



Dear Applicant:

Thank you for applying to be a SKOR Camp Buddy. Following this letter, you will find the SKOR Camp Buddy application packet.

Please complete all pages of the following application by **March 31, 2020** and return them to: Hamilton Area YMCA Sawmill Branch – 185 Sawmill Road Hamilton NJ 08620 - Attn: Jess Fremgen.

You will be contacted once all paperwork (including references) has been returned. Please note that buddies will be utilized on an “as needed” basis. You will be notified via email/phone regarding the week(s) you have been accepted and/or have been put on a wait list. Below is a checklist to help stay organized with everything that needs to be turned in.

Thank you for your interest in the SKOR Camp Buddy Program and we look forward to seeing you soon!

Sincerely,

*Jess Fremgen*

*Sawmill Summer Camp  
SKOR Camp Coordinator*

*Hamilton Area YMCA Sawmill Branch  
185 Sawmill Rd.  
Hamilton, NJ 08620*

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## **SKOR Camp Buddy Program Checklist**

*Save this portion of the sheet to keep organized.*

- \_\_\_\_\_ Buddy registration/emergency contact form filled out/turned in (page 3)
- \_\_\_\_\_ Parent/Buddy signed Behavioral Agreement filled out/turned in (page 4)
- \_\_\_\_\_ Essay turned in (questions on page 5)
- \_\_\_\_\_ References mailed, or turned in (page 6)
- \_\_\_\_\_ Bus Authorization Slip from JKR Branch (page 7) *(if applicable)*  
*(authorized pick up persons)*
- \_\_\_\_\_ Bus Authorization Slip from AMC (page 8) *(if applicable)*  
*(authorized pick up persons)*

# SKOR Camp - Buddy Program

## **WHAT IS SKOR CAMP?**

The Hamilton Area YMCA SKOR (Special Kids Organized Recreation) Day Camp is offered for five weeks during the summer. This camp is specially designed for children with intellectual, physical, and/or emotional disabilities. We offer a full range of activities and experiences including a variety of sports, swimming, and crafts.

## **WHAT IS THE SKOR CAMP BUDDY PROGRAM?**

The SKOR Buddy Program is designed to give selected individuals (minimum age of 13, or entering 8<sup>th</sup> grade) the opportunity to learn and develop leadership skills and to experience the joy of helping others in need. This buddy program is for those students who are seriously interested in helping individuals with disabilities. The program consists of group training, weekly buddy wrap-up meetings, and hands on experience with a small group of campers that have disabilities under the supervision of a YMCA staff person. Maturity and a sincere desire to work with children are essential. Space is limited to the amount of SKOR Campers registered. *Participation in this program does not guarantee being hired as staff in the future.*

## **WHAT IS THE ROLE OF THE SKOR BUDDY?**

- A.** The SKOR Buddy is not a counselor. They will be assisting in daily activities with their assigned group and/or assigned camper.
- B.** The SKOR Buddy will assist campers with the daily activities such as: active games, water games, swimming, and crafts.
- C.** The SKOR Buddy will stay with their assigned group for the duration of the day/week unless assigned to another group by the SKOR camp director.
- D.** The SKOR Buddy **will not** be responsible for any assistance needed in the restroom, feeding, and will not ever be alone with a camper(s).
- E.** SKOR Buddies that will be utilizing the bus will serve as bus aides and will sit with, or near, the SKOR campers (space may be limited on the bus).

## **SKOR BUDDY TRAINING**

There will be a mandatory Buddy training for all SKOR Camp Buddies and staff. Buddies will be notified of the training date once all information included in this packet is turned in and have been selected to participate in the program. The training will provide information about the SKOR camp, daily routines, disability awareness/sensitivity and, and a more detailed explanation of what is expected of a Buddy.

## **PREREQUISITES**

1. You must be at least 13 years of age or entering the eighth grade.
2. A completed application demonstrating your interest in the program
3. An essay answering the two questions asked on page 5.
4. One reference. The reference form should be given to someone (other than relatives) who can evaluate your capabilities. *(Teachers, Scout Leaders, Family for whom you baby-sat, Coach, former employers, etc.)*
5. You will need to supply your chosen references with a stamped envelope, addressed to the Hamilton Area YMCA.

# SKOR Camp - Buddy Program

## Registration/Emergency Contact Form

Please Print Clearly.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Adult Shirt Size:    Sm                    Med                    Lg                    XL                    2XL  
*(please circle one)*

### Availability

Please check weeks you are interested in volunteering:

Week 1: June 22 – June 26 \_\_\_\_\_                    Week 2: June 29 – July 3 \_\_\_\_\_

Week 3: July 6 – July 10 \_\_\_\_\_                    Week 9: August 17 – August 21 \_\_\_\_\_

Week 10: August 24 – August 28 \_\_\_\_\_

### Transportation

Are you interested in utilizing the bus?                    Yes \_\_\_\_\_                    No \_\_\_\_\_  
*(Please check all that apply)*

JKR Branch – 7:30 - 8:15a.m. \_\_\_\_\_                    4:25 p.m. \_\_\_\_\_                    5:25 p.m. \_\_\_\_\_

AMC –                    7:15 a.m. \_\_\_\_\_ 8:15 a.m. \_\_\_\_\_                    4:50 p.m. \_\_\_\_\_                    5:50 p.m. \_\_\_\_\_

### Emergency Contact Information

*(Please Print)* Please list three individuals that can be reached throughout the day if needed.

1.) Name: \_\_\_\_\_                    Relationship: \_\_\_\_\_

Phone (1<sup>st</sup>): \_\_\_\_\_                    Phone (2<sup>nd</sup>): \_\_\_\_\_

2.) Name: \_\_\_\_\_                    Relationship: \_\_\_\_\_

Phone (1<sup>st</sup>): \_\_\_\_\_                    Phone (2<sup>nd</sup>): \_\_\_\_\_

3.) Name: \_\_\_\_\_                    Relationship: \_\_\_\_\_

Phone (1<sup>st</sup>): \_\_\_\_\_                    Phone (2<sup>nd</sup>): \_\_\_\_\_

\_\_\_\_\_  
Volunteers' Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
\*\* Parent/Guardian Signature if applicant is under 18 years old \*\*

Date: \_\_\_\_\_

# Parent and Buddy Behavioral Agreement

Buddy Name (please print): \_\_\_\_\_

The Sawmill Summer camp strives to create a SAFE and CARING Community. We want all children to feel welcomed and accepted. We promote and encourage the YMCA character values of Caring, Honesty, and Respect Responsibility. The basic rules of camp are simple.

Be **CARING** towards yourself and others.

Be **HONEST** and forthcoming in your interactions with campers and staff.

Be **RESPECTFUL** of campers and staff.

Be **RESPONSIBLE** with YMCA equipment and property.

All the camp staff at the YMCA wants your experience to be safe and enjoyable. By following and abiding by the rules and guidelines, your experience promises to be memorable.

Please review the agreement with your child, sign, and send the agreement along with your registration form:

## **Parent and Buddy Behavioral Agreement**

- I will be respectful of everyone at camp. I will not swear or speak disrespectfully of campers or staff and I will not bully or harass the campers

- I will be responsible and respectful of the YMCA by keeping my areas clean.

- I will respect the property of others by asking to share and I will not steal

- I will not use alcohol, drugs, or tobacco products at the YMCA

I understand my behavior can affect the experience of other campers. By signing this agreement, I understand that if at any time I do not adhere to these guidelines or the camp administrator deem my behavior as inappropriate, my parents may be called and I may be asked to leave camp. **If at anytime the counselors, campers, or administrators hear/see that a buddy is making fun, or belittling any of the SKOR campers, they will be ask to leave immediately.**

Buddy Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKOR Camp Buddy Program Essay Questions

*Please fill this page out and attach it your essay. Essay should be printed or typed.*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in the fall: \_\_\_\_\_ School Attending: \_\_\_\_\_

How did you learn of the SKOR Camp Buddy program? \_\_\_\_\_

Have you participated as a Buddy before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

## Essay Questions:

Please answer the following questions in essay format. Please print clearly or type. Buddies can also have the option of answering the questions verbally by making an appointment with a SKOR staff person.

### **New Buddies:**

1. What is the main reason for you wanting to a SKOR Camp Buddy?
  
  
  
  
  
  
  
  
  
  
2. Are there any experiences, skills or qualifications, which you feel would be an asset to the program?

### **Returning Buddies:**

1. What have you learned from your past experience as a buddy?
  
  
  
  
  
  
  
  
  
  
2. What was your favorite moment(s) of SKOR Camp?

## **SKOR CAMP BUDDY PROGRAM REFERENCE**

APPLICANT: Give your reference a copy of this form along with a stamped addressed envelope to:

Hamilton Area YMCA  
185 Sawmill Road  
Hamilton, NJ 08620  
Attn: Logan Perez, SKOR Buddy Program Reference

\_\_\_\_\_ is applying to be in the **SKOR Camp Buddy Program**.  
(Applicant's Name)

Entrance is based on an essay, an application, and your reference. Please answer carefully. Admission is limited. All information will be held in strict confidence. \* Returning Buddies, please use a new reference.

Please rate using the following grading system: 1= needs improvement .....5 = excellent

	1	2	3	4	5
Caring					
Initiative					
Creativity					
Responsibility					
Works well under pressure					
Takes pride in work					
Maturity level					

Please feel free to use the back of this page for extra space to tell us more about the applicant.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
\_\_\_\_\_

2. Have you observed the applicant in a leadership role? \_\_\_\_\_  
\_\_\_\_\_

3. Do you feel this applicant has the compassion and dedication needed to work with individuals with disabilities? \_\_\_\_\_ Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If further information is needed, would you permit us to talk to you by phone or email?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of this Reference: \_\_\_\_\_

# Hamilton Area YMCA Sawmill Branch Summer Camp Bus Authorization for JKR Branch Bus Stop

Date: \_\_\_\_\_  
*Please print clearly*

Camp: SKOR Buddy Program

\_\_\_\_\_  
*(Volunteer's full name)*



My child may be picked up from the JKR Branch bus stop by the following people:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

	<b>Parent Initial</b>	<b>Volunteer Initial</b>
--	---------------------------	------------------------------

I understand it is the responsibility of my child to get to the appropriate bus in a timely manner.	_____	_____
---	-------	-------

I understand once at the drop off location my child will either walk home or I will provide transportation from that point on.	_____	_____
--	-------	-------

I understand that once my child is released from the bus, they are no longer the responsibility of the Hamilton Area YMCA.	_____	_____
--	-------	-------

I agree to hold the Hamilton Area YMCA harmless for anything that may happen to them once they leave the bus.	_____	_____
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Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hamilton Area YMCA Sawmill Branch Summer Camp Bus Authorization for AMC Bus Stop

Date: \_\_\_\_\_

Camp: SKOR Buddy Program

*Please print clearly*

\_\_\_\_\_  
(Volunteer's full name)



My child may be picked up from the AMC bus stop by the following people:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

	<b>Parent Initial</b>	<b>Volunteer Initial</b>
--	---------------------------	------------------------------

I understand it is the responsibility of my child to get to the appropriate bus in a timely manner.	_____	_____
---	-------	-------

I understand once at the drop off location my child will either walk home or I will provide transportation from that point on.	_____	_____
--	-------	-------

I understand that once my child is released from the bus, they are no longer the responsibility of the Hamilton Area YMCA.	_____	_____
--	-------	-------

I agree to hold the Hamilton Area YMCA harmless for anything that may happen to them once they leave the bus.	_____	_____
---	-------	-------

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_