



P.O. Box 2786  
Sioux City, IA 51106  
712-252-3230  
Fax: 712-252-3712

May/2018

***Greetings from Indian Youth of America:***

Thank you for your interest in being a part of this summer's camp staff. This summer our Youth Camp Program will be celebrating 42 years of providing intertribal summer camps for Indian young people from urban and reservation communities. Since the Youth Camp Program began in 1976, thousands of Indian youth from over 198 tribes and 34 states have participated in and enjoyed a positive summer camp experience.

**Camp Work Schedule:** June 11– 22, 2018: Whispering Pines Camp, Prescott, Arizona  
July 26- August 8, 2018: Camp Bob Marshall, Custer, South Dakota

There will be 2 days of orientation in Arizona and 2 days of orientation in South Dakota before the campers arrive. Staff is expected to arrive at camp in the evening of June 10th for the Arizona camp and July 27th for the South Dakota Camp. There will be (5) weeks between camps when staff does not work. Please specify on the application if you are interested in working both camps or just the Arizona or South Dakota camp only.

**Volunteer Position and Requirements**

**Jr. Camp Counselors** must be 16 years old, a former IYA Camper and a high school student. Enthusiasm, willingness to work hard, maturity and dependability are essential. This is a non-paid, volunteer position. You will receive lodging and meals. You must provide your own transportation to camp.

**Deadline Dates:** May 18, 2018: Application due for the Arizona Camp  
July 2, 2018: Application due for the South Dakota Camp

***Please complete the entire application*** making sure to list two (2) references with telephone numbers. Please list former employers, teachers, counselors, advisors – do not list relatives and/or friends. You will be notified as to whether or not you will be offered a position as soon as possible after we receive and review your application and contact your references. If you have any questions or need additional information, please call (712) 252-3230. If you are interested in being a part of the 2017 summer camp staff, please return your completed application with physical and picture **AS SOON AS POSSIBLE!**

***"Celebrating 42 years of conducting camps for Indian youth."***

**INDIAN YOUTH OF AMERICA**  
**Indian Youth Camp Program**  
**P.O. Box 2786**  
**Sioux City, IA 51106**  
**Ph: (712) 252-3230 Fax: (712) 252-3712**

**JR. COUNSELOR APPLICATION**

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Work No: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Year in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

**MEDICAL INFORMATION: (Please attach a copy of your latest physical to the application)**

**Health:** (Check one) Excellent ( ) Good ( ) Fair ( ) Poor ( )

List all physical disabilities, impairments or allergies: \_\_\_\_\_

List any and all known allergies to medicine: \_\_\_\_\_

List all medications currently prescribed and being taken and reason for prescription: \_\_\_\_\_

Check the type of medical coverage you have (✓): Private Insurance ( ) Medicaid ( ) Indian Health Service ( )

**Please attach a copy of your insurance or Medicaid card** or list the name and phone number of the IHS Facility where you are seen: \_\_\_\_\_

**Immunization Record: (Please attach a copy to the application)**

Are all immunization shots up-to-date? \_\_\_ yes \_\_\_ no (explain) \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**Health Conditions/History: (Check those that apply)**

Bleeding Disorders\_\_\_\_ Emotional Disturbances\_\_\_\_ Fainting\_\_\_\_ Nosebleeds\_\_\_\_ Asthma\_\_\_\_  
Menstrual Cramps\_\_\_\_ Glasses/Contact Lenses\_\_\_\_ Hearing Impairment\_\_\_\_ Diabetes\_\_\_\_  
Epilepsy\_\_\_\_ Special Diet Regiment\_\_\_\_ Other:\_\_\_\_\_  
Chronic or Recurring Illness:\_\_\_\_\_  
Any specific activities to be restricted?\_\_\_\_\_  
Other Diseases or Details of Above:\_\_\_\_\_

**IMPORTANT:** Please notify camp if you have been exposed to any communicable disease during the three weeks prior to camp attendance.

**EMPLOYMENT HISTORY:**

<u>Job TITLE</u>	<u>Employer</u>	<u>Dates of Employment</u>
1. _____	_____	_____
2. _____	_____	_____

**EXPERIENCE:** In the following list, put numeral “1” before those activities you can organize and teach as an expert; “2” before those activities you have experience with and can assist in teaching:

**Arts and Crafts**

- \_\_\_ Basketry
- \_\_\_ Bead Work
- \_\_\_ Dream Catchers
- \_\_\_ Gods-eyes
- \_\_\_ Head Dresses
- \_\_\_ Jewelry
- \_\_\_ Leather Work
- \_\_\_ Mask Making
- \_\_\_ Nature Crafts
- \_\_\_ Painting
- \_\_\_ Pottery
- \_\_\_ Weaving
- \_\_\_ Wood Carving
- \_\_\_ Other\_\_\_\_\_

**Cultural**

- \_\_\_ Dancing
- \_\_\_ Drumming
- \_\_\_ Indian Games
- \_\_\_ Language
- \_\_\_ Legends
- \_\_\_ Singing
- \_\_\_ Other\_\_\_\_\_

**Educational**

- \_\_\_ Creative Writing
- \_\_\_ Environment
- \_\_\_ First Aide
- \_\_\_ Indian Culture
- \_\_\_ Nutrition
- \_\_\_ Photography
- \_\_\_ Self Image
- \_\_\_ Substance Abuse
- \_\_\_ Storytelling

**Recreational**

- \_\_\_ Archery
- \_\_\_ Baseball
- \_\_\_ Basketball
- \_\_\_ Canoeing
- \_\_\_ Fishing
- \_\_\_ Group Games
- \_\_\_ Hiking
- \_\_\_ LaCrosse
- \_\_\_ Mushball
- \_\_\_ Ping Pong
- \_\_\_ Riding
- \_\_\_ Soccer
- \_\_\_ Softball
- \_\_\_ Stretching Exercise
- \_\_\_ Swimming
- \_\_\_ Track & Field
- \_\_\_ Tomball
- \_\_\_ Volleyball

**Miscellaneous:** \_\_\_ Campfire Skits/Programs \_\_\_ Singing/Playing Instrument \_\_\_ Speech/Drama

**Please check one:** Are you available to work AZ ( ) SD ( ) or Both Camps ( )

How many years were you a camper?\_\_\_\_\_ Which camp did you attend?\_\_\_\_\_

Why do you want to come back to Indian Youth of America Summer Camps as a Jr. Counselor?

How do you think children benefit from a camp experience?

What contribution do you think you can make at camp?

Write a brief biographical sketch, including any specialized training and experience, which might have a bearing on this application.

**REFERENCES:** (Include former employers, teachers, counselors/advisors—do not list relatives/friends.)

**Name**

**Position**

**Phone Number**

1. \_\_\_\_\_

2. \_\_\_\_\_

# ***INDIAN YOUTH CAMP***

## **CONSENT AND AUTHORIZATION FOR MEDICAL ATTENTION**

I, the parent or guardian of \_\_\_\_\_, do hereby consent to  
(Name of Jr. Counselor)  
and authorize Indian Youth Camp personnel to provide and/or secure medical attention  
for \_\_\_\_\_ including admission to hospital, emergency  
(Name of Jr. Counselor)  
treatment, or any medical attention which may become necessary while he/she is  
participating in Indian Youth of America's Indian Youth Camp. I, the undersigned parent or  
guardian hereby accept the responsibility to pay for such treatment.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

## **RELEASE AND WAIVER OF LIABILITY**

I, the parent/guardian of \_\_\_\_\_, do hereby give my consent  
(Name of Jr. Counselor)  
to his/her participation in any and all activities sponsored by Indian Youth of America's  
Indian Youth Camp. I assume all risks and hazards incidental to such participation  
including transportation to and from the Indian Youth Camp. I do hereby waive,  
release, absolve, indemnify and agree to hold harmless the organizers, sponsors,  
supervisors, participants and persons transporting him/her to or from activities, for any  
claim arising out of any injury to him/her, whether the result of negligence or for any  
other cause.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

# ***INDIAN YOUTH CAMP***

## **PHOTO RELEASE**

I, the parent/guardian of \_\_\_\_\_ , do hereby consent to and  
(Name of Jr. Counselor)  
authorize Indian Youth of America, Inc. to use photograph(s) taken during the Indian  
Youth Camp activities on IYA's website and in newsletters, publications, brochures,  
videos, news releases, reports, etc.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

## **CAMP RULES**

By signing this form, I acknowledge receiving, reading and agreeing to the Camp Rules.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Jr. Counselor)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

# INDIAN YOUTH CAMP

## CAMP RULES

The following rules have been adopted for each camper's health, safety, and desirable group living. These rules will help assure the success of the camp. We would like to have camp here next year, so please do not do anything that would give the camp a bad name.

1. No one is to be near the water without the supervision of a staff member.
2. Never leave the hiking trails.
3. Do not leave the immediate area of the camp without the supervision of a staff member.
4. You are only allowed in the crafts area during your scheduled time.
5. No loud talking or noisy activity during mealtime, campfire or bedtime.
6. You must be present to eat during mealtime.
7. No food outside the dining hall.
8. All campers medication should be turned into their counselors, the camp nurse, or the Camp Director.
9. Any illness or injury must be reported to the counselor, camp nurse, or the Camp Director immediately.
10. Romantic relationships during camp are inappropriate.
11. The boy's cabins are off-limits to the girl's and girl's cabins are off limits to the boys.
12. You are only allowed in other cabins when invited.
13. The kitchen is off-limits to campers, unless supervised by a staff member.
14. **NO** littering--pick up litter at all times--help keep the campgrounds clean.
15. All crafts and recreational materials are to be checked out through staff members.
16. **NO** fighting, horseplay, threats of violence or profane language allowed.
17. All lost and found items are to be turned over to a staff member, or put in the lost and found box in the dining hall.
18. A camper who knows of or witnesses a camp rule being broken needs to talk to a staff member immediately.
19. If you bring spending money, you have the option of turning it over to your counselor for safe keeping until you need it. If you keep it in your possession and it is lost or stolen it will not be replaced.
20. Smoking is **NOT** allowed.
21. **Items NOT allowed at camp:** Any and all electronic devices, i.e. Cell phones, iPods, iPads, Computers, MP3 players, Walkie Talkies, Radios, etc; Fireworks, Candy & Snack foods, Soda, **Cigarettes, Alcoholic beverages & Non-Prescription Drugs are prohibited.**

Camp is a place to make friends and to *create good memories!* Camp is not a place to make others unhappy by your words or actions. Words are powerful - they can be hurtful or they can make someone feel good - each one of us is responsible for how we choose & use our words and how we treat others. *"Respect yourself by respecting others."*

The counselors and staff are here to help you and make sure you *have a good safe time*. Feel free to approach any of us when you have a question or idea. *Have lots of fun, fun, fun!!*

## ***INDIAN YOUTH CAMP***

### **SUGGESTED LIST OF THINGS TO BRING**

Please mark all of your clothing and gear for easy identification. Make sure to bring enough clothing and personal items to last for the entire camp session (**there are no washing facilities**).

#### **CLOTHING:**

- Shirts
- Sweat pants or jeans
- Shorts
- Underclothing and socks
- Sleep attire
- Jacket or sweater
- Swimsuit
- Tennis shoes
- Hiking shoes (optional)
- Hat or visor cap (optional)

#### **OPTIONAL:**

- Camera and film
- Fishing equipment
- Backpack
- Spending money
- Indian outfit
- Pen/pencil, paper, envelope and stamp

#### **PERSONAL SUPPLIES:**

- 3 Bath towels
- 2 Washcloths
- Bar of soap in plastic container
- Bottle of shampoo
- Toothbrush and toothpaste
- Comb or brush
- Sleeping bag or bedroll
- Pillow
- Garbage bag/laundry bag
- Medication
- Flashlight and batteries (required)
- Wrist Watch (required)
- Alarm Clock (required)