

2019

TO: Bleeding Disorder Community Members

RE: National Camp Exchange (NCE)

SUBJ: Application Process 2019

Greetings!

First and foremost, on behalf of Wingmen Foundation, Inc., the Arizona Hemophilia Association and Octapharma, we would like to thank you for your application to participate in the National Camp Exchange program for 2019.

The main emphasis and goal of this program, is to foster community within the bleeding disorders community, provide a mechanism for an exchange of practices between and among bleeding disorder camping programs, as well as provide a venue for leadership development. We are truly excited to the potential of your participation for 2019.

Please note the application process:

- Download the appropriate application
- Complete the necessary application (e.g. staff and/or organization)
- You will receive communication within 48 hours (Monday – Friday) once your application has been received
- The appropriate Point of Contact will be in communication with you to determine if there are any additional questions
- Please note that your application will be reviewed by the NCE Coordinating Committee for approval to participate in 2019
- Please note that you will be asked to participate in a survey regarding the program

Thank you for your interest!



National Camp Program 2019 Volunteer Camp Staff Application

A national bleeding disorder camp staff exchange program Collaborative partners - Wingmen Foundation, Inc & the Arizona Hemophilia Association; Sponsoring Organization – Octapharma.

Personal Information:

First Name: _____	MI: _____	Last Name: _____	
Preferred Name: _____			
Email Address: _____			
Address: _____		City: _____	
State: _____	Zip: _____	Time Zone: _____	
Primary Phone: _____		Fax: _____	
Driver's License #: _____	State Issued: _____	Exp. Date: _____	
Social Security #: _____		DOB: _____	
Gender:	Male <input type="checkbox"/>	Female: <input type="checkbox"/>	
Bilingual:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Languages spoken: _____	Most Fluent: _____		
Bleeding Disorder:	Hemophilia A <input type="checkbox"/>	Hemophilia B <input type="checkbox"/>	vWD Type 1 <input type="checkbox"/>
	vWD Type 2 <input type="checkbox"/>	vWD Type 3 <input type="checkbox"/>	Glanzmann's <input type="checkbox"/>
	Platelet Disorder <input type="checkbox"/>	Other <input type="checkbox"/>	Thrombasthenia <input type="checkbox"/>
Travel Restrictions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Explain: _____
Food Restrictions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Explain: _____



Additional Information:

What roles are you interested in within the Camp Exchange Program?

Camp Director/Co-Director	<input type="checkbox"/>	Junior/Assistant Counselor and/or Leaders in Training Staff	<input type="checkbox"/>
Program Director/Co-Director	<input type="checkbox"/>	Aquatics Director	<input type="checkbox"/>
Arts and Crafts Director/Co-Director	<input type="checkbox"/>	Bullpen/Support Staff	<input type="checkbox"/>
Medical Director/Staff	<input type="checkbox"/>	Cabin Staff	<input type="checkbox"/>

Do you authorize the hosting camp organization or the sponsoring organization to utilize any media that may be captured while attending camp?

YES: NO:

Are you willing to submit to a criminal background check prior to being authorized as a member of the hosting organization?

YES: NO:

Name of camping program that you would like to attend/participate (i.e. ranked in order of preference):

Preference #1: _____

Preference #2: _____

Preference #3: _____

Are you willing to participate in a Pre and Post experience survey for us to better understand how to offer better services in the future?

YES: NO:

Home Camp Information/Organization Information:

Name: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____

Email: _____

Home Camp Name: _____

Location: _____



Applicant History

Camp Name: _____
Position: _____
Years Attended: _____
Camp Director: _____

Applicant History cont.

Camp Name: _____
Position: _____
Years Attended: _____
Camp Director: _____

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Below are some essay questions. Feel free to use additional pages if needed.

Describe how your experience prepares you for a new camp environment.



Describe what you intend on getting from this program?

What challenges are you expecting to have, and how will you overcome them while navigating within a new atmosphere and environment?



Any other notes

