

Kid's AT

Standard Operating Procedures

Purpose. The **purpose** of this Standard Operating Procedure is to provide an outline of tasks, responsibilities, coordinating instructions and procedural guidance for the Annual Kid's AT.

Kid's AT is a one week adventure for youth (ages 9-17) of Indiana National Guard Soldiers and Airmen.

Goal. The goal of Kid's AT is to educate our military youth about the tasks that service members perform while away on military duty. This type of education will increase their knowledge of military life and reduce the fear of associating a uniform with separation.

Responsibilities. Family Programs is the lead agent in coordinating and executing Kid's AT.

Funding. Funding for Kid's AT is obtained via:

- Public / private donations.
- Corporate sponsorship.
- Fund raisers.
- Camper fees.

Insurance. Secured through an outside vendor. Renewal policy should be filed two-three months in advance. Current vendor is Markle Insurance.

Personnel. Personnel for Kid's AT are in the following status:

- Family Program contractor staff as assigned by SFPD
- Technician – Admin Leave*.
- AGR – Permissive TDY*.

*See "JFHQ-IN-J9-FP Policy; Sample TAG FTUS ISO Kid's AT Leave Policy."

Military Support. Military support will be requested by the SFPD to JFHQ-IN-J3-DOMS.

Responsibilities.

1. State Family Programs Director.
 - A. Coordinate appropriate date with JFHQ staff.
 - B. Serve as Camp Commander for Kid's AT.
 - C. Request and coordinate military support for Kid's AT.
2. Youth Director.
 - A. Coordinate Kid's AT logistical support (minus military support requests).
 - B. Coordinate youth camper, junior counselor, senior counselor and counselor attendance requests for Kid's AT.
 - C. Coordinate volunteer support for Kid's AT.

Conduct at Kid's AT.

1. **Alcohol.** Alcohol will not be consumed by any participant or staff members during Kid's AT. All participants/staff sign a "Code of Conduct Form in application packet."
2. **Theft.** If theft is assumed to have occurred by one (or more) of our youth, their team counselors / staff are encouraged to conduct a shakedown / inspection of their barracks. The shakedown / inspection will occur with a minimum of 2 counselors or staff.
3. **Discipline.** Counselors / staff are authorized to use non-corporal forms of discipline to enforce standards within the platoon. Discipline will be commensurate with the youth's action. If compliance cannot be achieved, the Camp Commander or Camp Director will contact the youth's legal guardian to achieve conformity or arrange for youth pick up.

Required documentation.

- A. **Request for reimbursement.** All requests for financial reimbursement will be approved in writing in advance from the Youth Director.
See "JFHQ-IN-J9-FP Form; Request for Reimbursement".
- B. **Adult Application Packet.** All volunteers will provide a completed DD Form 2793 Agreement, Application, Adult Behavioral Expectations form and Fingerprint card to the Youth Director prior to Kid's AT.
See "JFHQ-IN-J9-FP Form; Adult Application Packet".
- C. **Youth Application Packet.** All legal guardians along with their participating youth will complete the Application, Release/ Indemnification and Code of Conduct form prior to Kid's AT.
See "JFHQ-IN-J9-FP Form; Youth Application Packet".
- D. **Junior Counselor Application Packet.** All legal guardians along with their participating youth will complete the Application, Release/ Indemnification and Code of Conduct form prior to Kid's AT.
See "JFHQ-IN-J9-FP Form; Junior Counselor Application Packet".

Clothing.

- A. Each youth and staff member will receive 2 t-shirts for their appropriate staff / platoon position.
- B. Laundry facilities will NOT be available to campers for personal use. Emergency laundry runs will be made when necessary.
- C. Camp provided t-shirts will be laundered by Kid's AT Staff. Instructions on how to submit laundry will be provided on site.

- D. A packing list will be provided in the Camper and Parents Information packet (will be mailed / emailed to youth's legal guardian.) Clothing worn during camp activities and ceremonies will be appropriate and in good taste.
- i. Female bathing suits will be 1 piece.
 - ii. Male bathing suits will not be form fitting.
 - iii. Pants and shirts will be worn in such a manner as to not show any undergarments.
 - iv. All shorts will come to the end of fingertips alongside the leg.

Medical support:

- A. Medical staffing requirements will be determined by the Camp Director. Support can be reduced (at the discretion of the Camp Director) during nighttime activities/sleeping hours. Minimum staffing requirements for daytime activities include:
- Doctor or Nurse
 - 2 Medics per platoon
 - 1 FLA per platoon
- B. Medical staff are required to treat youth and staff.
- C. Medical staff are NOT to act as a babysitting service for homesick youth, or treat any psychological, emotional or social needs of any camper, volunteer, counselor or paid staff. All of the above should be referred to the Military Family Life Consultants (MFLC's).
- D. Military Family Life Consultant's (MFLC's) will be requested as necessary for Kid's AT. The purpose of the MFLC is to serve the needs of all campers, volunteers and staff for any social, emotional or psychological issues/needs (deployment of a loved one, homesickness, etc.). MFLC's are NOT to serve in a long term counseling capacity.
- E. Medical supplies are provided via Youth funds, NOT via military procurement.

All staff, to include Medical staff: Staffing Requirements a detailed listing of required personnel and duty descriptions available.
See "JFHQ-IN-J9-FP Form; Job Descriptions."

Communications.

1. Communication operations will be conducted in order that staff can speak internally as well as to range control. Two separate networks that are linked at the staff HQ, may be required.

Emergencies.

1. **Injuries.** Injuries will be reported immediately to a medic / medical staff. If further medical attention is needed, the Camp Commander or Camp Director will contact local MP (Military Police) station / civilian police for immediate medical evacuation.

2. **Lightning.** In the event of lightning, all youth will be routed to the most appropriate indoor venue.
3. **Missing youth.** Actions to take upon assuming a youth is missing from his / her assigned location:
 - a. Conduct a full headcount in person (conduct formation if necessary).
 - b. Immediately advise the Camp Director.
 - c. Camp Director will advise the Camp Commander.
 - d. Camp Commander will advise the local MP station / on site Operations Center.
 - e. A complete search of the area will be conducted as necessary.
4. **Early dismissal/Alternate release.** Should a youth need to leave early or be released to an alternate other than the parent or legal guardian, parent will need to give written/verbal consent that shall be documented on required form.
See “JFHQ-IN-J9-FP Form; Early/Alternate Release Consent.”

Tobacco. Tobacco (snuff, chew, cigars and cigarettes) will not be utilized in the presence of youth. Staff may use tobacco out of the line of sight of all youth in designated areas only.

Awards. The Admin staff will arrange for two separate awards ceremonies. An informal awards ceremony will occur Friday night where each camper and staff member receives participation awards, platoon picture, etc. A formal awards ceremony will occur Saturday morning for specific individual awards, of which, JFHQ-IN-TAG will be invited to participate.

Staff Structure. All staff and adult counselors will be provided with a Kid’s AT Camp:

1. Organizational structure and duty position descriptions.
2. Standard Operating Procedures
3. Schedule of Events
4. Camper Roster
5. Kids AT Adult AAR Evaluation Form
See “JFHQ-IN-J9-FP Form; Adult AAR Evaluation.”
6. Counselor Tips, Responsibilities and General Guidelines
See “JFHQ-IN-J9-FP Policy; Tips, Responsibilities & Guidelines.”
7. Barrack’s inspection criteria
See “JFHQ-IN-J9-FP Policy; Inspection Criteria.”

Cathleen A. Van Bree
MAJ, LG, INARNG
Director of Family Programs

JFHQ-IN-J9-FP Policy; Sample TAG FTUS ISO Kid's AT Leave Policy



JFHQ-IN-HR

INDIANA JOINT FORCES HEADQUARTERS
NATIONAL GUARD
2002 South Holt Road
Indianapolis, Indiana 46241-4839



16 April 2009

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Excused Absence for Indiana National Guard Youth Camp, 22-26 June 2009

1. References.

- a. Subchapter S11, paragraph S11-5a, TPR 990-2
- b. OPM memo, 23 April 1998, subject: Participation of Federal Employees in Volunteer Activities includes attachment, subject: Guidance on Scheduling Work and Granting Time Off to Permit Federal Employees to Participate in Volunteer Activities
- c. AR 600-8-10, paragraph 5-33, figure 5-16
- d. AFI 36-3003

2. Full-time personnel supporting this event will follow the guidelines below in documenting this leave.

a. AGR: Army AGR will submit a DA Form 31 in accordance with AR 600-8-10, paragraph 5-33, figure 5-16. Immediate supervisor will sign block 12, then forward it to JFHQ-IN-J1-HR-A. The Human Resources Officer will sign in block 13 authorizing the permissive TDY. Air AGR will apply in accordance with AFI 36-3003 to their commander.

b. Army, Air and Non-Dual Status Technicians: Provide your timekeeper a copy of this letter which authorizes administrative leave for 22-26 June 2009. The timekeeper will annotate the time card using the appropriate code for excused absence in accordance with Subchapter S11, TPR 990-2, paragraph S11-5a(1).

4. Contact LtCol John R. Newman, Human Resources Office, (317) 247-3467, if you require further information.

FOR THE ADJUTANT GENERAL:

A handwritten signature in black ink, appearing to read "K. D. Newlin".

KENNETH D. NEWLIN
Colonel, GS, INARNG
Human Resources Officer

DISTRIBUTION:
Each Individual Concerned

Copy Furnished:
JFHQ-IN-CDR
JFHQ-IN-CS
JFAC-IN-CS
JFHQ-IN-J8-COCP
JFHQ-IN-J1-FP

JFHQ-IN-J9-FP Form; Request for Reimbursement

Request for Reimbursement

Purpose. The purpose of the reimbursement form is to provide written documentation of reimbursement approval for Kid's AT. It is imperative that the Youth Director signs this form, as an agreement that funds will be reimbursed for expenses related to Kid's AT. This process not only protects the Kid's AT budget, but protects the person requesting approval.

Name of requestor: _____

Amount requested: _____

Item(s) for purchase requested	Estimated cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total request cost: _____

Name of requestor: _____ **Signature of requestor:** _____

Name of approver: _____ **Signature of approver:** _____

JFHQ-IN-J9-FP Form; Adult Application Packet



2010 "Kids AT"
JFHQ-IN-J1-FP
2002 South Holt Road
Indianapolis, Indiana 46241

Dear Volunteer,

The State Family Program Office is pleased to announce that the 2010 Indiana National Guard Youth Camp will be held 19-26 June 2010 at Camp Atterbury.

Kids AT is a camp comprised of 200 campers and requires 50 to 75 volunteer staff. Our volunteers within this camp work directly with our military children for approximately one week. This letter serves as our official call out for volunteer help. Whether you have volunteered in the past or this might be your first time, your donated time is invaluable to the success of our camp.

All volunteers involved have to submit to formal background check/fingerprints. A completed fingerprint card (FBI blue card) will need to be sent with your volunteer application. We will mail this in on your behalf with the applicable fee. These background check/fingerprints can be performed by the state and/or local police departments, as well as the local military police post. Applications without a completed fingerprint card will not be accepted. These fingerprints will need to be read for the purposes of the **National Child Protective Act**. Those with disqualifying results will receive a notification letter from our office and will not be allowed to attend youth camp. Background/fingerprint check instructions included.

Please fill out the enclosed application, sign the Behavioral policy and complete the volunteer agreement DD Form 2793. **The application, signed Behavioral policy form, DD Form 2793 and the completed fingerprint card for this year's camp must be received in the Family Programs Office no later than 15 April 2010 to the address below.**

ADDRESS:

Indiana National Guard Family Programs Office
Attn: Carly M. Glorioso
2002 S. Holt Rd.
Indianapolis, IN 46241

Will a minor child need to attend camp with you? No children under the age of nine can attend camp. Those nine and above can participate in camp, but we would require a completed camper's application along with a \$100 fee. All fees cover meals, t-shirt, lodging and craft supplies. If you need a camper's application please email or call me at the info listed below.

Sincerely,

Carly M. Glorioso
Family Programs Office
Youth Camp Director
Phone: 1-317-247-3300 ext. 85457
E-mail: carly.m.glorioso@us.army.mil

Adult Volunteer Staff Application

(ADULT 18 and OVER)

2010 "Kid's AT" Youth Camp

June 19 – June 26, 2010

Camp Atterbury, Indiana

Last Name	First Name	Middle	Name to appear on Badge	
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Street Address	City	State	Zip
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EMAIL

PHONE NUMBER

Date of Birth: _____ Age: _____ Sex: Male or Female

T-shirt: (adult sizes- circle one) S M L XL XXL

Are you: AGR ____ TECH ____ CIVILIAN ____

Do you have camp experience? Yes ____ No ____ if yes, explain: _____

Why do you wish to be a counselor?

Have you ever been accused or convicted of child molestation, abuse, mistreatment, or neglect?

Yes _____ No _____

ALL STAFF MUST REPORT TO ORIENTATION/CAMP SET-UP SATURDAY June 20, 2009 at 10am.

Are you available full-time _____ or part-time _____?

(If part-time, please list specific dates and time on the back of this form.)

Do you have a child between the ages of 9 and 15 who will attend & participate at camp? Yes ____ No ____

If yes, you will need to fill out an application and pay the \$100 camper registration fee for your child as well.

Are you willing to live in the barracks with campers? Yes ____ No ____

Are you qualified to operate a 44-passenger military bus and have a license? Yes ____ No ____

Volunteer's Signature: _____

Date _____

Please return application, health record, and volunteer agreement and General Release and Consent (Minor) form no later than 15 April 2010 to:

2009 "Kid's AT" Youth Camp

ATTN: Carly M. Glorioso

JFHQ-IN-J1-FP

2002 S. Holt Road

Indianapolis, Indiana 46241

317-247-3493

Release and Indemnification Form

Indiana National Guard Youth Camp involves an activity, which may include risks such as, but not limited to, falls, contact with other participants, effects of weather, firing of weapons, archery event, traffic and other conditions. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, arising out of my participation and related activities.

Although facilities, refreshments, and other assistance may be made available during this event, I am responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate and I agree to stop and request assistance if I experience any symptom such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to release, indemnify and hold harmless, the Military Department of Indiana, its affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Indiana. If any portion of it is held invalid, the balance shall continue in full force and effect.

I understand photos taken at this event may be used to promote, in advertisement, and marketing this event, in either written or Internet media form, and that in know way will any individual name, address or city be used in this media.

I have read, understand and agree to the terms of this agreement.

Signature

Printed Name

Date

Adult Volunteer Staff's Health Record
IMPORTANT: This form must be filled out completely,
signed and returned with the completed application.

Last Name First Name Middle Nickname

Street Address City State Zip
Date of Birth: _____ Age: _____ Sex: Male or Female
Person to contact in case of emergency:

Last Name First Name Middle Relationship

Street Address City State Zip
Emergency Telephone Number(s): Day () _____ Evening () _____

HEALTH HISTORY: All questions MUST BE ANSWERED.

Are you in good health? Yes ____ No ____
Is your Tetanus Vaccination Current? Yes ____ No ____
Do you suffer from allergies or require any medication(s): Yes ____ No ____

If yes, please state type of **allergies:**

list all **medication(s):**

Please include name of medication and time to administer.

Prescribing Physician: _____

Name

Address

Telephone Number

Do you suffer from injury or condition? Yes ___ No ___ (check one)

If yes, please indicate injury or condition: _____

Treating Physician: _____

Name

Address

Telephone Number

Is there any known physical disorder that might handicap you while participating as a Volunteer Counselor in the Youth Camp? Yes ___ No ___ (check one)

If yes, please list: _____

NAME & ADDRESS OF HEALTH INSURANCE CARRIER:

PRIMARY POLICY HOLDER

POLICY NUMBER:

*** The Indiana National Guard or the Family Programs office will not be responsible for medical bills incurred by the campers.

I hereby voluntarily waive any claim against the Indiana National Guard, the Military Department of Indiana, the State of Indiana, or United States of America for any or all causes which may arise in connection with the participation in the Indiana National Guard Summer Youth Camp Program.

SIGNATURE: _____

DATE: _____

JFHQ-IN-J9-FP Form; Adult Application Packet

BACKGROUND/FINGERPRINT CHECK INSTRUCTIONS

1. **DO NOT ATTEMPT TO TAKE YOUR OWN FINGERPRINTS.**
2. The individual getting fingerprinted will go to their local police department. You may want to call ahead and set up a time to have your fingerprints taken.
3. Please inform the Law Enforcement Agency that these prints are required by the Department of Defense and that prints must be **HIGH QUALITY, and on the blue fingerprint card for the FBI to accept.** The blue fingerprint card should be provided by the local police department. If there are any issues contact Carly Glorioso at the information below.
4. Print legibly in the following areas on the fingerprint card:
 - a. Sign your name
 - b. Print your full address including your zip code
 - c. Reason for prints: (Volunteer with children)
 - d. Print your last name, first name and middle initial
 - e. Print any alias names (maiden name, adopted, etc)
 - f. Date of birth
 - g. Sex, race, height, weight, eye color, hair color
 - h. Place of birth (state)
 - i. Social security number
5. Mail in your fingerprint card (do not fold or crease the card) with your volunteer application and Volunteer Agreement DD Form 2793 to the following address:

Indiana National Guard Family Programs Office
Attn: Carly M. Glorioso
2002 S. Holt Rd.
Indianapolis, IN 46241

DUE NO LATER THAN APRIL 15th, 2010 BY THE CLOSE OF BUSINESS.

Any questions please call:

**Carly M. Glorioso
State Youth Coordinator
Toll Free: 1-800-237-2850 x 85457
Phone: 317-247-3300 x 85457
Fax: 317-247-3115**

Adult Behavioral Expectations

To Promote the Well-Being of Youth for Staff, Counselors, and Volunteers who work with the Indiana National Guard Kids Camp

“The youth of our military are entrusted to you”

These adult behavioral expectations give the staff, counselors, and volunteers the opportunity to reaffirm their commitment and dedication to the care of our younger guard family. When this statement is signed, it is a statement that our young will be treated with respect, dignity, and attention to individual needs. The Indiana National Guard Kids Camp has become a highly respected annual event that provides needed support to our military families.

In my role, I will:

- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Under no circumstances consume, allow, or be under the influence of alcohol or illegal drugs while at Kids Camp.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are not acceptable.
- Accept my responsibility to be a positive role model for youth.
- Accept supervision and support from appropriate leaders and staff.
- Participate in all required orientations and training.
- Make safety a priority in every event, operation, or project.

Printed name

Signature

Date

JFHQ-IN-J9-FP Form; Youth Application Packet



2010 "Kid's AT"
JFHQ-IN-J9-FP
2002 South Holt Road
Indianapolis, Indiana 46241

Dear Indiana National Guard Parents:

The State Family Program Office is pleased to announce that the 2010 Indiana National Guard Youth Camp will be held 20-26 June 2010 at Camp Atterbury.

The Indiana National Guard Youth Camp is open to boys and girls ages 9-17. All camp attendees must have one parent in either the Indiana Air or Army National Guard. The Youth Camp will incorporate everyone's favorite activities including archery, swimming, repelling, and overnight Foxfire.

The registration fee for Campers attending Youth Camp this year is \$100.00 per youth. Registration begins at 2:00 pm on Sunday June 20, 2010. All Campers must be accompanied by a parent or designated adult to registration.

Those youth ages 16-17, who sign-up and are selected to serve as Junior Counselors pay only a \$50.00 fee to attend. Junior Counselors will serve primarily as team leaders mentoring up to six campers. Team Leaders will assist the Adult Leaders with the campers throughout the week. If selected, Junior Counselors must attend **mandatory** leadership training to be held on Saturday June 19, 2010 beginning at 9:00 am at Camp Atterbury. If a youth signs up to be a Junior Counselor and does not attend the leadership training, they will not be allowed to attend camp. All Junior Counselors must be accompanied by a parent or designated adult to registration, no personal vehicles are allowed at camp. See separate application for Junior Counselor.

Fees to attend camp cover meals, t-shirts, lodging and craft supplies. The camp will be open to 200 campers. If applications exceed 200, first consideration will be to dependents of deployed service members. The next priority is for dependents of non-deployed service members, then siblings of deployed service members and all others will be a case by case basis. Applications received for children eight and below will not be accepted, camper must be nine by first day of camp. Please fill out the appropriate enclosed application, sign the code of conduct form and make your check payable to "Indiana National Guard Youth Camp" for the applicable fee. **Application, code of conduct form and the check for this year's camp must be received in the Family Programs Office no later than 15 April 2010.**

Sincerely,

Carly M. Glorioso
Family Program Office
Youth Camp Director
Phone: 1-317-247-3300 ext. 85457

Youth Camper Application
2010 Youth Camp
June 20-26, 2010
Camp Atterbury, Indiana

Last Name First Name Middle Name to appear on Badge

Street Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: Male or Female

T-shirt: (adult sizes- circle one) S M L XL XXL

Parent Information:

Rank Name Social Security Number

Guard Member's Unit: _____

Emergency Telephone Number: Day () _____ Evening () _____

Alternate Contact Person:

_____ Phone () _____

Name Relationship

Have you attended Kids AT before? Yes _____ No _____

If yes, how many previous years? _____

Why do you wish to attend the Indiana National Guard's 2009 Kids AT Youth Camp?

If selected to attend the 2010 Kids AT Youth Camp, I agree to be at Camp Atterbury from 20-26 June, 2010. I agree to abide by all rules and regulations and set examples of high morals and exemplary behavior. **I understand that I will not be authorized to operate an automobile on Camp Atterbury or leave without permission.**

Camper's Signature

Date

Approval of Parent(s): My son/daughter has permission to attend the 2010 "Kid's AT" Youth Camp from 20-26 June, 2010 as a Camper.

Parent's Signature

Date

JFHQ-IN-J9-FP Form; Youth Application Packet

In-Processing and Orientation for Campers will begin approximately at 2:00 p.m. on Sunday, June 20, 2010, **lunch will not be provided.** If your youth is selected, will you attend the In-Processing and Orientation with your child?

Yes _____ No _____ (check one)

If no, a designated adult must accompany your child to in-processing and orientation.

Closing Ceremonies will be held on Saturday, June 26, 2010 at approximately 10:00 a.m.

If your youth is selected, will you attend the Closing Ceremonies?

Yes _____ No _____ **Number of Persons:** _____

Release and Indemnification Form

I do hereby authorize the participation of, and accept responsibility for the attendance of the said minor in the Indiana National Guard Youth Camp, and all activities in connection therewith, conducted under the auspices of the Indiana National Guard Youth Camp.

I/We request that said minor be permitted to participate in said camp, having been fully and completely informed and advised regarding the nature and purpose of said camp and the activities conducted there under. It is my/our full and free decision to allow said minor to participate.

I/We certify that said minor is in good health, and hereby authorize the directors of the camp to act for me/us, according to their best judgment, in any emergency requiring medical attention.

Since the law requires that parental permission be obtained for most medical procedures on minors, I/we wish to give permission for the staff of the Indiana National Guard Youth Camp as they deem necessary for said minor.

I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, except in extreme emergency, without me/us being contacted and fully informed and consent obtained.

I/We also understand that the camp director/staff has the right to send said minor home without refund for damages, inappropriate activities, or misconduct, and I/we may be billed for damages to Indiana National Guard Youth Camp, lost keys, or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs of said minor taken by Indiana National Guard Youth Camp and/or camp director/staff during the course of the camp to be used in camp publicity, including display boards, booklets, and brochures. Neither the Indiana National Guard Youth Camp, directors, or anyone connected with the camp assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of accidents while in attendance or participation in the camp.

I have read, understand and agree to the terms of this agreement.

I am Parent/Legal Guardian of _____ and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement and I hereby agree on behalf of myself and the participant to its terms, and conditions.

Parent's Signature

Date

Printed Name

Date

Rockwall Release and Indemnification Form

The use of the Indiana Army National Guard recruiting and retention climbing wall involves an activity, which may include risks such as, but not limited to, slips, falls, abrasions and injury from other accidents. In consideration of being allowed to participate in this activity, I hereby expressly assume all risks, arising from my use of Indiana Army National Guard Recruiting and Retention Climbing Wall and all activities taking place before, during or afterwards.

Although Indiana Army National Guard recruiting and retention personnel will be available during this event, I understand I am responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this activity and I agree to stop and request assistance if I experience any symptom such as, but not limited to, fear, dizziness, excessive fatigue, shortness of breath, pain, or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrator to release, indemnify and hold harmless, the United States of America, the State of Indiana, the Indiana Army National Guard, and each of their affiliates, officers, directors, volunteers, soldiers and employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities-whether it results from the negligence of any of the above or from any other cause.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Indiana. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand, and agree to the terms of the agreement.

Participant's Signature

Phone #

Printed Name

Age

Date

Would you like to be a member of the Indiana Army National Guard or be contacted by a recruiter? Y or N
Must be 17 to 35 years of age to be considered for enlistment.

I am the legal guardian of participant and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement and I hereby agree on behalf of myself and the participant to its terms.

Parent / Guardian's Signature

Printed Name

Date

Camper's Health Record

**IMPORTANT: This form must be filled out completely,
signed and returned with the completed application.**

Youth's Information:

Last Name	First Name	Middle	Nickname
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Street Address	City	State	Zip
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Date of Birth: _____ Age: _____ Sex: Male or Female

Parent:

Last Name	First Name	Middle
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Street Address	City	State	Zip
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Emergency Telephone Number(s): Day () _____ Evening () _____

Two additional points of Contact in the event of an emergency:

() _____ () _____
Name Name

HEALTH HISTORY: To be completed by parent(s). All questions **MUST BE ANSWERED.**

Is the child in good health? Yes ___ No ___

Is your child's Tetanus vaccination and/or all vaccinations current? Yes ___ No ___

Does the child suffer from allergies or require any medication(s): Yes ___ No ___

If yes, please state type of **allergies/illnesses**:

list all **medication(s)**:

Please include name of medication & time to administer.

Is this child in need of an Epinephrine pin/Bee sting kit? Yes ___ No ___

If yes, please include at least two Epinephrine pens/Bee sting kits with the child for camp. One pin will be left with the medical staff and the other pin will travel with the child at all times. Failure to supply the pins will result in your child not being admitted in the camp for safety purposes.

If your child suffers from an ailment that would require an over the counter drug such as (Tylenol, Pepto-Bismol, Tums, Benadryl, Vicks, Sudafed, Advil, etc.) do you as the parent of this child, give the medical staff the ability to administer these types of medications? Yes _____ No _____

If yes, please sign and date:

_____	_____
Parent's signature	Date
_____	_____
Witness	Date

Prescribing Physician: _____

Name	Address	Telephone Number
Does the child suffer from any injury or condition? Yes ___ No ___ (check one)		

If yes, please have treating physician list any restrictions related to the injury or condition:

Treating Physician's signature needed for clearance for child to attend camp:

_____	_____	_____
Name	Address	Telephone Number

The State Family Programs Office is committed to providing equal opportunity for persons with disabilities in compliance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (504). If you have a camper with a disability and require additional accommodation(s) to meet camp objectives and requirements, please notify Carly Glorioso by April 30, 2010 so that services may be coordinated for this camper.

Is there any known physical disorder that might handicap the child while participating in Youth Camp?

Yes ___ No ___ (check one)

If yes, please list:

NAME & ADDRESS OF HEALTH INSURANCE CARRIER:

_____	_____
PRIMARY POLICY HOLDER	POLICY NUMBER:

* The Indiana National Guard or the Family Programs office will not be responsible for medical bills incurred by campers.

APPROVAL OF PARENT(S)

I hereby voluntarily waive any claim against the Indiana National Guard, the Military Department of Indiana, the State of Indiana, or United States of America for any or all causes which may arise in connection with the participation of youth named above in the Indiana National Guard Youth Camp Program. If the youth named above becomes ill or injured while attending the Indiana National Guard Youth Camp, I grant permission on behalf of the child's family for the Indiana National Guard Youth Camp Program to seek medical assistance as necessary.

DATE: _____ SIGNATURE: _____

Parent or Guardian

**Indiana National Guard
2010 Kids AT Youth Camp
Code of Conduct**

To ensure that the 2010 Kids AT Youth Camp is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following information and sign below.

If selected to attend the 2010 Kids AT Youth Camp as a representative of the Indiana National Guard Youth Program, I will uphold the following conduct and behavior standards:

- I will be courteous and respectful towards others.
- I agree to value and respect others' ideas regardless of whether they are the same as my own.
- I will actively participate in all sessions and activities during Youth Camp.
- I will conduct myself in a professional manner at all times.
- **I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited.** Shorts should come to the end of the finger tips along side of campers leg and one-piece bathing suits only (no two-piece bikini's will be permitted). **The State Youth Coordinator reserves the right to assess the meaning of appropriate.**
- I will be in my room at the prescribed curfew time at night unless scheduled activities extend beyond this time.
- I will not use any alcohol, tobacco, or other drugs, and I will not engage in any behavior of a sexual nature at any time during training and activities.
- I understand that I will forfeit my position at Youth Camp for any misconduct and may be required to leave.

As a representative of the Indiana National Guard Youth Program, I represent not only myself, but the National Guard youth throughout the world and I pledge to uphold this commitment. I understand that if I am not able to remain in good standing with the commitments set forth above, I will be asked to leave:

Youth Signature

Date

I have witnessed the pledge made by my son/daughter, and I understand that if my son/daughter breaks any of the commitments stated in this code of conduct, they will be sent home:

Parent Signature

Date



2010 "Kid's AT"
JFHQ-IN-J9-FP
2002 South Holt Road
Indianapolis, Indiana 46241

Dear Indiana National Guard Parents:

The State Family Program Office is pleased to announce that the 2010 Indiana National Guard Youth Camp will be held 20 - 26 June 2010 at Camp Atterbury.

The Indiana National Guard Youth Camp is open to boys and girls ages 9-17. All camp attendees must have one parent in either the Indiana Air or Army National Guard. The Youth Camp will incorporate everyone's favorite activities including archery, swimming, repelling, and overnight Foxfire.

Those youth ages 16-17, who sign-up and are selected to serve as Junior Counselors pay only a \$50.00 fee to attend. Junior Counselors will serve primarily as team leaders mentoring up to six campers. They will be required to participate in all activities with their campers. Team Leaders will assist the Adult Leaders with the campers throughout the week. If selected, Junior Counselors must attend **mandatory** leadership training to be held on Saturday June 20, 2010 beginning at 9:00 am at Camp Atterbury. If a youth signs up to be a Junior Counselor and does not attend the leadership training, they will not be allowed to attend camp. All Junior Counselors must be accompanied by a parent or designated adult to registration, no personal vehicles are allowed at camp.

Fees to attend camp cover meals, t-shirts, lodging and craft supplies. The camp will be open to 32 Junior Counselor's. If applications exceed 32, first consideration will be given to those who have been a Junior Counselor at previous Kid's AT camps. Please fill out the appropriate enclosed application, sign the code of conduct form and make your check payable to "Indiana National Guard Youth Camp" for the applicable fee. **Application, code of conduct form and the check for this year's camp must be received in the Family Programs Office no later than 15 April 2010.**

Sincerely,

Carly M. Glorioso
Family Program Office
Youth Camp Director

Phone: 1-317-247-3300 ext. 85457

E-mail: carly.m.glorioso@us.army.mil or visit our website at <http://www.inarnng.org>.

Junior Counselor Application
2010 Youth Camp
June 20 – 26, 2009
Camp Atterbury, Indiana

Last Name First Name Middle Name to appear on Badge

Street Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: Male or Female

T-shirt: (adult sizes- circle one) S M L XL XXL

Parent Information:

Rank Name Title Social Security Number

Guard Member's Unit: _____

Emergency Telephone Number: Day () _____ Evening () _____

Alternate Contact Person:

_____ Phone () _____

Name Relationship

Have you attended Kids AT before? Yes _____ No _____

If yes, how many previous years? _____

Why do you wish to be a Junior Counselor at the Indiana National Guard's 2009 Kids AT Youth Camp?

If selected as a Junior Counselor to attend the 2010 Kids AT Youth Camp, I agree to be at Camp Atterbury from 20-26 June, 2010. I agree to abide by all rules and regulations and set examples of high morals and exemplary behavior. **I understand that I will not be authorized to operate an automobile on Camp Atterbury or leave without permission.**

Junior Counselor's Signature Date

Approval of Parent(s): My son/daughter has permission to attend the 2010 "Kid's AT" Youth from 20-26 June, 2010 as a Junior Counselor.

Parent's Signature Date

In-Processing and Mandatory Leadership Training for Junior Counselors will begin approximately 9:00 a.m. on Saturday, June 20, 2010, lunch will be provided. If your youth is selected, will you attend the In-Processing with your child? Yes _____ No _____ (check one)

If no, a designated adult must accompany your child to in-processing.

Closing Ceremonies will be held on Saturday, June 26, 2010 at approximately 10:00 a.m.

If your youth is selected, will you attend the Closing Ceremonies?

Yes _____ No _____ Number of Persons: _____

Release and Indemnification Form

I do hereby authorize the participation of, and accept responsibility for the attendance of the said minor in the Indiana National Guard Youth Camp, and all activities in connection therewith, conducted under the auspices of the Indiana National Guard Youth Camp.

I/We request that said minor be permitted to participate in said camp, having been fully and completely informed and advised regarding the nature and purpose of said camp and the activities conducted there under. It is my/our full and free decision to allow said minor to participate.

I/We certify that said minor is in good health, and hereby authorize the directors of the camp to act for me/us, according to their best judgment, in any emergency requiring medical attention.

Since the law requires that parental permission be obtained for most medical procedures on minors, I/we wish to give permission for the staff of the Indiana National Guard Youth Camp as they deem necessary for said minor.

I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, except in extreme emergency, without me/us being contacted and fully informed and consent obtained.

I/We also understand that the camp director/staff has the right to send said minor home without refund for damages, inappropriate activities, or misconduct, and I/we may be billed for damages to Indiana National Guard Youth Camp, lost keys, or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs of said minor taken by Indiana National Guard Youth Camp and/or camp director/staff during the course of the camp to be used in camp publicity, including display boards, booklets, and brochures. Neither the Indiana National Guard Youth Camp, directors, or anyone connected with the camp assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of accidents while in attendance or participation in the camp.

I have read, understand and agree to the terms of this agreement.

I am Parent/Legal Guardian of _____ and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement and I hereby agree on behalf of myself and the participant to its terms, and conditions.

Parent's Signature

Date

Printed Name

Date

Junior Counselor's Health Record

IMPORTANT: This form must be filled out completely, signed and returned with the completed application.

Youth's Information:

Last Name	First Name	Middle	Nickname
Street Address	City	State	Zip
Date of Birth: _____	Age: _____	Sex: Male or Female	

Parent:

Last Name	First Name	Middle	
Street Address	City	State	Zip
Emergency Telephone Number(s): Day () _____	Evening () _____		
Two additional points of Contact in the event of an emergency:			
() _____	() _____		
Name	Name		

HEALTH HISTORY: To be completed by parent(s). All questions **MUST BE ANSWERED.**

Is the child in good health? Yes ___ No ___

Is your child's Tetanus vaccination and/or all vaccinations current? Yes ___ No ___

Does the child suffer from allergies or require any medication(s): Yes ___ No ___

If yes, please state type of **allergies/illnesses**:

list all **medication(s)**:

Please include name of medication & time to administer.

Is this child in need of an Epinephrine pin/Bee sting kit? Yes _____ No _____

If yes, please include at least two Epinephrine pens/Bee sting kits with the child for camp. One pin will be left with the medical staff and the other pin will travel with the child at all times. Failure to supply the pins will result in your child not being admitted in the camp for safety purposes.

If your child suffers from an ailment that would require an over the counter drug such as (Tylenol, Pepto-Bismol, Tums, Benadryl, Vicks, Sudafed, Advil, etc.) do you as the parent of this child, give the medical staff the ability to administer these types of medications? Yes _____ No _____

If yes, please sign and date:

Parent's signature Date

Witness Date

Prescribing Physician:

Name Address Telephone Number
Does the child suffer from any injury or condition? Yes ___ No ___ (check one)

If yes, please have treating physician list any restrictions related to the injury or condition:

Treating Physician's signature needed for clearance for child to attend camp:

Name Address Telephone Number

The State Family Programs Office is committed to providing equal opportunity for persons with disabilities in compliance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (504). If you have a camper with a disability and require additional accommodation(s) to meet camp objectives and requirements, please notify Carly Glorioso by April 30, 2010 so that services may be coordinated for this camper.

Is there any known physical disorder that might handicap the child while participating in the Youth Camp?

Yes ___ No ___ (check one)

If yes, list:

NAME & ADDRESS OF HEALTH INSURANCE CARRIER:

PRIMARY POLICY HOLDER

POLICY NUMBER:

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APPROVAL OF PARENT(S)

I hereby voluntarily waive any claim against the Indiana National Guard, the Military Department of Indiana, the State of Indiana, or United States of America for any or all causes which may arise in connection with the participation of youth named above in the Indiana National Guard Youth Camp Program. If the youth named above becomes ill or injured while attending the Indiana National Guard Youth Camp, I grant permission on behalf of the child's family for the Indiana National Guard Youth Camp Program to seek medical assistance as necessary.

DATE: _____ SIGNATURE: _____

Parent

**Indiana National Guard
2010 Kids AT Youth Camp
Code of Conduct**

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Youth Signature

Date

I have witnessed the pledge made by my son/daughter, and I understand that if my son/daughter breaks any of the commitments stated in this code of conduct, they will be sent home:

Parent Signature

Date

JFHQ-IN-J9-FP Form; Job Descriptions

Position Title	Duties / Responsibilities	Personnel Needed	Notes
Camp Commander	Link with MP station, decision authority, link between CAJMTC and Kid's Camp, Military Support POC. Contacts parents of campers when necessary.	1	
Camp Director	Overall supervision of Kid's AT. Contacts parents when necessary. Presides over Award Ceremonies'. Organizes & handles logistical support for Kids AT prior to camp start. Manages all funding sources.	1	
Asst Camp Director	Overall supervision of Kid's AT. Contacts parents when necessary. Asst's Camp Director with all tasks.	1	
Camp 1SG	Overall supervision of platoon activities. Communicates with platoons on schedule changes and works with scheduler to ensure information / updates are communicated and executed. Leads formation activities and daily inspections/awards.	1	

Ops NCO	Primary Commo POC: Manage communications via walkie talkies, range control and cell phones, develops and maintains cell phone roster, links w/post operator for info purposes (where a parent can call, etc.), coordinate facilities for inclement weather for ceremonies and/or activities as needed, prepares A/V equipment for ceremonies.	1	
Ops Assistant	Moves and fills water buffalos, moves equipment to Foxfire (campers baggage, etc.), tasks as assigned by Ops NCO.	2	
Admin – Scheduler	Schedule activities, provide daily rain alternative schedules, coordinate with each platoon to ensure schedule changes are communicated and executed.	1	
Admin - Key control and awards	Conduct key control for all GSAs, buses, locks for water trailer hatches; prepare all awards for awards ceremonies.	1	
Admin - Rest station POC	Camp grandma, MFLC staff w/fans, cold water, cots, etc. POC provides emotional support and coordinates MFLC activities. Also encourages youth to return to camp vs. return to home due to homesickness, etc.	1	

	24/7 ops, clean area, assist with crafts. Track personnel and youth - who is where (med, homesick, hospital, etc.)	2	
Admin - General assistance			
Admin - Craft lead & Assistant	Prepares and leads all craft activities with children.	2	
	Assist in getting all supplies to supply room, organizes supplies, maintains a control log (sign out / in roster), returns supplies, documents needs, and fills all shortfalls when needed. One of these personnel needs have purchasing power.	2	
Supply			
Admin - Bus drivers	1 for each platoon	4	
 platoons - GSA drivers for 15 pax (can be counselors)	1 for each platoon	4	
Red Dog team, counselors	5 males/5 females	10	
Blue Ranger team, counselors	5 males/5 females	10	
Orange Tiger team, counselors	5 males/5 females	10	
Green Gators team, counselors	5 males/5 females	10	
	Purchases canteen supplies w/approval from Youth Director, provides canteen support in cantonment and in the field. Needs to have gator authorization and/or GSA capabilities.	2	
Admin – Canteen			
Rappel Master and 4 additional personnel	Provides rappel support.	5	
	Provides Foxfire support, feeds children, coordinates with OPFOR (jabberwalkies), etc.	10	
Foxfire team			
Foxfire team – OPFOR	Provides Foxfire support, conducts "Jabberwalkies", etc.	10	
	Provide range support, purchase ammo (receives reimbursement), etc.	???	
Range / Archery			

Admin - Medical staff: 1 Dr., 1 Nurse, 4 CLS, 4 medics.	Provide medical support. 1 CLS and 1 Medic + FLA for each Plt. Also provide med station support in cantonment.	11	
--	--	----	--

JFHQ-IN-J9-FP Form; Early/Alternate Release Consent



**Kids AT 2010
Camper Early/Alternate Release
Consent Form**



Early Release

I, _____ picked up _____

from 2010 Kids' Camp. The camper will or will not be returning to camp. (please circle)

Reason camper is leaving camp _____

If camper will be returning to camp please indicate date/time they will be returning.

Contact number _____

Parent / Guardian's Signature

Printed Name

Date

Alternate Consent

I, parent/guardian, _____ give consent for
_____ to pick up my camper(s)
_____ from Kid's AT in my absence.

Parent / Guardian's Signature of Consent or Indicate phone approval

Printed Name

Date

Alternate Signature

Date

JFHQ-IN-J9-FP Form; Adult AAR Evaluation

LET'S TALK ABOUT KID'S AT 2010

The following are areas for sustainment:

The following are areas that may need some improvement:

Mark activities to continue ...

- | | | |
|--|--|--|
| <input type="checkbox"/> Rappel | <input type="checkbox"/> Swimming | <input type="checkbox"/> Rifle Range |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Archery Range | <input type="checkbox"/> Rockwall |
| <input type="checkbox"/> Foxfire | <input type="checkbox"/> Crafts | <input type="checkbox"/> Self Defense |
| <input type="checkbox"/> Confidence Course | <input type="checkbox"/> Canteen | <input type="checkbox"/> All the above |
| <input type="checkbox"/> Marching | <input type="checkbox"/> Block Party | |
| <input type="checkbox"/> Flag Etiquette | <input type="checkbox"/> Field Day | |

Other Comments or Suggestions:

Yes I will be back next year

If no, may we ask why? _____

Contact info:

JFHQ-IN-J9-FP Policy; Tips, Responsibilities & Guidelines

Camp Opening Day Smile and Be Friendly!

1. Call the kids by NAME--introduce yourself and campers to each other.
Using name recognition games can help. Examples:
 - In a circle, go clockwise and have everyone say their name. Add a ball and as each child throws the ball to another they must call out their name.
 - Name Bingo – each child makes a grid on blank paper with appropriate number of squares (4x4 =16). They fill the squares with names of other kids in the platoon. When everyone's card is full, the adult counselor pulls name badges out of a bag to see who gets "bingo". This game can be repeated or continued.
2. Get all gear stored away. Explain bed making techniques, barracks rules and bathroom times. ISG will visit each platoon and explain inspection rules.
3. Help the new and timid campers while giving experienced campers things to do so they are "helping" the platoon. Discuss guidon responsibilities.
4. Give your campers a tour of the camp areas and boundaries. No campers are allowed outside the snow fence without an adult.
5. Teach platoon specific cadences, platoon formation, female/male formation, camp song.
6. First night bed check – look for campers who are having a difficult time and reassure them. We have Military Family Life Consultants available to help. They are with the Medical Staff.
7. The first "morning after" is of extreme importance. Help them with details like making beds and cleaning barracks for inspections. First time campers may be "sleepy".
8. Try to answer all questions you can to help reassure the children in their new environment.

Senior Counselors Responsibilities

Each counselor is the "parent" for each of the campers in their barracks during the camp session. It is their responsibility to assure that each camper has a meaningful and rewarding experience during the entire camp session. The counselor's role is the most difficult in camp, for they will have to, at times, be a firm disciplinarian, a patient teacher, a motivating parent, and a trusted friend to each camper. Here are but a few of some of the major areas of responsibility:

1. Maintaining good housekeeping in the barracks--this will include bathrooms, trash removal, and preparing for barrack inspections.
2. Developing leadership within your unit by both example and teaching. Your enthusiasm and personal example will be quickly copied by your campers. They look up to counselors, and it is essential that we exhibit the highest degree of morals. No cursing or name calling.
3. Coaching within your platoon by both example and teaching. Patience and expertise are necessary and desirable. Good sportsmanship is a priority! Teamwork is also important.

JFHQ-IN-J9-FP Policy; Tips, Responsibilities & Guidelines

4. You will be responsible for company formations, meal and canteen formations, and other activities for your platoon. A weekly schedule of activities will be provided.
5. You will be responsible for the cleanliness and health of your campers. You are also responsible for the disposition of laundry, of submitting award names, protection of personal property, and the safety of campers. SAFETY MUST BE PRIORITY #1!!
6. Every counselor will assume the responsibility for safety. If there are hazardous weather conditions, procedures for emergency action will be given at counselor orientation.

Junior Counselors Responsibilities

Junior counselors are an integral part of the camping program at Kids' AT. Your duty is to supplement the adult staff, and you will be assigned to a unit during the week of camp. The campers will depend on you as a friend and as a leader, so it is essential that you exhibit the highest degree of morals. You will be setting an example that the campers will want to copy. They will watch your every move: how you present yourself, your degree of enthusiasm, how quickly you do a task that's been assigned, and the respect you show others. Then they will mimic you; you will have a great impact on the quality of camp life. The adults will depend on your leadership.

After In-Processing, campers will be introduced to their Junior Counselor. You will take them to their barracks. This will be the SMILE they remember--their first friend at camp. Because of this, they will come to you in many instances before they go to the senior counselor, you will be the communication link. The information or problems the campers bring to you may be of importance. If so, this information or problems are to be reported to the senior counselors or staff. We will depend on you to find the appropriate time to talk to the senior counselors with the campers (if necessary).

1. **JUNIOR COUNSELORS CANNOT AND WILL NOT IMPOSE ANY DISCIPLINARY ACTIONS-- THIS IS DONE BY SENIOR COUNSELORS AND STAFF ONLY.**
2. Junior Counselors will march, lead the cadence, and help with marching songs, and assist the senior staff.. They will participate in all activities with the campers, you set the example for the camper.
3. Junior Counselors will **not have free time**, unless Senior Counselors approve it.
4. Out-processing--Junior Counselors will help campers pack for home and clean up the barracks. They will assist the senior counselors in seeing that the barracks and grounds are clean and ready for turn-in.

JFHQ-IN-J9-FP Policy; Tips, Responsibilities & Guidelines

General Policy for Kids' AT

1. Except in emergency cases, campers are not to be transported in personal automobiles.
2. Counselors will not leave campers unsupervised.
3. Each counselor is expected to do his/her part to keep the camp clean. Each group will be in charge of cleaning up during the week. It will be your job to make sure that your group "tasks" are done as a team to keep the camp site clean.
4. The Camp Director and ISG must be notified immediately in the event of an absence from camp.
5. Campers are to be released only to their parents/guardians unless written permission is given from parent/guardian.
6. Counselors will be asked to stay until the camp site is in order after out-processing of the campers.
7. All staff personal vehicles should be parked in an area designated by the Camp Director.
8. Camp Security is everyone's responsibility. Valuables should be safeguarded at all times.
9. Each counselor's dress should exercise cleanliness, neatness, and in good taste.
10. All counselors are required to get in or walk around the pool at all times while campers are in the water. The camper's safety is in our hands.
11. If a camper has been disciplined by the senior counselor on several occasions and will not improve their behavior, Senior Counselor should bring the child to the camper to the Camp Director or Assistant Camp Director. This also includes physical contact of any kind so that a report may be filed and parent/guardian notified.

JFHQ-IN-J9-FP Policy; Inspection Criteria

Inspection Criteria

Girl/Boy Barracks:

Bath Room

Mirrors cleaned
Clean Toilets
Clean Sinks
Swept/Mopped
Supplies Stocked i.e toilet paper,
paper towels, mops hung up etc

Barracks

Clean Floors
Trash removed

Bunks

Beds Made
Hospital Corners
Sleeping bag rolled up and stored at the end of the bed
Pillows at top of the bed

Wall Locker

Left to Right looking in the Locker
Hanger # 1 Colored hanger will have towel and washcloth on top of towel
Hanger # 2 White hanger will have bathing suit
Hanger # 3 White Hanger 1st night only will be the extra camp shirt
Remaining nights will be tie dye shirt when you are issued it
Distance between hangers should be 1 width of name badge card
Shoes - should be lined up with toes out and shower shoes will be to the right
All other items should be stored neatly

Foot Lockers

Will not be inspected. Store extras in here

Spirit:

Awarded to the team showing the most enthusiasm, sportsmanship, and teamwork

Marching by Day:

Line up in position of attention
Facing movements
Staying in step as a group
Precision movements
Marching as a company for closing

First in Formation:

Evening only
All gear (hat, camelback and name tag/dog tag)
All personnel accounted for

APPENDIXES:

JFHQ-IN-J9-FP Policy; Sample TAG FTUS ISO Kid's AT Leave Policy
JFHQ-IN-J9-FP Form; Request for Reimbursement
JFHQ-IN-J9-FP Form; Adult Application Packet
JFHQ-IN-J9-FP Form; Junior Counselor Packet
JFHQ-IN-J9-FP Form; Youth Application Packet
JFHQ-IN-J9-FP Form; Job Descriptions (Camp Distribution)
JFHQ-IN-J9-FP Form; Early/Alternate Release Consent
JFHQ-IN-J9-FP Form; Adult AAR Evaluation
JFHQ-IN-J9-FP Policy; Tips, Responsibilities & Guidelines
JFHQ-IN-J9-FP Policy; Inspection Criteria & Diagram
JFHQ-IN-J9-FP Form; Sample Kids AT Schedule
JFHQ-IN-J9-FP Policy; Job Duties/Responsibilities (Internal Use Only)