we will send you a refund.

DEAF-BLIND SERVICES SPECIALISTS

Rowan Lischerelli, Division of Services for the Blind in Asheville
(828) 251-6732 or (800) 422-1881. Rowan.Lischerelli@dhhs.nc.gov

Division of Services for the Deaf and Hard of Hearing
in Charlotte (704) 568-8505 or (800) 835-5306 (TTY only, use Relay NC at
(704) 568-8558 (VP).

Halina Milewska, Division of Services for the Blind in Winston-Salem
(336) 896-2227, extension 243 or (800) 422-0373, extension 243.
Halina.M.Milewska@ncmail.net

Kim Harrell, Division of Services for the Blind in Raleigh,
Kimberly.Harrell@dhhs.nc.gov (919) 733-4234 or (800) 422-1871

Lea Moynihan, Division of Services for the Deaf and Hard of Hearing in
Wilson (252) 243-3104 or (800) 999-6828 (TTY only, call Relay NC at 7-1-1
if calling via voice). Lea.Moynihan@ncmail.net

Elizabeth (Liz) Southworth, Division of Services for the Blind in Greenville
(252) 355-9016 Voice, (800) 422-1877 Voice or (252) 355-3549 TDD.
Elizabeth.Southworth@ncmail.net

Betsy Watts, Division of Services for the Blind in Wilmington (910) 251-
5743 or (800) 422-1884. Betsy.A.Watts@ncmail.net

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

Your hearing is best described as:

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

Can you transport Deaf-Blind campers and/or SSPs from your area? 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):

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

Are you a licensed interpreter by the NCITLB? Yes/Full Yes/Provisional No

Are you a certified interpreter? yes no
If yes, Certification _____

How would you describe your signing skills?
___none ___beginning ___intermediate ___advanced

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

- ASL Manually Coded English PSE
- Braille Voice Interpreting Cued Speech
- Typing Oral Interpreting Print-on-Palm
- Fingerspelling
- Tactile Signing use right hand _____ or left hand _____
- FM Loop
- Working with developmentally-disabled deaf-blind people
- Other: _____

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

Name of Deaf-Blind persons with whom you would like to work (*Preferences will be considered, but not guaranteed*):

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

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

Do you have any certifications? CNA CPR Lifeguard
 Other certifications (please list):

Please answer these questions about yourself. Your answers will help us to meet the needs of the campers.

I am an active person.

agree strongly agree disagree disagree strongly

I love to be outside

agree strongly agree disagree disagree strongly

I like to sit and make crafts.

agree strongly agree disagree disagree strongly

If you would like to tell me more about yourself, please write a note and attach it to this application.

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:

Marilyn Trader, SSP Pre-Registration

3010 Falstaff Rd
Raleigh, NC 27610

**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 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 – 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