

March 2018

TO: Bleeding Disorder Community Members

RE: National Camp Exchange (NCE)

SUBJ: Application Process 2018

Greetings!

First and foremost, on behalf of Wingmen Foundation, Inc., the Arizona Hemophilia Association and Octapharma, we would like to thank you for your application to participate in the National Camp Exchange program for 2018.

The main emphasis and goal of this program, is to foster community within the bleeding disorders community, provide a mechanism for an exchange of practices between and among bleeding disorder camping programs, as well as provide a venue for leadership development. We are truly excited to the potential of your participation for 2018.

Please note the application process for 2018:

- Download the appropriate application from Wingmen Foundation, Inc website
- Complete the necessary application (e.g. staff and/or organization)
- Depending upon the type of program which you are applying for (see below), please submit your completed application to both the general email and the point of contact email as well.
 - International Programs – Katie Hines – khines@wingmenfoundation.org
 - Family Camp – Bob Graham – bgraham@wingmenfoundation.org
 - Residential – Robert Bond – rbond@wingmenfoundation.org
 - Teen Program – Shad Tulledge – stilledge@wingmenfoundation.org
 - Leaders in Training – Clyde Brawner, Jr -cbrawner@wingmenfoundation.org
 - Administration – Bobby Wiseman – bwiseman@wingmenfoundation.org
- You will receive communication within 48 hours (Monday – Friday) once your application has been received
- The appropriate Point of Contact will be in communication with you to determine if there are any additional questions
- Please note that your application will be reviewed by the NCE Coordinating Committee for approval to participate in 2018
- Please note that your application will need to be submitted at least 60 business days prior to the start of the preferred camping program
- Please note that you will be asked to participate in a survey regarding the program

Be well and thank you for your interest!!!!!!



National Camp Program 2018 Volunteer Camp Staff Application

A national bleeding disorder camp staff exchange program Collaborative partners - Wingmen Foundation, Inc & the Arizona Hemophilia Association; Sponsoring Organization – Octapharma.

Disclaimer: Applications are due **60** business days prior to the start of the respective camping program.

Personal Information:

First Name:	_____	MI:	_____	Last Name:	_____	
Preferred Name:	_____					
Email Address:	_____					
Address:	_____			City:	_____	
State:	_____	Zip:	_____	Time Zone:	_____	
Primary Phone:	_____		Fax:	_____		
Driver's License #:	_____		State Issued:	_____	Exp. Date:	_____
Social Security #:	_____			DOB:	_____	
Gender:	(As listed on your photo ID)					
	Male	<input type="checkbox"/>	Female:	<input type="checkbox"/>		
Bilingual:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>		
Languages spoken:	_____		Most Fluent:	_____		
Bleeding Disorder:	Hemophilia A	<input type="checkbox"/>	Hemophilia B	<input type="checkbox"/>	vWD Type 1	<input type="checkbox"/>
	vWD Type 2	<input type="checkbox"/>	vWD Type 3	<input type="checkbox"/>	Glanzmann's	<input type="checkbox"/>
	Platelet Disorder	<input type="checkbox"/>	Other	<input type="checkbox"/>	Thrombasthenia	<input type="checkbox"/>
Travel Restrictions:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Explain:	_____
Food Restrictions:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Explain:	_____



Additional Information:

What roles are you interested in within the Camp Exchange Program?

Camp Director/Co-Director	<input type="checkbox"/>	Junior/Assistant Counselor and/or Leaders in Training Staff	<input type="checkbox"/>
Program Director/Co-Director	<input type="checkbox"/>	Aquatics Director	<input type="checkbox"/>
Arts and Crafts Director/Co-Director	<input type="checkbox"/>	Bullpen/Support Staff	<input type="checkbox"/>
Medical Director/Staff	<input type="checkbox"/>	Cabin Staff	<input type="checkbox"/>

Do you authorize the hosting camp organization or the sponsoring organization to utilize any media that may be captured while attending camp?

YES: NO:

Are you willing to submit to a criminal background check prior to being authorized as a member of the hosting organization?

YES: NO:

Name of camping program that you would like to attend/participate (i.e. ranked in order of preference):

Preference #1: _____

Preference #2: _____

Preference #3: _____

Are you willing to participate in a Pre and Post experience survey for us to better understand how to offer better services in the future?

YES: NO:

Home Camp Information/Organization Information:

Name: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____

Email: _____

Home Camp Name: _____

Location: _____



Applicant History

Camp Name: _____
Position: _____
Years Attended: _____
Camp Director: _____

Applicant History cont.

Camp Name: _____
Position: _____
Years Attended: _____
Camp Director: _____

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Position: _____
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Below are some essay questions. Feel free to use additional pages if needed.

Describe how your experience prepares you for a new camp environment.



Describe what you intend on getting from this program?

What challenges are you expecting to have, and how will you overcome them while navigating within a new atmosphere and environment?



Any other notes

