DCI EMPLOYEE RETURNING COUNSELOR APPLICATION



Submit by email to chelsea.lynch@dciinc.org
or by fax to (615) 446-5283 Attn: "Camp O Processing Dept"

Date:	inviosi provide a negative COVID PCR test		
Counselor Information	within 72 hours of arriving at camp.		
Name (First, Last, MI)			
Date of Birth	Sex		
Street Address			
City	State Zip		
Home Phone	Work/Cell Phone		
Email Address			
T-shirt Sizes: XS S M	L XL 2XL 3XL		
	 , you MUST submit a copy of your current nursing or medical sining education documentation and hepatitis status. Hemodialysis Staff Peritoneal Dialysis Staff 		
City Group:	,		
Card. Glennon - St. Louis	 Texas Children's Hosp - Houston 		
Cincinnati Children's Hospital	 Nashville 		
Dell Children's Medical Group	DCI Intern		
Lebonheur - Memphis	• Other:		
Emergency Contact:			
1. Name	Relationship		
Home Phone	Work/Cell Phone		
Health Issues:			
Asthma? YES NO	Seizures? YES NO Bp		
Allergies:	Medication:		

You will receive a separate email from CareerBuilder Employment Screening regarding your required background check. Please check spam mail if you do not get this email.

COUNSELOR CONTRACT

A Note to Potential Counselors

Counselor applications will be screened and accepted or rejected by camp directors. Background checks will be checked for all non-DCI employee counselors. You will be notified of this decision prior to the start of camp. This process is to ensure that counselors who are approved to attend are committed to share in the work necessary to provide a positive camping experience for the children.

If you are driving, a valid driver's license and proof of insurance must be available. This is part of the application approval process.

Each counselor must complete a counselor application each year. The counselor contract and the rules and responsibilities form must be signed and included with the application. Please remember that we agreed that each city group coming to camp must provide a minimum ratio of 1 male counselor per every 4 male campers from your group. Please limit your number of female counselors.

There will be a mandatory counselor orientation on Saturday after dinner for new and old counselors. In addition, nightly counselor meetings assignments will be provided in your cabins.

We are glad you are interested in Camp Okawehna. We look forward to seeing you at camp!

Counselor Contract

I have completed and signed my camp counselor application.

I understand the camp history and mission statement. I have read the above note to potential counselors. I realize that my application may be denied, and I will be notified accordingly.

I give permission to Dialysis Clinic, Inc (DCI) to take video footage and photographs of me during my time at camp. I understand and agree that the video footage and photographs or any part thereof may be used on television in newspapers, magazines, social media or in any other medium that DCI may choose, and I, hereby release my likeness for said use by DCI.

I understand that I will not have any ownership or property rights in any video footage, photographs or any products or any product created therefrom. I also understand that I will not receive any compensation or money for the use of the video footage and photographs.

I have had the opportunity to ask questions, and I give my consent freely and voluntarily for DCI to use the video footage and photographs.

I agree to abide by the contract and rules provided to me for review.

Signature	Date

ACKNOWLEDGMENT OF DRIVING RESPONSIBILITIES RELATED TO TRANSPORTING CAMPERS

OKAWE
Est. 1975
Oialysis Clinic, Inc.

<u>Driver Information</u>	*Only required if you will be tr	ansporting campers.	
Name (First, Last, MI)			Dialysis Clinic
Date of Birth	Driver's License No	State	
_	minor children to and from Camp g driving guidelines that have bed np Okawehna.		_
states that children under	ren are restrained in the car acco four years old or forty pounds mu ring a seatbelt. I will not put a chil	ust be in a car seat. I will o	ensure that
or rented by Dialysis Clini	s may only be transported on cam c, Inc. (DCI) or a company under vehicles must be driven by DCI em	the same management (
	ups that rent their own vehicles r he campgrounds but may not trans		
	ild or other Camper of the Cedar C o seek emergency medical treatn		
Okawehna. I verify that I personal injury and damagan automobile accident, thinsurance will be the prim	vehicle, not a personal vehicle, f have a valid driver's license and ge to other property. I understand nat injures someone or causes prop lary coverage for the vehicle. I und unt for the claim up to \$500.00.	liability auto insurance to that if I am driving and perty damage, then my pe	that covers involved in rsonal auto
my valid driver's license ar	ot drive residents of Camp Okaweh nd proof of auto insurance. This for ctor of Insurance & Worker's Comp	rm and attachments will b	e provided
Signature Camp Driver		Date	
Camp Driver (Print Name)			

CAMP OKAWEHNA CONFIDENTIALITY AGREEMENT

I, _______, a volunteer of Camp Okawehna ran by DCI acknowledge and agree as follows:

I. Protected Health Information

- 1. For purposes of this Agreement, the term "Protected Health Information" means any information, whether oral or recorded, in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- 2. I understand that Camp Okawehna/DCI's patients have a reasonable expectation of and a legal right to privacy concerning their Protected Health Information. I further understand that both Camp Okawehna/DCI and I have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their Protected Health Information.
- 3. In the course of my volunteer time at camp, I may come into contact with the Protected Health Information of camp patients (DCI's Protected Health Information"). I agree that for the term of my volunteering with camp and at all times thereafter:
 - a. I will maintain the confidentiality of Camp/ DCI Protected Health Information;
 - b. I will not view, access or otherwise use or disclose any of DCI's Protected Health Information except as is necessary to perform my job responsibilities or as required by law; and
 - c. I will not discuss Camp/DCI's Protected Health Information where others may overhear the conversation (for example, in hallways, on elevators, at lunch, on public transportation, at social events).
- 4. I further agree that I will comply with all Camp Okawehna policies and procedures that concern the security and privacy of DCI's Protected Health Information.

II. Business and Proprietary Information.

- 1. I understand that as a volunteer of Camp Okawehna/DCI, I may be exposed or have access to sensitive and confidential information concerning Camp/DCI and its business ("business and proprietary information"). This business and proprietary information includes, but is not limited to, information or data concerning patients, health care entities doing business with Camp/DCI, volunteers of Camp Okawehna/DCI or any of its subsidiaries or affiliates, physicians or other health care professionals performing services for DCI, financial information, business plans, contracts with third parties, and all other proprietary information and trade secrets which are in the possession of Camp Okawehna/DCI or any of its subsidiaries or affiliates.
- 2. Unless certain business and proprietary information is already known to or by the public, or I am required by law to reveal it, I agree, for the term of my volunteering with Camp Okawehna/DCI and for two (2) years thereafter, not to reveal any business and

Modified: 2/21/2024

proprietary information of Camp Okawehna/DCI, use business and proprietary information of Camp Okawehna/DCI to the disadvantage of Camp Okawehna/DCI, or use business and proprietary information of DCI for the advantage of myself or of a third person unless Camp Okawehna/DCI consents after full disclosure.

3. I also understand that, depending on my job responsibilities, it may become necessary

for me, during the course of my volunteering with Camp Okawehna/DCI, to have access to certain health records and information on other DCI employees, their dependents and other individuals who are insured through Camp Okawehna/DCI ("Insured Persons"). I agree that for the term of my volunteering with Camp Okawehna/DCI and at all times thereafter, I will maintain the confidentiality of the health records and information of these Insured Persons and will not release these records or reveal the information to any third party, except as expressly authorized by Camp Okawehna/DCI or as required by law after notice to Camp Okawehna/DCI.

III. Miscellaneous.

- 1. I understand that my violation of this Agreement will subject me to corrective action, up to and including termination of employment. I also understand that Camp Okawehna/DCI may, within its sole discretion, advise appropriate officials of any illegal violations on my part and that Camp Okawehna/DCI may take legal action of its own for any damages it suffers as a result of my violation of this Agreement.
- 2. I agree that nothing herein shall be construed to be an employment contract between Camp Okawehna/DCI and myself. Additionally, I agree that nothing in this Agreement is to be construed as conferring any employment rights on me or changing my status from that of an "at-will employee." I understand that Camp Okawehna/DCI retains the absolute right to refuse to allow me to return to camp, at any time, with or without good cause.
- 3. I agree that the provisions of this Agreement shall be governed in all respects by, and be construed in accordance with, the laws of the State of Tennessee.

Staff Signature	
Witness Signature	
	Witness Signature

Modified: 2/21/2024