



LODGE STAFF HANDBOOK 2021



HELLO, IF YOU'RE READING THIS THEN THE LIKELYHOOD IS YOU'VE BEEN HIRED OR GATHERING MORE INFORMATION ABOUT A POSITION AT THE LODGE... please read this carefully; it will provide you with all the information you need to get started at The Lodge...

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PACKING SUGGESTIONS FOR ALL STAFF

With respect to the **PACKING SUGGESTIONS FOR ALL STAFF**, you can adjust according to your travel allowances, **but be sure to bring those items marked as MANDATORY**. The camp will provide Bedding and blankets for you, and most toiletries can be purchased locally. Be sure to bring along a few sets of warm clothing!

- 1) 4 - 5 pairs of shorts.
- 2) 4 - 5 pairs of pants or slacks.
- 3) 4 - 5 long sleeve shirts.
- 4) 6 - 7 short sleeve shirts.
- 5) Pajamas and bathrobe.
- 6) 2 bathing suits.
- 7) 3 - 4 sweaters/sweatshirts and/or medium weight jacket (mornings and evenings can be very chilly). Sweatpants are also suggested.
- 8) Sneakers and sturdy shoes as well as dress shoes. At least two pairs of sneakers are suggested as well as sandals.
- 9) One or more "dressy outfits". We hold banquets to end each session.
- 10) Raincoat or poncho.
- 11) 1 beach towel and 1-2 bath towels.
- 12) 1 sleeping bag (A sleeping bag is convenient if you wish to sleep out on your night off.
- 13) 1 flashlight and extra batteries.
- 14) If you play a musical instrument, we would appreciate it if you were able bring it along with you.
- 15) Any items you may need for your specialty area.
- 16) Other suggested items: camera, alarm clock, sunglasses, notebook and pens/pencils.
- 17) A small padlock (**MANDATORY**).
- 18) Personal toiletries: soap, shampoo, toothpaste, toothbrush, shaving supplies, sanitary napkins, tissues, comb, brush, etc.



ARRIVAL DATES

Orientation begins **June 16th**; all staff members are expected to arrive the day before unless otherwise specified on your "Agreement of Employment." There will be a general meeting for all staff members and we will begin our general orientation. Staff members should arrive sometime the day before they are scheduled to start working. No staff member should plan to arrive before June 15th unless previously arranged with the Director.

TRAVEL INSTRUCTIONS

If you have been hired through an agency, Camp America, Camp Leaders, CCUSA,

ICCP etc, travel arrangements will be sent to you via your agency and camp may be picking you up from a centralized meeting place in NYC. Please check with the Director if you are unsure of your travel arrangements to camp.

BY BUS:

Adirondack buses have three buses a day leaving Port Authority and headed to HUNTER: The camp director will let you know if you are expected to arrive by bus.

BY CAR:

- 1) Take NYS Thruway (87 North) to Exit 20 (Saugerties).
- 2) After tollbooths, go to stop sign and make a left; go over overpass, take right onto route 32 north (towards Hunter and Tannersville).
- 3) Follow Route 32 to Route 32A (will fork off to the left).
- 4) Follow Route 32A to Palenville (there will be a light and fork in the road). Take a left onto Route 23A.
- 5) Follow Route 23A through Haines Falls and into Tannersville, at the end of the main street in the town there is a small Post Office, turn right onto County Road 23C.
- 6) Follow County Road 23C approximately 2 miles until you come to a large stone church at a fork in the road. Bear left at the fork and continue on 23C for approximately 1.5 miles further and take a right at the Post Office onto County Road 78, locally known as Colgate Road. (If you see the firehouse on your left turn around you've gone too far).
Follow County Road 23C for 2 miles into The Lodge and call in at the main office which is the second building on your left.

ISAACSON-GORDON LODGE - GENERAL INFORMATION**Where is The Lodge located?**

The Lodge is located in East Jewett, New York about 2- and-a-half hours away from New York City, near the Hunter Mountain Ski Resort. The Lodge is situated on 200 acres of land nestled in the heart of the Catskill Mountains.

There is a 60 acre lake where boating and fishing takes place.

**Camp Address:**

AHRC The Lodge P.O. Box 37 653 Colgate Road East Jewett, NY12424

Phone Number:

The main camp phone number is (518) 589-6000.

You should inform friends and family of the best hours to contact you (which is normally on your breaks or after 10:00 P.M.), as well as any time differences that may apply.

Contacts:

Director - Matt Hatcher, Matthew.Hatcher@ahrcnyc.org (646) 531-4481

Assistant Director - Sam Emsell, Samuel.emsell@ahrcnyc.org (917) 670-4853

Find us on Social Media:

Website - www.ahrcnyc.org/camping

Facebook – AHRC Katy Isaacson & Elaine Gordon Lodge

Instagram – @TheLodge_

Internet Use: Computers are available to staff for the sole use of sending and receiving e-mail.

Session Dates:

ORIENTATION JUNE 16 – JUNE 23

SESSION 1 JUNE 24 –JULY 5

SESSION 2 JULY 7 – JULY 18

SESSION 3 JULY 20 – JULY 31

TRAINING DAY AUGUST 3

SESSION 4 AUGUST 4 – AUGUST 14

SESSION 5 AUGUST 16 – AUGUST 26



THE LODGE

Who are our guests?

All our campers, in order to attend camp, must have a primary diagnosis of Intellectual Disability or autism.

Additionally, some of our participants may have cerebral palsy, downs syndrome, ADHD (attention deficit and hyperactivity disorder) and seizure disorder. To help familiarize you with these disabilities, we have reprinted information from our website below.



DEVELOPMENTAL DISABILITIES (www.ahrcnyc.org)

A developmental disability is a disability that originates before the age of 22 and is expected to continue indefinitely. It is attributable to a condition such as Intellectual Disability, or cerebral palsy, epilepsy, neurological impairment, autism or traumatic brain injury, when such conditions result in impairment of general intellectual functioning or adaptive behavior. Impairment of intellectual functioning means that a person has an intellectual quotient two or more standard deviations below the mean (an IQ of 70 or less using a scale with a mean of 100 and a standard deviation of 15). Impairment of adaptive behavior means that the person has overall adaptive behavior which is significantly limited in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work). These limitations are a direct result of the person's cognitive deficits.

AHRC recognizes that all people, regardless of their limitations, have a capacity to learn new skills and live a worthwhile life. AHRC primarily serves adults with Intellectual Disability and developmental disabilities and serves children whose developmental delays are significant and attributable to many causal factors.

INTELLECTUAL DISABILITY (www.ahrcnyc.org)

An individual is considered to have Intellectual Disability based upon the following three criteria: his/her intellectual functioning level as measured by an IQ test is below 70; he/she has significant limitations in two or more adaptive skill areas (which might include communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work); and the condition is present from childhood (defined as age 18 or earlier). Intellectual Disability is not a disease, nor should it be confused with mental illness. About 85% of people with the condition fall within the mild range of disability, whereas the remaining 15% have more severe disabilities.

The prevalence rate of Intellectual Disability in the United States is between 2.5 and 3% of the general population, or an estimated 6.2 to 7.5 million people based on the 1990 census. Intellectual Disability is 12 times more common than cerebral palsy and affects 100 times as many people as total blindness. One out of every ten families is directly affected.

There are currently over 300 known organic and acquired causes of Intellectual Disability. For instance, the most common chromosomal cause is Down syndrome, whereas the most commonly known single gene cause is Fragile X syndrome. But these are only two of many different causes and make up a small percentage of those diagnosed with the condition. In addition to the long list of organic causes, adverse environmental and social factors (which include poverty, lack of prenatal care, and drug or alcohol abuse during pregnancy resulting in FAS - fetal alcohol syndrome) are placing greater and greater numbers of individuals at-risk for Intellectual Disability. In spite of all that is known, in 50% of all cases of Intellectual Disability there is no known specific cause.

AUTISM (www.ahrcnyc.org)

In the diagnostic manual used to classify disabilities, the DSM-IV (American Psychiatric Association, 1994), autistic disorder is listed as a category under the heading "Pervasive Developmental Disorders (PDD's)" which also includes Asperger syndrome, Rhett syndrome, Williams syndrome, and pervasive developmental disorder – not otherwise specified (PDD-NOS). These PDD's are developmental disabilities that share many of the same characteristics (twelve characteristics are listed with different disorders being defined by the presence of some or the twelve characteristics), are usually evident by the age of three, and affect, to a different degree, an individual child's ability to communicate, understand language, play and relate to others.

Autism specifically, is defined by federal education law as "a developmental disability significantly affecting verbal and nonverbal communication and social interaction... that adversely affects a child's educational performance. Other characteristics associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences." Individuals with autism vary widely in their intelligence and abilities, as well as in the behaviors they exhibit.

Estimates on the prevalence of autism vary, ranging from 5 to 15 out of 10,000 live births. Autism and PDD's are four times more common in boys than girls. The causes of autism and PDD are unknown. Currently, researchers are investigating areas such as neurological damage and biochemical imbalances of the brain, whereas in the not too distant past, psychological factors were blamed for the disorder.

CEREBRAL PALSY (www.ahrcnyc.org)

We do not know the cause of most cases of cerebral palsy. That is, we are unable to determine what caused cerebral palsy in most children who have congenital CP. We do know that the child who is at highest risk for developing CP is the premature, very small baby who does not cry in the first five minutes after delivery, who needs to be on a ventilator for over four weeks, and who has bleeding in his brain. Babies who have congenital malformations in systems such as the heart, kidneys, or spine are also more likely to develop CP, probably because they also have malformations in the brain. Seizures in a newborn also increase the risk of CP. There is no combination of factors which always results in an abnormally functioning individual. That is, even the small premature infant has a better than 90% chance of not having cerebral palsy. There are a surprising number of babies who have very stormy courses in the newborn period and go on to do very well. In contrast, some infants who have rather benign beginnings are eventually found to have severe Intellectual Disability or learning disabilities.

Many of the normal developmental milestones, such as reaching for toys (3-4 months), sitting (6-7 months), and walking (10-14 months), are based on motor function. A physician may suspect cerebral palsy in a child whose development of these skills is delayed. In making a diagnosis of cerebral palsy, the physician takes into account the delay in developmental

milestones as well as physical findings that might include abnormal muscle tone, abnormal movements, abnormal reflexes and persistent infantile reflexes. Making a definite diagnosis of cerebral palsy is not always easy, especially before the child's first birthday. In fact, diagnosing cerebral palsy usually involves a period of waiting for the definite and permanent appearance of specific motor problems. Most children with cerebral palsy can be diagnosed by the age of 18 months, but eighteen months is a long time for parents to wait for a diagnosis, and this is understandably a difficult period for them. Making a diagnosis of cerebral palsy is also difficult when, for example, a two-year-old has suffered a head injury. The child may immediately appear to be severely injured, and three months after the injury he may have symptoms that are typical of a child with cerebral palsy. But one year after the injury such a child may be completely normal. This child does not have cerebral palsy. Although he has a scar on his brain, the scar is not permanently impairing his motor activities. After injury, waiting and observing are necessary before the diagnosis can be made.

Cerebral palsy may be classified by the type of movement problem (such as spastic or athetoid cerebral palsy) or by the body parts involved (hemiplegia, diplegia, and quadriplegia). Spasticity refers to the inability of a muscle to relax, while athetosis refers to an inability to control the movement of a muscle. Infants who at first are hypotonic wherein they are very floppy may later develop spasticity. Hemiplegia is cerebral palsy that involves one arm and one leg on the same side of the body, whereas with diplegia the primary involvement is both legs. Quadriplegia refers to a pattern involving all four extremities as well as trunk and neck muscles.

Another frequently used classification is ataxia, which refers to balance and coordination problems. The motor disability of a child with CP varies greatly from one child to another; thus generalizations about children with cerebral palsy can only have meaning within the context of the subgroups described above. For this reason, subgroups will be used in this book whenever treatment and outcome expectations are discussed. Most professionals who care for children with cerebral palsy understand these diagnoses and use them to communicate about a child's condition.

As noted above, a useful method for making subdivisions is determined by which parts of the body are involved. Although almost all children with cerebral palsy can be classified as having hemiplegia, diplegia, or quadriplegia, there are significant overlaps which have led to the use of additional terms, some of which are very confusing. To avoid confusion, most of the discussion in his book will be limited to the use of these three terms. Occasionally such terms as paraplegia, double hemiplegia, triplegia, and pentaplegia may occasionally be encountered by the reader; these classifications are also based on the parts of the body involved. The dominant type of movement or muscle coordination problem is the other method by which children are subdivided and classified to assist in communicating about the problems of cerebral palsy. The component which seems to be causing the most problem is often used as the categorizing term. For example, the child with spastic diplegia has mostly spastic muscle problems, and most of the involvement is in the legs, but the child may also have a smaller component of athetosis and balance problems. The child with athetoid quadriplegia, on the other hand, would have involvement of both arms and legs, primarily with athetoid muscle problems, but such a child often has some ataxia and spasticity as well. Generally a child with quadriplegia is a child who is not walking independently. The reader may be familiar with other terms used to define specific problems of movement or muscle function terms such as: dystonia, tremor, ballismus, and rigidity. The words severe, moderate, and mild are also often used in combination with both anatomic and motor function classification terms (severe spastic diplegia, for example), but these qualifying words do not have any specific meaning. They are subjective words and their meaning varies depending on the person who is using them.

DOWN'S SYNDROME (www.ahrcnyc.org)

Down syndrome is usually caused by an error in cell division called non-disjunction. However, two other types of chromosomal abnormalities, mosaicism and translocation, are also implicated in Down syndrome - although to a much lesser extent. Regardless of the type of Down syndrome which a person may have, all people with Down syndrome have an extra, critical portion of the number 21 chromosome present in all, or some, of their cells. This additional genetic material alters the course of development and causes the characteristics associated with the syndrome.

The diagnosis of Down syndrome is usually suspected after birth as a result of the baby's appearance. It is a particularly difficult time, coupled with the natural stresses of childbirth. Although there is no easy way to be informed, most families agree that having the baby present, being together and being told as soon as possible is the best way to proceed.

There are many physical characteristics which form the basis for suspecting an infant has Down syndrome.

Many of these characteristics are found, to some extent, in the general population of individuals who do not have Down syndrome. Hence, if Down syndrome is suspected, a karyotype will be performed to ascertain the diagnosis. Some infants with Down syndrome have only a few of these traits, while others have many. Among the most common traits are:

- Muscle hypotonia, low muscle tone
- Flat facial profile, a somewhat depressed nasal bridge and a small nose
- Oblique palpebral fissures, an upward slant to the eyes
- Dysplastic ear, an abnormal shape of the ear
- A single deep crease across the center of the palm
- Hyperflexibility, an excessive ability to extend the joints
- Dysplastic middle phalanx of the 5th finger: 5th finger has one flexion furrow instead of two
- Epicanthal folds, small skin folds on the inner corner of the eyes
- Excessive space between large and second toe
- Enlargement of tongue in relationship to size of mouth

ADHD – ATTENTION DEFICIT HYPERACTIVITY DISORDER (www.ahrcnyc.org)

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that becomes apparent in some children in the preschool and early school years. It is hard for these children to control their behavior and/or pay attention. It is estimated that between 3 and 5% of children have ADHD, or approximately 2 million children in the United States. This means that in a classroom of 25 to 30 children, it is likely that at least one will have ADHD.

The principal characteristics of ADHD are inattention, hyperactivity, and impulsivity. These symptoms appear early in a child's life. Because many normal children may have these symptoms, but at a low level, or the symptoms may be caused by another disorder, it is important that the child receive a thorough examination and appropriate diagnosis by a well-qualified professional.

Symptoms of ADHD will appear over the course of many months, often with the symptoms of impulsiveness and hyperactivity preceding those of inattention, which may not emerge for a year or more. Different symptoms may appear in different settings, depending on the demands the situation may pose for the child's self-control. A child who "can't sit still" or is otherwise disruptive will be noticeable in school, but the inattentive daydreamer may be overlooked. The impulsive child who acts before thinking may be considered just a "discipline problem," while the child who is passive or sluggish may be viewed as merely unmotivated.

Yet both may have different types of ADHD. All children are sometimes restless, sometimes act without thinking, and sometimes daydream the time away. When the child's hyperactivity,

distractibility, poor concentration, or impulsivity begin to affect performance in school, social relationships with other children, or behavior at home, ADHD may be suspected. But because the symptoms vary so much across settings, ADHD is not easy to diagnose. This is especially true when inattentiveness is the primary symptom.

SEIZURE DISORDER (www.ahrcnyc.org)

Epilepsy is a chronic condition; affected individuals suffer from periodic seizures over an extended period. A seizure occurs when a cell or group of cells in the brain is over stimulated. It's possible to have a seizure and not have epilepsy, and there is no certain number of seizures that must occur before epilepsy is diagnosed.

Epilepsy is not associated with any particular type of seizure.

To determine the type of seizure experienced by an individual, a doctor must first classify the seizure.

Seizures are usually divided into two classes - generalized and partial. They are placed into these classes based on how much of the brain is involved at the onset of the seizure. With generalized seizures, the entire brain is involved. In partial seizures, only part of the brain is involved. However, the portion of the brain that is initially responsible for partial seizure activity may become larger and eventually progress into a generalized seizure.

The most common types of generalized seizures include absence seizures, myoclonic seizures, tonic-clonic seizures and atonic seizures. All types of generalized seizures share several characteristics. All result in a loss of consciousness, which usually manifests as a loss of awareness during the seizure. This means that affected individuals can't respond to their environment. There is also always a recovery period after a generalized seizure; during this time individuals may be abnormally drowsy or confused. Generalized seizures usually last only a few minutes.

Partial seizures are divided further into two groups: simple and complex. During simple partial seizures individuals do not lose consciousness and are usually able to respond to their environment. Individuals suffering from a simple partial seizure may demonstrate a variety of symptoms during the seizure. These symptoms include but are not limited to hallucinations, déjà vu, and increased perception of fear or pleasure. This type of seizure usually lasts only about a minute. During complex partial seizures, individuals lose consciousness during complex partial seizures; however, they are still able to interact with their surroundings. They are unaware of what they are doing and upon returning to consciousness have no recollection of what they did. Those experiencing this type of seizure may wander around or cry. The loss of consciousness typically lasts only 2 minutes. Like individuals who suffer generalized seizures, those who experience complex partial seizures may have a recovery period during which they appear drowsy or confused.

Who are our staff?



Our staff is mature, enthusiastic, diverse, and most importantly, very caring! We always try to have at least 30-35% of our best staff returning from the previous years. All new staff is carefully screened before being hired. All staff must be at least 18 years old. Most counselors who are hired have at least one year of college training and experience with the

developmentally disabled population. Many of the staff come from abroad –countries such as England, Australia, Poland and Ireland– and must speak and understand the English language. Our senior staff has many years of experience working at The Lodge; they consist of the Camp Director, Asst. Camp Director, Nursing Supervisor, Head Counselor, 5 Lodge Leaders, Head of Waterfront, Program Coordinator, Office Manager and Head Chef. In addition, our camp has certified lifeguards, program specialists, nurses, cooks and dining hall staff, and other trained staff to make the stay of each guest comfortable, safe and fun. And all staff participates in a rigorous 7-day training prior to the arrival of the guests.

What level of supervision is there for the guests throughout the day?

Each lodge houses a minimum of eight General Counselors and a Lodge Leader who supervises the lodge and ensures the safety of each Guest. At least one (usually more) staff member is always present to ensure the safety of every guest - both day and night.

What are the sleeping and bathroom facilities like?

There are 15-18 guests and 8-10 staff in each lodge– a maximum of 28 people per lodge. The lodges are divided into 2 sleeping areas with a shared bathroom (3 toilets and 3 showers). All of the lodges are designed for persons who have difficulty walking or use a wheelchair. These lodges are located near activity areas and are equipped with ramps and wheelchair accessible bathrooms.

What is a typical day at The Lodge?



After breakfast and morning clean up, guests participate in activities in the morning, after lunch and then a group, themed activity in the evening. On Sundays, all guests and staff have BBQ's outside (weather permitting) and during the day, there is also some down time to relax.

What will the guests do at The Lodge?

The guiding principle behind the services provided at The Lodge is to give our guests the chance to make decisions. Offering numerous and attractive program options is therefore a priority that we take very seriously.

Our current list of activities include arts and crafts, sports, horseback riding, swimming in the pool, boating or fishing at the lake, café time, archery, music and dance, baking, sports, and a souvenir shop. Each evening, everyone participates in a variety of Lodge wide programs, such as talent shows, theatrical activities, and dances. On the last night of the session, everyone dresses up and



attends a special banquet dinner and show.



What will the weather be like?

During the summer, day's range from pleasantly warm to hot and humid. Nights range from cool to cold, especially in early and late summer.

The pollen count can become high in this area, which can be difficult for persons with asthma or allergies. If you think this might be a problem, contact your physician now. We do not recommend starting new medications for asthma or allergies while at The Lodge.

There is a heater and fans in each lodge, but no air conditioning. The swimming pool is outdoors and heated.

If you have any further questions about working at The Lodge, please don't hesitate to get in contact... the summer is coming!!

TIME OFF

Staff are required to work a 12 day session. So that everyone may enjoy their time off together between sessions, we have two days off in which all staff are off duty. We call these breaks Intersessions.

Intersession begins on the last day of the session when all campers have left campgrounds and camp has been cleaned thoroughly, usually by 11am. Staff are then required to be on camp (or at the NYC pick up location) no later than 12pm, approximately 48 hours later.

COVID*

Due to the current Coronavirus pandemic camp will be taking extra precautions to ensure the safety of all guests and staff. Regular testing and pre-screening will be mandatory for all camp residents.

***We Hope Your Trip to the Lodge Is a
Safe and Pleasurable One.
We Can't Wait To See You!***



JOB DESCRIPTION

TITLE: General Counselor.

QUALIFICATIONS: Experience working with ID/DD population in camping or residential setting preferred. Must be 18 years or older and have a High School Diploma or equivalent.

REPORT TO: Lodge Leader.

JOB GOAL: To provide the guests of The Lodge with a fun-filled and safe summer camp experience.

PERFORMANCE RESPONSIBILITIES:

1. Work the equivalent of a six-day week at The Lodge from the third week in June through to the fourth week in August as per Work Agreement. Days off to be coordinated through the Lodge Leader.

2. Assume the responsibility for the general health and safety of the guests in your cabin.

3. Provide supervision, guidance and motivation to all guests' at all camp activities. This includes assisting the Activity Counselors and recommending and planning any other activities.

Active involvement is expected at all times.

4. Insure the timely and accurate implementation of the daily schedule.

5. Assist the Program Coordinator in the development and implementation of all evening activities and special events.

6. Act as an appropriate role model for all the guests at The Lodge at all times.

7. Assist guests in all aspects of their daily routine including:

- - Personal hygiene
 - - Daily activities
 - - Lodge cleanliness and maintenance
 - - Meal supervision/feeding
 - - Medical considerations
 - - Socialization and interaction
8. Assist the Lodge Leader in the completion of the following paperwork as warranted:
- - Guest Body Checks
 - - Guest Daily Health Checks
 - - Guest Clothing List
 - - Guest Goals
 - - Guest Evaluation Forms
 - - Incident Reports

9. Provide feedback to the Camp Administration with regard to effectiveness of program and recommendations for improvements with regard to this area.

10. Share O.D. responsibilities with other staff as scheduled by the Lodge Leader.

11. Uphold and insure the implementation of all Lodge policies, procedures, rules and regulations.

12. Attend all meetings as required by Camp Administration.

13. Perform all other functions as requested by the Camp Administration.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Activity Counselor

QUALIFICATIONS: Experience working with ID/DD population in camping or residential setting preferred. Demonstrated proficiency in specialty area. Must be 18 years or older; High School Diploma or Equivalent.

REPORT TO: Program Coordinator/Lodge Leader

JOB GOAL: To provide the Guests of The Lodge with a therapeutic summer camp experience with an emphasis on quality programming in your area of expertise/specialty.

PERFORMANCE RESPONSIBILITIES:

1. Work the equivalent of six days per week at The Lodge from third week in June through fourth week in August as per Work Agreement. Days off to be coordinated through Program Coordinator and Lodge Leader.
 2. Develop and lead all activities in your area of specialty, cooperate with Program Coordinator in the development and implementation of said activities and direct other camp staff to assist you in these activities. **Active involvement is expected at all times.**
 3. Provide instruction, supervision, guidance and motivation to all Guests at activities.
 4. Insure the timely and accurate implementation of the daily schedule.
 5. Assist the Program Coordinator in the development and implementation of all evening activities and special events.
 6. Be responsible for the care, maintenance and distribution of all supplies and equipment in your specialty area. Make recommendations to the Program Coordinator for the ordering of new equipment/supplies. Provide an opening and closing inventory of all the equipment/supplies assigned to your activity area.
 7. Live in a lodge with the guests and assist the other lodge staff in assuming the responsibility for the general health and safety of the guests of your lodge.
 8. Act as an appropriate role model for all the Guests at The Lodge at all times.
 9. Assist Guests in all aspects of their daily routine including:
 - Guest hygiene
 - daily activities
 - lodge cleanliness and maintenance
 - meal supervision/feeding
 - medical considerations
 - socialization and interaction
 10. Assist the Lodge Leader in the completion of the following paperwork as warranted:
 - - Guest Body Checks
 - - Guest Daily Health Checks
 - - Guest Clothing List
 - - Guest Goals
 - - Guest Evaluation Forms
 - - Incident Reports
 11. Provide feedback to the Camp Administration with regard to effectiveness of program, with an emphasis on your own activity area, and make recommendations for improvements.
 12. Share O.D. responsibilities with other lodge staff as scheduled by the Lodge Leader.
 13. Uphold and insure the implementation of all Lodge policies, procedures, rules and regulations.
 14. Attend all meetings as required by Camp Administration.
- Perform all other functions as requested by the Camp Administration.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Program Coordinator

QUALIFICATIONS: Bachelor's Degree preferred; 3 years or more camp experience; supervisory experience in programming for ID/DD population.

REPORT TO: Assistant Director/Director

JOB GOAL: Develop, implement and supervise The Lodge program activities for campers and staff.

PERFORMANCE RESPONSIBILITIES:

1. Work six days per work week at The Lodge from second week in June through final week in August as per Work Agreement. Preparatory work in New York City during the spring may also be required. Shifts and days to be coordinated with Assistant Director/Director.
2. Assist the Director and Assistant Director in the hiring of staff as requested by Director.
3. Assist in the development and implementation of camp orientation for all camp staff.
4. Plan, coordinate and supervise all daily and evening activities, special events and field trips for all campers. Coordination to include communicating with all parties that any activity may effect (i.e. medical staff, kitchen staff etc). All special events and field trips are to be approved by Director prior to implementation.
5. Meet weekly with, direct, coordinate and supervise all Activity Counselors in the development and implementation of their daily activities. In coordination with the Unit Coordinators and Cabin Leaders, supervise all General Counselors in the accurate and timely implementation of the daily activity schedule. Bring to the attention of the Director/Assistant Director any and all staff related problems or issues.
6. Inventory and monitor the distribution of all camp program equipment. Order supplies/equipment as needed after consulting with the Director. Provide an opening and closing inventory of all supplies/equipment.
7. Communicate with and act as a liaison between all departments as needed to insure the safety, well being and enjoyment of all campers at Camp Catskill. Act as a resource person for all staff and assist with camper behavior management as needed.
8. Assist in the development of appropriate activities for staff during their free time.
9. Assist the Director and Assistant Director in monitoring and insuring compliance with all Department of Health and other governing regulations.
10. Attend all meetings as required by the Camp Administration.
11. Share "Administrative On Duty" responsibilities with other Administrative staff as scheduled by the Director/Assistant Director.
12. Submit an "End of Season Evaluation" to the Director by mid-September.
13. As part of the Administration of Camp Catskill, it is expected that you will conduct yourself in a professional fashion at all times. This includes the upholding, enforcing and adhering to the The Lodge "Staff Rules and Regulations". Exceptions to the general staff Rules and Regulations are considered for Administrative staff, but must first be discussed with the Director. Perform all other functions as requested by Director/Assistant Director

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Head of Waterfront

QUALIFICATIONS: American Red Cross Water Safety Instructor Certification, Lifeguard Training, Annual CPR Certification, Standard First Aid (Basic Life Support for the Professional Rescuer or American Heart Association Course "C"). Three Seasons experience with as a Life Guard and/or Camp Aquatics Director preferably with ID/DD populations.

REPORT TO: Program Coordinator/ Director/Assistant Director

JOB GOAL: To supervise all aquatic activities, whether recreational or instructional, occurring in, on or near our waterfront facilities (pool and lake), in a safe and professional manner.

PERFORMANCE RESPONSIBILITIES:

1. Work the equivalent of a six-day work week at The Lodge from June through August. Shifts and days off to be coordinated with Program Director.
2. Enforce the "The Lodge Pool Safety Plan" and all related policies. Be responsible for the care, maintenance and distribution of all waterfront equipment/supplies. Make recommendations to the Program Coordinator for the ordering of new equipment/supplies. Provide an opening and closing inventory of all equipment/supplies assigned to your activity area.
3. Complete and document all applicable chemical/water tests in accordance with all regulatory bodies.
4. Assist in the development of aquatics training during staff orientation week. Test, assess and document the swimming abilities of all staff.
5. Coordinate the training of other waterfront staff in the correct use of the pontoon boat.
6. Provide instruction, supervision, guidance and motivation to all guests at the waterfront activities; **safety is to be the primary concern at all waterfront activities.**
7. Provide feedback to Program Coordinator and Director/Assistant Director with regard to effectiveness of program, with an emphasis on your own activity area, and make recommendations for any improvements.
8. Insure the timely and accurate implementation of the daily schedule.
9. Share "Administrative On Duty" responsibilities with other Administrative staff as scheduled by the Director/Assistant.
10. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations.
11. Assist the Program Coordinator in the development and implementation of evening activities and special events.
12. Attend all meetings as required by Camp Administration.
13. Act as an appropriate role model for all the guests and staff at The Lodge.
14. Perform all other functions as requested by the Camp Administration.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Chef/Kitchen Supervisor

QUALIFICATION: Significant and documented experience as a cook/chef at an institutional or catering setting with supervisory experience.

REPORT TO: Director of Camping & Recreation/ Director The Lodge

JOB GOAL: To provide high quality meals for the guests and staff at The Lodge while maintaining excellent sanitary conditions in the kitchen/dining room.

PERFORMANCE RESPONSIBILITIES:

1. Work a six-day week at The Lodge from the first week in June through the final week in August as per the dates outlined in Work Agreement. Days off are to be scheduled through the Director. All work days are per diem.
2. Supervise the overall functioning of the kitchen/dining room including: - Menu planning in accordance with all appropriate regulatory requirements - Ordering of all food and supplies (in consultation with the Director) - Receiving and checking all orders; keep running inventory of same - Preparation of all meals, snacks and items for evening activities/special events - Food service - Sanitation of kitchen and dining room in accordance with all Department of Health standards including proper storage of food and supplies - Staff scheduling
3. Supervise, direct and coordinate the following staff members: - Assistant Kitchen Supervisor - Prep Cooks - Dishwashers - Kitchen Floaters - Dining Room Attendants
4. Inform Director/Assistant Director of any staff problems or concerns.
5. Cooperate with Program Coordinator in regard to the preparation of foods for special events, etc.
6. Cooperate with Nursing Staff in regard to the preparation of foods for sick campers/staff, or special diets.
7. Follow menu for all meals as agreed upon with the Director during pre-season. Stay within budget as outlined by Director also.
8. Adhere to good personal hygiene and grooming practices while performing your duties in the kitchen/dining room area. This includes the wearing of clean uniform (uniforms will be provided). Insure that your staff adheres to the same practices.
9. Coordinate and supervise a weekly general clean up of the kitchen and dining room area including the thorough cleaning and sanitation of all kitchen equipment and walk-in refrigerator/freezer.
10. Inform Director/Medical Staff of any kitchen staff illness, or suspected illness, immediately.
11. Attend all meetings as required by Camp Administration.
12. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations.

Perform all other functions as requested by Camp Director.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Dishwasher

QUALIFICATIONS: Experience as a bus person/dishwasher at a restaurant-type setting preferred.

REPORT TO: Chef/Kitchen Supervisor

JOB GOAL: To maintain all kitchen/dining room utensils and equipment in excellent sanitary condition.

PERFORMANCE RESPONSIBILITIES:

1. Work a six-day week at The Lodge from the second week in June through the final week in August as per the dates outline in Work Agreement. Days off and shifts to be coordinated through the Chef/ Kitchen Supervisor.
2. Be responsible for the proper cleaning of all dishes, silverware, etc., during and after each meal as directed by the Chef/Kitchen Supervisor. This also includes the clean up of snacks, special events, etc. Assure that all utensils are dried and properly stored.
3. Assist in the service of food for meals, snacks, etc. as directed by the Chef/Kitchen Supervisor.
4. Adhere to all Department of Health Standards in the clean up and sanitation of the Kitchen/dining room.
5. Adhere to good personal hygiene and grooming practices while performing your duties, including the wearing of a clean uniform (uniforms are provided).
6. Assist in the weekly general clean up of the Kitchen and dining room area as directed by the Chef/Kitchen Supervisor.
7. Attend all meetings as required by Camp Administration.
8. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations.
9. Assist in the Dining Hall when required.
10. Perform all other functions as requested by the Camp Administration.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Housekeeper

QUALIFICATIONS: Documented experience as housekeeper preferred.

REPORT TO: Maintenance Supervisor

JOB GOAL: To maintain neat, clean and sanitary conditions of The Lodge.

PERFORMANCE RESPONSIBILITIES:

1. Work a six-day work week at The Lodge from the second week in June through the final week in August as per Work Agreement. Days off and shifts to be coordinated through the Maintenance Supervisor.

2. Be responsible for the daily cleaning of the following areas:

Main Office: sweep and mop floors, clean bathrooms, dust, empty wastebaskets, etc. All "Public"

Bathrooms and Program areas: sweep and mop floors, clean sinks, bowls, mirrors, replenish supplies, etc. Outdoor Waste Receptacles: empty all outdoor waste receptacles and replace plastic bags. Activity Areas: assist in the clean up of activity areas as assigned. Empty waste receptacles in these areas daily. Other Areas as Assigned:

3. Be responsible for the inventory and distribution of all general household and cleaning supplies. Inform Maintenance Supervisor when re-ordering is necessary.

4. Be responsible for any special housekeeping chores as the need arises.

5. Assist the laundry person daily after the housekeeping chores are complete (i.e. folding laundry, pick-up or returning laundry to lodges, etc).

6. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations.

7. Perform all other functions as requested by the Maintenance Supervisor/Camp Administration.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Caretaker

QUALIFICATIONS: Significant experience in building and grounds maintenance, including carpentry, plumbing, electrical and landscaping skills. Previous supervisory experience desirable.

REPORT TO: Director of Camping & Recreation

JOB GOAL: To maintain the buildings, grounds and equipment of The Lodge in good working order.

PERFORMANCE RESPONSIBILITIES:

1. Be responsible for the improvements and general repairs of all The Lodge facilities/grounds/equipment throughout the year, insuring their proper functioning and protection.
2. Constantly check all The Lodge facilities to insure there are no safety or health hazards, and insure that all facilities are in compliance with all applicable local, state and federal guidelines/regulations.
3. Be responsible for the equipment and supplies of the maintenance department. Provide an ongoing inventory to the Director. **INSURE THAT NAILS, TOOLS, PAINT OR ANY HAZARDOUS MATERIALS ARE NOT LEFT IN THE REACH OF OUR CAMPERS. SAFETY MUST BE YOUR FIRST CONCERN.**
4. Order supplies/equipment for the maintenance in consultation with the director.
5. Supervise the following staff:
 - maintenance workers
 - Housekeepers
 - Laundry Workers
 - Drivers
6. Coordinate days off and on duty schedules for above noted staff.
7. Be responsible for the care and maintenance of all Camp vehicles.
8. Inform director of any and all staff related problems or concerns.
9. Attend all meetings as required by the director.
10. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations.
11. Perform all other functions as requested by the director.
12. This is a salaried position and due to the seasonal nature of the Camp and its programs, work hours will be arranged through the director as needed.

Print Name: _____ **Signed:** _____

Date: _____

JOB DESCRIPTION

TITLE: Driver

QUALIFICATIONS: Must have a current driver's license with **three** years driving experience. Must have current American Red Cross First Aid and CPR. Be at least 21 years of age. Have a "clean" driving record that can pass scrutiny of our insurance. Must have attended a Defensive Driving course.

REPORT TO: Director/Assistant Director of The Lodge

JOB GOAL: To drive when the need arises in a safe efficient manner

PERFORMANCE RESPONSIBILITIES:

1. Work the equivalent of six days per week at The Lodge from early June through late August according to the dates outlined in Work Agreement. Days and shifts to be arranged through the Director.
2. Submit daily log sheets to Camp Director. Driver must also sign in and out whenever taking van off grounds. (Date, hour, and mileage).
3. Drivers are responsible for transporting guests and staff to and from the doctor's office and hospital.
4. Make pickups of supplies and mail (ensuring all receipts are correct before signing and that they are submitted to the office manager upon return).
5. Provide for the proper maintenance of vehicle:
 - a) check oil every fill b) at no time should the gas be lower than 1/2 of a tank c) check inflation of tires d) check all lights in and out of van(signals and flashers also) e) check for seat belt wear f) check that the seats are secure g) maintain a clean van inside and out h) check brakes i) lubricate and change oil every 3000 miles. Inform Director when this is done j) check that all vans contain: 1) fire extinguisher 2) OSHA and first aid kits 3) flares 4) Emergency Phone #'s
6. Seat belts to be used by occupants of all vehicles. No smoking, eating, and/or drinking in the camp vehicles. No more passengers than stated capacity of van.
7. Take part in an 'on-call' schedule with other drivers/administrative staff as necessary.
8. Uphold and insure the implementation of all The Lodge policies, procedures, rules and regulations and report any infractions should they occur to Administration. (Familiarize yourself with the Fire Drill and Lost Camper procedures).
9. Uphold and insure the implementation of AHRC drivers policy.
10. Adhere to speed limits on camp and in all other areas (speeding tickets must be immediately reported).
11. Make occasional trips to New York City and surrounding Boroughs for change over and camper discharge.
12. Operate a vehicle equipped to transport people who are non-ambulatory.
13. Be pleasant, friendly, and professional at all times.
14. Perform all other functions as requested by the Camp Administration including occasional hayrides for campers and operating the lawn mower.

Important: Please be aware of the importance attached to this position. Any accidents, no matter how minor, should be relayed immediately to the Camp Director and proper insurance forms completed and given to the Director. Also remember while out of the camp grounds that you represent The Lodge and therefore, are to act accordingly and drive safely.

Print Name: _____ **Signed:** _____

Date: _____

MEDICAL HISTORY FORM (MUST be completed by all staff. International staff MUST also bring agency medical with them e.g. Camp America/CCUSA)

Name: _____
Birth Date: (Mon. Day .Yr) _____ Sex: M F
HOME ADDRESS: _____ CITY: _____
STATE/PROVINCE: POST/ZIP CODE: _____
COUNTRY: _____ PHONE #: _____
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:
RELATIONSHIP TO YOU: _____
THEIR HOME #: _____ THEIR WORK #: _____
Insurance Carrier: Policy # _____

In addition to the requested doctor's note/physical exam, all staff members are required to complete and bring with them the Medical Policy Form (this page) and the Medical History Form (next page). **No staff position is considered final until these forms are received.** Please complete the information below and on the next page, and return both pages with all other forms.

MEDICAL POLICY FOR STAFF:

In case of accident or illness, minor medical services may be provided by the camp nurse(s) within his/her legal parameters. The nurse will refer staff to other medical services when, in his/her professional judgment, such referral is necessary. Staff members, or parents of minor staff members, assume full responsibility for subsequent medical complications if such medical referral is refused.

In the event of an emergency arising from a serious illness or injury, if the staff member is unable to give consent, or the responsible party for a minor staff member cannot be contacted, the physicians appointed by the camp and their consultants are authorized by the staff member or responsible party to carry out any medical or surgical procedures which the physicians deem necessary for the well being of the staff member.

In the event of a job related injury, however slight, staff member agrees to notify the Camp Health Director or the Camp Director immediately. Where warranted, such injuries shall be reported by the camp to the Workers' Compensation Board.

I have read, understand, and agree to abide by the above.

Staff Member (Print): _____

Signature of Staff Member _____

Date: _____

INSURANCE INFORMATION:

Staff member is covered by the following health/medical insurance (please specify type of insurance, company name and policy number):

Staff Member (Print) Signature of Staff Member Date

If you DO NOT have any medical/health insurance, please sign below indicating that you (or responsible party for minor staff) hereby assume financial responsibility for any and all medical expenses incurred while The Lodge which are not job related, and understand that AHRC-The Lodge is not responsible for any such expenses. SIGN BELOW ONLY IF YOU HAVE NO INSURANCE COVERAGE.

Staff Member (Print) Signature of Staff Member Date

HEALTH HISTORY:

(Please circle)

Conditions:
Hypertension
Cardiac
Seizures
Diabetes
Asthma
Other

Allergies:
Hay Fever
Poison Ivy
Insect Stings
Penicillin
Other Drugs

Diseases:
Chicken Pox
Measles
German measles
Mumps
Other

IMMUNIZATION HISTORY: *Record of dates of immunizations and most recent boosters:*

DPT Series	Booster	Last Chest X-Ray
Polio	OPV (Sabin)	Booster Results
Measles Vaccine (Live)		Tuberculin Test*
German Measles (Rubella) Results		
Mumps Vaccine		
Typhoid	_____	
Tetanus and/or last Tetanus Booster	_____	

OPERATIONS OR SERIOUS INJURIES (dates): _____

CHRONIC OR RECURRING ILLNESS: _____

PLEASE LIST ANY RESTRICTIONS/LIMITATIONS AND/OR CURRENT MEDICATIONS: _____

Signature of Staff Member:

Date:

Frequently Asked Health Care Questions

Will I need a medical examination for employment?

Yes. Your medical examination must be signed by your doctor and dated after September 1, 2015. Your medical examination is to include: Allergies; to food, drugs, insect venom, topical substances, environmental agents Restrictions /limitations; Activities that must be restricted due to a medical condition or Medications prescribed by doctor Date of Hepatitis B vaccinations (if administered)

Will I be required to of had the Covid Vaccine?

Although not mandatory, it would be preferred.

Returning staff need a physical every OTHER year. Please contact the camp director if you have questions regarding if you need a physical.

What if I have allergies?

You and your doctor must decide if your allergies will be a problem for you during your stay with us. You will have access to your medications, however, for the safety of our campers, no medications are allowed in your cabin or on your person while camp is in session. If you need to carry medications with you at all times, our camp setting may not be the best choice for your summer employment.

Why is Hepatitis B vaccination recommended?

Hepatitis B is a blood borne virus that can damage liver and other organs. In general, health care workers are at high risk for contracting Hepatitis B. Studies have shown nearly universal protection of health care workers against contracting Hepatitis B after full vaccination. This vaccination is offered to you at camp.

What type of medical care is available on grounds?

Our health care center employs full time nurses available 24 hours a day. Staff is well prepared to provide first aid care for minor injuries, immediate transfer to our local hospital for emergency care, or if indicated, an appointment with our contracted doctor.

Will insurance pay for my medical care?

The United States has some of the most advanced health care technology available in the world. However, health care in America is not free. In fact, health care can be very costly. We advise all staff persons to carry a health care insurance policy. In the event of a serious illness or injury, a majority of the cost will probably be covered. Every policy is different, but most require the insured to pay a "copayment" or deductible. You must read details about your health care insurance policy carefully as you will be responsible for paying any fee not covered. All employers in the United States pay for health care related to "on the job" injuries.

I take medications on a regular basis. Is this a problem?

No. Your medications will be available to you when you need them. You should bring enough medication for the time you are with us and for additional travel time at the end of the summer. *Note: In the United States, no one may purchase contraceptives, antibiotics, or medication for asthma without a doctor's written prescription.*

Can nurses administer my medications?

Yes, but your doctor must provide a specific order describing the medication, dose and frequency.

Should I bring vitamins?

Many persons staying with us for the summer have a difficult time adjusting to changes in diet, climate, time zones and daily routine. It is important that you fortify your body with proper nutrition and rest throughout the summer. You might consider bringing a supply of multivitamins or other nutritional products with you. If you have questions about what nutritional supports are right for you, ask your doctor before you depart.

Will I an opportunity to shop for personal care items?

Yes. Many persons enjoy shopping at local department stores and outlets during their “time off”.

