

Family Fun Day Camp Counselor Information Form

Name _____ Shirt Size _____

Major/Occupation _____

Address _____

Phone _____ E mail _____

Have you previously interacted with anyone who is special needs?

What was their disability?

Is there camper you would like to help as a volunteer? Please provide their name.

Below rate the following statements using a 1-5 rating scale. One being the least comfortable and five being the most comfortable.

1. _____ Lifting a child
2. _____ Assisting a child in the restroom
3. _____ Feeding a child
4. _____ Working with a nonverbal child
5. _____ Working with a wheelchair bound child
6. _____ Working with a blind child
7. _____ Working with a combative child

8. _____ The child must have reasoning capabilities
9. _____ Working with a child age 3-6
10. _____ Working with a child age 7-9
11. _____ Working with a child age 10-11
12. _____ Working with a child age 14-16
13. _____ I know what to do if a child has a seizure.
14. _____ Working with a child who may have seizures.
15. _____ Helping a child change clothing.
16. _____ I know how to swim.
17. _____ Spending time in a pool with a special needs child.
18. _____ I would feel more secure if I was paired with another counselor with their special needs child.

We have added Pod Leaders. Pods will be divided by diagnosis and the Pod Leader will assist counselors with questions and ensure the counselors are aware of all events and the event location.

Please feel free to contact me at any time with questions or concerns.

Clint Craig

craigc2@findlay.edu

419 302 3939

Completing and returning this form confirms you will be a counselor for SKT Family Fun Day on Saturday, August 8, 2009. Please email completed form by **JUNE 15, 2009** to: care@specialkidstherapy.org or mail to:

Special Kids Therapy
Attention Clint Craig
1333 Lima Avenue
Findlay, Ohio 45840