

# FLAT ROCK RIVER YMCA CAMP

## Summer Medical Team Trade Description

**Reports to:** Executive Director

### **Requirements:**

- Licensed RN, LPN, NP, PA or Physician in the State of Indiana.
- Able to demonstrate mature judgment and positive public relations skills.
- Must have good organizational skills.
- Able to work in a lively ever changing environment.
- Enjoy working with children and college age students.
- Able to maintain positive relationships with Camp Leadership, Staff and camper parents.

### **Basic Assignment:**

- Dispense daily medications to campers.
- Attend to camper and staff medical needs (following Standing Orders).
- Ensure campers and staff receive directions in maintaining good health while at camp.
- Address any health concerns regarding any part of the operation of the camp with the Executive Director.
- Inform staff of medical issues that they would need to be aware of as relates to the campers in their care.
- Maintain a clean, friendly, infirmary/health center.
- Contact camper parents as necessary regarding their child/children.
- Consult with Executive Director on any camper who may want/need to depart from camp early.
- Develop and maintain positive working relationship with regional medical facilities and pediatricians.

### **Key Result Areas:**

- Camper Supervision – Assist in supervising campers while at camp. Help to clearly set boundaries and enforce camp rules.
- Ensure the medication schedule is maintained and recorded for campers and staff.
- Public Relations – Interact with parents and legal guardians in a professional manner. Serve as a liaison between parents, medical resources and camp seasonal staff, bringing any pertinent information to the attention of the Executive Director.
- Know and Follow All Schedules – Know and live by camp operating procedures. Be prompt to all activities, meals, and meetings. Maintain flexibility when the unexpected arises.
- Maintain a Positive Attitude – Towards campers, guests and staff. Keep a positive relationship with all departments by responding to requests quickly and efficiently. Provide exemplary role modeling at all times.
- Be Continually Safety Conscious – Use good judgment, make conservative decisions, all to ensure the safety of our campers and staff.
- Camp Facilities – Take ownership in camp by demonstrating concern for all camp equipment and facilities. Treat equipment with care, ensuring the best possible use and longest useful life for all supplies.
- Personal Example – The most powerful “tool” of camp staff is the lifestyle they live and lead in front of the campers and fellow staff. We expect the highest personal standards to be modeled.

The Medical Team Trade description is not intended to be all-inclusive. It is understood that the Medical Team Trade participant will also perform other reasonable related business duties if requested by the Executive Director. Medical Team Trade descriptions are reviewed periodically and may be revised if deemed necessary. This Medical Team Trade description is not a written or implied contract.

# FLAT ROCK RIVER YMCA CAMP

Summer Medical Team Trade Application Page 1 of 2

## PLEASE COMPLETE and RETURN TO:

Mark Scoular, Executive Director and Debra Scoular, Engagement & Development Director  
6981 W Co Rd 650 N, St. Paul, IN 47272  
OR Scan and email: mscoular@indymca.org and dscoular@indymca.org

FULL NAME: \_\_\_\_\_ NAME CALLED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Understanding that we will be required to secure a national background check for each adult serving at Flat Rock, have you ever had any criminal convictions for child abuse or sex-related crimes: YES ( ) NO ( )

Through whom or how did you become interested in the Medical Team Trade opportunity at Flat Rock? \_\_\_\_\_

\_\_\_\_\_

## GENERAL QUALIFICATIONS:

Name and Address of School/University where you received your medical training: \_\_\_\_\_

\_\_\_\_\_

Are you still attending school now? YES ( ) NO ( )

Are you a licensed RN, LPN, NP, PA or Physician in the State of Indiana? YES ( ) NO ( ) If NO, what other state or states? \_\_\_\_\_

NAME AS SHOWN ON YOUR INDIANA MEDICAL LICENSES: \_\_\_\_\_

CERTIFICATE #: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Have you ever had your license revoked for any reason? YES ( ) NO ( ) If YES, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have Professional Liability Insurance? YES ( ) NO ( ) Please provide a copy with this application.

Please list several character traits that describe who you are and the way you relate to people: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivates your interest in the Medical Team Trade opportunity at Flat Rock? \_\_\_\_\_

\_\_\_\_\_

Do you enjoy working with children? YES ( ) NO ( ) What experience have you had working with children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FLAT ROCK RIVER YMCA CAMP

## Summer Medical Team Trade Application Page 2 of 2

Realizing that at Camp, our Medical Team is responsible for the health and general welfare of the campers and summer seasonal staff, please make a statement relative to what you believe your responsibility to the campers would be:

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As a Medical Team Trade participant at Flat Rock, what information do you feel is most important to provide the Camp Full Time Staff in managing the health care of the campers and staff? \_\_\_\_\_

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What contributions do you feel you can make to our Camp community? \_\_\_\_\_

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What experience have you had that you consider to be valuable background for serving on a Camp Medical Team? \_\_\_\_\_

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Flat Rock's objective is to be a strong, positive influence on campers who are developing their personal habits and values. Setting an example is most important in achieving this objective. Accordingly, do you understand and are you committed to abide by Flat Rock River YMCA Camp's expectations regarding the use of illegal drugs in any form, tobacco, the indiscriminate use of alcoholic beverages after age 21, and the necessity of maintaining good personal habits of conduct, grooming and hygiene? YES (  ) NO (  )

Do you use tobacco in any form? YES (  ) NO (  )

If YES, can you restrict your usage to "time off" only in a **designated** outdoor location at Camp? YES (  ) NO (  )

Can you comply with Flat Rock's expectations that alcohol is not to be brought onto the property or be in your system while on the Flat Rock property? YES (  ) NO (  )

Flat Rock River YMCA Camp strives to be a place where ALL campers are Included and Engaged, becoming Confident and Inspired. Medical Team Trades are only available to those who can help us uphold this mantra, enjoy working with children, are willing to place the welfare of campers ahead of personal interests, and will see the job through to the end. What are your thoughts and feelings on this statement? \_\_\_\_\_

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Please provide any additional information you would like us to know: \_\_\_\_\_

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# FLAT ROCK RIVER YMCA CAMP

Summer Medical Team Trade

## REFERENCES

Medical Team Trade participant Waiver of Right of Access to Confidential Statement:

For the purpose of encouraging candor, I hereby freely and voluntarily waive any rights I might have to access any information contained on Flat Rock River YMCA Camp's recommendation form and agree that the statement shall remain confidential.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WORK EXPERIENCE:

**PRESENT:** Employer \_\_\_\_\_ Company \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**PREVIOUS:** Employer \_\_\_\_\_ Company \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Professional Organizations of which you are a member: \_\_\_\_\_

### PERSONAL REFERENCES:

1. Close Family Member \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

2. Flat Rock Staff Member, if you know one \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

3. Parent of a Flat Rock Camper, if you know one \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

4. Health Care Professional \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

5. Neighbor or Other Personal Preference \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_