DEADLINE is May 1, 2015

HEALTH CARE SUMMER INSTITUTE
CAMP COUNSELOR JOB DESCRIPTION

This application is for camp counselor positions only
If you would like to be considered for the Camp Coordinator position
Please call Carol Enoch at 352-273-6656
Prior HCSI Counselors preferred for the Camp Coordinator position

Counselor Position Description

The Camp Counselor (CC) position is a four week position which begins on June 21, 2015 and ends on July 18, 2015. The responsibility of the CC is to work in conjunction with 4 other camp counselors and 1 Camp Coordinator to supervise twenty-five (25) junior and senior high school students, 24 hours/day, 7 days a week. There will also be a Program Director and a Program Assistant.

*There will be a required ½ day orientation on FRIDAY, JUNE 19, 2015 from 12:00 NOON – 4:00 P.M. (Lunch will be provided.) You will be allowed to move into the dorms Friday evening.

The responsibilities of the CC are numerous and critical for the success of the Health Care Summer Institute. Each CC is responsible for promoting an experience which is educational, safe and enjoyable. The position requires maturity, trustworthiness, high moral values, motivation, good organizational skills, commitment, good leadership skills, the ability to work as a team member and respect for self and others.

Qualifications of Camp Counselor

The camp counselor must be either a professional graduate student or pre-professional health student who is in their junior or senior year.

Description of Duties

I. Supervision of Campers
   A. Chaperone students to and from scheduled activities of the program (e.g. lectures, preceptorships).
   B. Monitor students as they participate in evening, week-end or holiday activities (picnic at Lake Wauburg), etc.
   C. Chaperone and monitor students for breakfast, lunch and dinner. Dinner should be no later than 7:00 p.m.
   D. Ascertain that students uphold all camp and university rules at all times.

II. Mentoring
   A. Conduct oneself in a professional manner at all times. (this includes behavior, dress code, interaction with other counselors, interaction with Program Coordinator and with Program Director.)
   B. Acquaint campers with all University of Florida Student Services Facilities including, but not limited to Tigert Hall, Criser Hall, Counseling Center, Student Health and Sports facilities.
   C. Acquaint students with the various colleges in the Health Science Center.
   D. Assist campers with personal concerns (e.g. hygiene, home-sickness, etc.).
III. **Leadership**
   A. In conjunction with Program Coordinator and other camp counselors, assist in planning educational, safe and enjoyable evening, week-end and holiday activities.
   B. Ascertain that campers are on time to all scheduled activities including meals.
   C. Make sure that campers uphold professional dress code and behavior at all times.
   D. Remember that the best way to lead is by EXAMPLE!!!

IV. **Facilitator**
   A. The camp counselor serves as a liaison between campers and Program Coordinator and Program Director.
   B. Helps to ensure safe transportation of students to and from activities and notify Program Director if assistance needed.
   C. Know the campers’ medical/health concerns, medications being taken and notify Program Coordinator and Program Director immediately of any emergent or urgent medical concerns, including injuries, need for 911 services or need to go to the emergency department.
   D. Maintain confidentiality as related to duties and staff communication.
   E. Assist in conflict resolution between campers. Notify Program Coordinator of such conflict.
   F. Notify Program Coordinator of conflict between counselors that affects the smooth functioning of the program.
   G. Notify Program Director of any conflict between camp counselor and Program Coordinator that affects smooth functioning of the program.

V. **Administrative**
   A. Always carry pager on person.
      • Respond to pages from campers, other camp counselors, Program Coordinator, Program Director and the Office for Diversity and Health Equity (ODHE) within five (5) minutes.
   B. Always wear Health Science Center I.D. badge in a visible area.
   C. Attend all staff meetings (planned or unplanned).
   D. Work with the staff in the ODHE to coordinate activities, meals, issuing of lab coats, etc.
   E. Report any/all violation(s) by student campers or staff to the Program Coordinator and Program Director.
   F. All camp counselors MUST RESIDE IN CAMPUS HOUSING PROVIDED. (Beaty Towers).

VI. **Conditions of Employment**
   A. Employment must be approved by the Program Director.
   B. Continual employment is based upon above average job performance. The Program Director reserves the right to discontinue employment in the event of inappropriate behavior or below average job performance.
   C. Availability is important. **The HCSI schedule is not negotiable. You must be available for the entire four weeks.**

VII. The CC is expected to report to work on June 21, 2015 at 10:00 a.m. and remain on the job until July 18, 2015 at 3:00 p.m.
VIII. Work Hours  
A. All CC’s are expected to work 24 hours/day, except on scheduled day off.  
B. All CC’s are expected to work weekends.  
C. All CC’s will work June 21, 2015  
E. All CC’s will work July 4, 2015  
F. All CC’s will work July 18, 2015 and attend the banquet  
G. All CC’s must attend orientation on June 19, 2015 from 12 – 4 p.m.  
H. There will be one day off (24 hours) per week.  

IX. Compensation and Benefits  
A. The CC is paid a stipend based on 4 weeks, from June 21, 2015 to July 18, 2015. This stipend will be paid to all full time counselors in good standing.  

X. Please contact Michelle E. Jacobs, M.D., or Carol Enoch at the Office for Diversity and Health Equity, University of Florida College of Medicine, (352) 273-6656 for further information. The application DEADLINE is May 1, 2015.  

*An interview will be required.
HEALTH CARE SUMMER INSTITUTE
CAMP COUNSELOR APPLICATION
(Please type or print clearly)

Name___________________________________________________________

Email__________________________________________________________

Alt. Email ______________________________________________________
(You will be contacted by email)

SS#____-____-_______ Gender F___ M___ Date of Birth: _______/_______/________

Address: ________________________________________________________

City: _____________________________ State: ________________________ Zip: ________

Local Telephone (____) __________ Telephone (____) __________

Permanent Address: ____________________________________________

City: _____________________________ State: ________________________ Zip: ________

Where/How did you hear about the HCSI? _______________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date of Admission to UF__________________________________ Cumulative UF G.P.A.___________

Classification ________________________________________________

Major Field of Study______________________________________ Expected Graduation Date________

OTHER COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

UNIVERSITY DEGREE YEAR
_______________________________________________________________

_______________________________________________________________

HAVE YOU LIVED IN A RESIDENCE HALL OR GROUP LIVING EXPERIENCE?
(i.e., military, fraternity/sorority, etc.) Yes _____ No____

HALL/GROUP LIVING DESCRIPTION

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
EXTRA-CURRICULAR ACTIVITIES: List activities in which you have participated while in college.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please list extra-curricular activities planned for the summer outside the Camp Counselor position, and the time commitment needed per week.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

List any languages spoken fluently:

________________________________________________________________________________

If hired, what assistance might you need to perform the necessary responsibilities of the position? (please specify, if any)

________________________________________________________________________________
________________________________________________________________________________

WORK EXPERIENCE (begin with the most recent)

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Experience involving youth

________________________________________________________________________________

ESSAY: You have read the job description and qualifications regarding the Camp Counselor position. In the space provided, discuss your personal view of the position. Your discussion should include (but is not limited to): special skills you have, areas in which you wish to improve, reasons why you believe you are qualified for the position, what motivates you to apply for the position and what you hope to get from your experience as a Camp Counselor. DO NOT USE ADDITIONAL SPACE OR ATTACH PAPER; USE ONLY THE SPACE PROVIDED BELOW.
Please identify the three people you requested to send a recommendation letter for you.

Name________________________________ Telephone___________________________

Email: ________________________________________________________________

Address________________________________________________________________

City, State, Zip________________________________________________________________

How long have you known current reference? _________________________________

What is your relationship to the person giving the reference? ______________________

Name________________________________ Telephone___________________________

Email: ________________________________________________________________

Address________________________________________________________________

City, State, Zip________________________________________________________________

How long have you known current reference? _________________________________

What is your relationship to the person giving the reference? ______________________

Name________________________________ Telephone___________________________

Email: ________________________________________________________________

Address________________________________________________________________

City, State, Zip________________________________________________________________

How long have you known current reference? _________________________________

What is your relationship to the person giving the reference? ______________________

Have you ever been convicted of a felony? _____Yes _____No

Have you pleaded nolo contendere (no contest) to, been convicted or found guilty (even if adjudication withheld) of a felony offense for the sale, trafficking, or conspiracy to sell or traffic a controlled substance committed on or after October 1, 1990, as defined in Chapter 893, Florida Statute? _____Yes _____No
The information on this application is correct to the best of my knowledge, and I understand that any willful misrepresentation on my part would be grounds for non-continuance in the application process.

____________________________________  ______________________________
Signature of Applicant                        Date

APPLICATION DEADLINE May 1, 2015

Return To:  Office for Diversity and Health Equity (M-132)
Health Care Summer Institute
P. O. Box 100202
Gainesville, Florida 32610-0202

Fax: (352) 273-9026