



**amputee
coalition**
Paddy Rossbach Youth Camp

**Paddy Rossbach Youth
Camp 2024 Counselor
Application
July 15-19, 2024**

Thank you for your interest in being a counselor at the 2024 Paddy Rossbach Youth Camp! This will be our 24th annual youth camp and we are working hard to make this the best year yet! Counselor positions are available for individuals who have limb loss and/or limb difference who are at least 20 years old. Please read the following instructions and complete the checklist below.

Instructions

Please submit completed applications, waivers, and a recent photo to Maurice Henson by **Tuesday, April 30th, 2024** either by email or mail. The application can be downloaded, filled, and signed digitally OR printed, filled, signed, and scanned.

Email (preferred method): mhenson@amputee-coalition.org

Mail: Amputee Coalition, 601 Pennsylvania Avenue NW, Suite 420 South Building, Washington, DC 20004.

You will be notified via email once your application has been received. After the deadline, our camp committee will review all applications and select the 2024 counselors. We will email you in early May to notify you if you have been selected. Please note that email will be our primary form of communication, but feel free to call *anytime* if you have a question. If you are chosen as a counselor, we will mail you a camp handbook with detailed information about what to expect at camp and what you will need to bring.

Checklist

All fields on the application are completed

All waivers are signed and dated

The Background Check Authorization form is completed and signed

You have a recent photo of yourself to send via email to mhenson@amputee-coalition.org

You have **NO** conflicts with camp dates and are able to attend the full camp

Questions?

If you have any questions or concerns, please contact the Director of Youth & Workforce Development, Maurice Henson:

mhenson@amputee-coalition.org

888.267.5669



General Information

Legal First Name	Full Middle Name	Last Name
Preferred Name/Nickname		
Primary Mailing Address		
City	State	Zip
Cell phone	Email	
Have you attended this camp in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, how did you hear about our camp? _____		
Have you ever been a camp counselor (at any camp)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency contact		
Name: _____		
Relationship: _____ Phone: _____		

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other / Preferred Pronouns: _____	Date of Birth: _____
Ethnicity: _____	Primary Language(s) Spoken: _____
Adult T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other: _____	
Amputation Date (if applicable): _____	
Amputation/Limb Difference Level: <input type="checkbox"/> Hand <input type="checkbox"/> Symes <input type="checkbox"/> Below-Elbow <input type="checkbox"/> Below-Knee <input type="checkbox"/> Above-Elbow <input type="checkbox"/> Above-Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> Forequarter <input type="checkbox"/> Hemi	Amputation Cause: <input type="checkbox"/> Cancer <input type="checkbox"/> Infection <input type="checkbox"/> Congenital <input type="checkbox"/> Other: <input type="checkbox"/> Diabetes <input type="checkbox"/> Trauma <input type="checkbox"/> Vascular
Amputation / Limb Difference Site: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Trimembral <input type="checkbox"/> Quadrimembral	
Please indicate any assistive devices that you will be bringing to camp: <input type="checkbox"/> Crutches <input type="checkbox"/> Prosthesis <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____	
List any other information about your limb loss or difference that may be helpful. If you have multiple levels of limb loss or difference, please describe: _____ _____ _____	



Current or Past Medical Conditions/Camp Support(s) Needed

Please list any current or past medical conditions that may affect you during camp (seizure disorder, diabetes, anxiety, etc.) and what support(s) are needed to assist:

Condition / Diagnosis	Support Needed

References: List two non-family references, one that you have known for at least one year.

Name	Relationship	Phone Number / Email

Work History: Be sure to include any experience working with youth or in a camp setting, and any volunteer work. Attach separate sheet if needed.

Dates:	Employer:
Supervisor:	Phone / Email:
Dates:	Employer:
Supervisor:	Phone / Email:
Dates:	Employer:
Supervisor:	Phone / Email:

Background Check: We run a criminal background check on all counselors.

Have you ever been convicted of a crime other than a minor traffic offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		



Media

Are you willing to talk with the media about your story and the impact of camp? ☐ Yes ☐ No

Travel Arrangements:

Option #1: ☐ I will fly to camp.

I understand that the Amputee Coalition will make all the necessary travel arrangements and that the Amputee Coalition will cover the cost of airfare. I understand that the Amputee Coalition is responsible for arranging, rescheduling, or canceling my flight. If I am unable to attend or need to reschedule my flight, I will contact the Amputee Coalition immediately and will be responsible for any fees resulting from a rescheduled flight or cancellation. I understand that I am responsible for my transportation to the airport.

I am responsible for my baggage fees.

Please list the two closest major airports. To ensure the lowest airfare and most direct flight, you may need to drive up to 2-3 hours to get to an airport:

First choice:

Second choice:

TSA Pre-check # (optional)

Option #2: ☐ I will fly to camp and book my own airfare.

I understand that I am responsible for arranging, rescheduling, or canceling my flight. I will schedule my flight to arrive at the Corpus Christi International Airport at 1000 International Drive, Corpus Christi, TX 78406. I will provide my flight itinerary to the Amputee Coalition. I understand that if I am unable to attend, am dismissed from camp, or need to reschedule my flight I am responsible for the cost of my airfare. **I am responsible for my baggage fees.**

The Amputee Coalition will reimburse my travel expenses up to \$600 only if I attend camp for the entire week and provide an email with itemized flight itinerary within 30 days of camp.

Option #3: ☐ I will drive to camp.

I will be responsible for my own transportation to Camp Aranzazu. I understand that I must arrive by the time set by the Amputee Coalition. If I am unable to arrive at the designated time or location, I will contact the Amputee Coalition staff to discuss options. **The Amputee Coalition will reimburse my mileage up to \$600 only if an email with mileage driven to camp is received within 30 days of camp. The Amputee Coalition will not reimburse counselors if they are dismissed from camp.**



Additional Information: Please tell us more about yourself!

1. What is your favorite part of Youth Camp and why do you think it is important?

2. Why are you interested in serving as a camp counselor?

3. What previous experience do you have working with youth who have limb loss and/or limb difference? Have you attended camp before?

4. How do you see the role of a camp counselor and how can you fulfill this role? Why should you be selected as a camp counselor this year?

5. Each year, we select a theme for the camp dance. This theme should be incorporated into camp activities. Please share your ideas below and 3 specific activity ideas to incorporate the theme.

Theme

Activities

Do you prefer working with children in a particular age group? We assign counselors to groups as needed but try to accommodate requests if possible.

☐ 10-11 year olds
☐ 16-17 year olds

☐ 12-13 year olds
☐ Leadership Camp

☐ 14-15 year olds



Amputee Coalition Mandatory Release Form

Please sign the bottom of the form.

IN CONSIDERATION of your accepting this entry and intending to legally bind myself, do hereby waive, release and discharge the following: Amputee Coalition, the cities, and counties of event venues, the owners and managers of any public and/or private sports, recreation or other facility used for the Amputee Coalition's Paddy Rossbach Youth Camp, all Amputee Coalition sponsors, all members, staff and volunteers, individual coaches, instructors, independent contractors, supervisors or supervisors of coordinating organizations and all of the above members, agents, employees, representatives, successors, and assigns from any and all liability and/or claims for illness, injuries, and damages that may arise directly or indirectly as a result of my participation in any Amputee Coalition event, or my practice for any Amputee Coalition event, or my travel to and/or from event venues.

MEDICAL VERIFICATION AND CONSENT - I attest that I am physically and psychologically able and that my physical and psychological condition has been verified by a licensed medical doctor and we consent to any needed medical treatment for myself.

CONSENT FOR REPRODUCTION - I hereby grant full consent to the Amputee Coalition for the free use of my picture, name, and spoken, or written comments in any broadcast, telecast, or other account of any Amputee Coalition festival practices, events, and travel for any purpose whatsoever. I give permission for observations and statistical data of youth to be collected for research purposes only as long as confidentiality of information is maintained.

WAIVER FOR UNAUTHORIZED PHOTO/VIDEO/AUDIO. I release and hold harmless the Amputee Coalition, its officers, employees, agents, and suppliers should any unauthorized person take photographs and/or produce video and/or audio recordings of myself. I understand that the Amputee Coalition may not be able to completely prevent unauthorized individuals from taking photographs and or producing video and/or audio recordings without permission. It is my responsibility to notify Amputee Coalition staff if anyone does so. In some cases, the Amputee Coalition may take action in accordance with the Personal Rights Policy.

Full Name

Signature

Date



PERMISSION TO CONDUCT BACKGROUND CHECK

Applicant's Full Legal Name:	
Date of Birth:	Social Security #:
Driver's License #:	State Issued:

Please list your last three places of residence, listing the most recent residence first:		
Address 1:		
City:	State:	Zip:
Address 2:		
City:	State:	Zip:
Address 3:		
City:	State:	Zip:

Does the Amputee Coalition have permission to perform a background check on you?

☐ Yes ☐ No

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Subject of Investigation (applicant) Name:	
Signature:	Date:

Company Representative: Maurice Henson, Director of Youth & Workforce Development, Amputee Coalition	
Signature:	Date: