



Michigan Youth Bridge Inc

New Staff Application

WHEN: 11:00 am, Sunday, July 11 – Saturday, July 117

WHERE: Camp Copneconic, 10407 North Fenton Rd., Fenton, MI 48430

Hello and welcome! We're excited that you'd like to be a part of Michigan Youth Bridge (MYB) Camp 2021. MYB is a seven-day summer sleepover camp that includes bridge lessons and tournaments, as well as indoor and outdoor recreational activities for youth players ages 10-16 of all skill levels.

When camp founder and Director Susan Woodrow started Michigan Youth Bridge, it was her dream to provide a setting in which young people would not only be introduced to the game of bridge but within that context grow personally as well. Bridge provides structure and an environment in which thought processes, social skills and ethics are learned and developed, to say nothing of lifelong friendships made.

At Michigan Youth Bridge Camp (MYB), we bring together youths from all across North America who are interested in learning bridge or in improving their existing game. We offer multi-level, play-as-you-learn instruction as well as ACBL daily sanctioned tournaments with the opportunity to earn silver masterpoints.

This year, MYB Camp will be held at Camp Copneconic - 700 acres of serene property located in Fenton Michigan, midway between Flint Airport and Detroit Metropolitan airport. There are dozens of recreational activities available, including ropes courses, water activities, fishing, nature walks, team games, zip lines and more. The camp is less 'rustic' than previous years and amenities include air conditioned lodges, classrooms and dining hall, daily cleaning services and an on-site medical care center.

Camp counselors will be "assigned" 3-4 campers for which they will be directly responsible **at all times**, with group accountability for all campers. First and foremost, counselors are expected to set a positive example, be encouraging and work together to maintain the safety of the campers 24/7. Counselors are expected to assist with all activities as needed. Counselors who play bridge may sit in on bridge lessons and act as table coaches. Those who don't can attend the beginner class and learn while providing supervisory assistance!

If you have any questions, please don't hesitate to contact us. You can call or text me directly at 314 849 1781. We welcome referrals of youth ages 10-16 who may wish to attend camp or persons interested in joining the staff. Thank you for your time!

Steve Reiss, Assistant Camp Director



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Please return the completed application/health form as soon as possible.

Counselor orientation will be from 11:00-3:30 pm, July 11. Please be there promptly. Orientation includes a tour of the facilities, review and explanation of duties and responsibilities, discussion of campers' needs, and detailed planning for the week.

In this packet you will find:

- Staff Job Description
- Staff Duties and Responsibilities sheet
- Tentative Schedule
- Consent to Treat Form
- Health Form

1. Please read all the forms carefully and fill out the application and health form **thoroughly. Retain a copy for your records.**
2. **All first-time staff will have state based criminal history record information checks conducted.** Instructions for Michigan and out-of-state applicants will be given when your completed application and health form are returned.
3. When we receive your **completed paperwork (pgs. 6-12)**, we will send you notification on the status of your application and the results of your FBI and state background checks as soon as possible.
4. When steps 1-3 are completed and you are accepted as a staff member, we will then send directions on how to take the online **Mandated Reporter** training as well as a packing list for counselor's, map and any other information you might need to know. It is our hope to have the counselor team in place by June 24. **Any adjustment to the number of counselors needed will be made on approximately that date.**

You may mail or e-mail your application and forms to:

Steve Reiss, Assistant Camp Director
Michigan Youth Bridge, Inc
6525 Lawnside Drive
St. Louis, MO (yes, MO) 63123
314 849 1781

michiganyouthbridge@gmail.com



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MICHIGAN YOUTH BRIDGE INC CAMP MENTOR JOB DESCRIPTION

Mentors assist the campers during lessons with hand sorting, card arrangement, play of the hand, and answering bridge questions. They are invited for breakfast, lunch and dinner. A mentor should complement but not interfere with the teacher or coursework. Do not criticize, only praise good decisions. It takes some lip biting to be a mentor! As a mentor you help the counselors and teachers as they request. You are a valuable part of the program!

MICHIGAN YOUTH BRIDGE INC CAMP COUNSELOR JOB DESCRIPTION

Camp Counselors directly supervise several campers in a lodge setting with bunk beds. Two or more counselors are "cabin mates" and will have multiple campers in a cabin. All counselors work together during the week to supervise ALL campers. You are a counselor 24/7.

Review dorm room rules the first time you and your campers are together.

Expect and model respectful & cooperative behavior, including the sharing of the restroom, respecting personal space, respecting other's property, obeying "lights out" time, respecting all staff as well as other campers.

Help those campers who take medication to remember meds time and to go to the camp nurse. Kids are out of their routine and often need help to remember to get meds at the correct time.

Campers travelling across campus must be accompanied by a staff person at all times. Make sure all campers are accounted for when you depart one place and arrive at the next.

Campers AND staff MUST wear their ID lanyards at all times except when swimming.

Counselors supervise their campers in the dining hall. Remind campers if necessary about table manners and make sure table is cleared and dishes/trays put up properly.

Counselors supervise campers during Bridge lessons. Enforce classroom rules; face the instructor, pay attention, no heads-on-the-table. Model and expect appropriate Bridge etiquette. If you are a Bridge player, remember that table coaching isn't easy! Helping campers too much is not best practice. They should not rely on you for every bidding/playing decision. Be gentle & tolerant of their Bridge mistakes. They are just kids learning the basics.

Counselors supervise campers during breaks between Bridge lessons.

Counselors supervise campers during free activity time. Participate with campers during activities if you choose, OR supervise nearby.

Counselors supervise campers during waterfront time each day.



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Counselors help in whatever way is appropriate during tournament play.

The tournament director is the authority for our Sectional tournaments.

Counselors supervise and or help with the nightly special activity. The staff must be diligent together during these evening activities to ensure order.

NOTE: Campers will not be allowed to have cell phones, tablets, IPADs, IPODs, laser pointers or electronic hand-held games/devices of any kind at camp. Staff members are encouraged to carry cell phones however we ask they not be used for personal reasons while on duty unless necessary. Your attention should be focused on your campers.

These notes are an explanation of the expectations regarding duties, responsibilities, attitudes and behavior for staff members at Michigan Youth Bridge Inc Camp. Being a staff member means you have a willingness to share your time and talent with our young people. Thank you!

As a staff member, you are an authority figure.

A staff member should enjoy working with young people and have a desire to help enrich their lives through this unique camp experience.

A staff member should set a good example by his or her own behavior. If actions and words contradict each other, campers may imitate the behavior rather than the words.

A staff member should recognize that each person is a unique individual and each one brings his or her own problems/gifts with them to camp.

A staff member will follow rules set forth by Michigan Youth Bridge, Inc. *Any behavior endangering the physical, spiritual or psychological well-being of a camper or staff member will not be tolerated* and will be grounds for immediate dismissal.

These include but are not limited to:

- possession of illegal drugs or alcohol
- possession of weapons
- smoking inside any building
- smoking in the presence of campers
- destruction of property
- leaving premises without consent
- * sexual contact of any kind
- * racial taunts
- * theft
- * physical aggression
- * harassment
- * allowing bullying

Remember that every staff member is a mandated reporter.*

**A mandated reporter is legally required to report any suspicion of child abuse or neglect.*



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TENTATIVE SCHEDULE

Sunday, July 11

11:00 AM	Staff Arrives
11:00-3:30 PM	Staff Orientation
3:30-4:30 PM	Camper Arrival/Check-in
4:00-5:00 PM	Unpack/Socialize
5:30 PM	Supper
6:30-9:30 PM	Orientation and Assessment/ Beginner Bridge Lesson
10:30 PM	Lights Out

Monday through Friday

07:15	Lights On
07:45	Flag Raising
08:00	Breakfast
09:00-10:00	Bridge lesson
10:00-10:15	Break
10:15-11:00	Bridge Lesson
11:00-12:00	Recreational Activity
12:00-12:45	Lunch
01:00-02:00	Bridge lesson
02:00-02:15	Break
02:15-03:15	Bridge Lesson
03:15-03:30	Change for Waterfront Activities
03:30-04:45	Swimming
04:45-05:00	Change for Dinner
05:00-05:45	Dinner
06:00-09:00	ACBL Sanctioned Bridge "tournament" with prizes
09:00-9:45	Evening activity-Campfire or Computer bridge lessons
9:45-10:30	Ready for bed
10:30 PM	Lights out

Saturday, July 17

8:00 AM	Breakfast
9:00 AM	Swiss Tournament
12:00 PM	Lunch
1:15 PM	Closing Time Awards and Pictures
3:30 PM	Check-out /Breakdown (of equipment and maybe staff)
4:30	Depart!



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Staff Name _____ **Date of Birth** _____
(last) (first) (MI)

Current address _____

_____ City State Zip

Phone (cell) _____ (alternate) _____

Email _____ T-shirt size (circle) Sm Med Lg XL XXL

Employer _____ Employer phone (_____) _____

Employer address _____

_____ Street

_____ City State Zip

What do you feel you can contribute as a bridge camp staff member?

Have you had a driver's license or other license suspended or revoked? If so, please give full details. _____



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Staff Name _____ **Date of Birth** _____
(last) (first) (MI)

Y N 1. Have you ever been arrested or charged with driving under the influence? If so, please document such arrest or charge, when and where it was made, and its outcome.

Y N 2. Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain.

Y N 3. Has any formal or informal charge, claim or complaint ever been made that you engaged in inappropriate sexual behavior? If so, please explain.

Y N 4. Have you ever been convicted of any misdemeanor or felony or is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of young people? If so, please explain.



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Staff Name _____ **Date of Birth** _____
(last) (first) (MI)

Y N 5. Is there anything else we should be aware of?

Please furnish the names, addresses and phone numbers of **two** persons, other than relatives or employers to serve as personal references.

Name _____

Address _____
Street

_____ City State Zip

Home Phone (____) _____ Cell Phone (____) _____

Name _____

Address _____
Street

_____ City State Zip

Home Phone (____) _____ Cell Phone (____) _____

I swear or affirm that the information given on each page is true, complete and correct. I understand and agree that a complete background investigation will be conducted with respect to me, and that this information may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides such information. I also agree to release and hold harmless MYB from any and all liability as it relates to any investigation taken by them regarding the information contained in this application, or any action by them as a result of such investigation. I understand that every staff member is a **mandated reporter**.

Signature _____ **Date** _____



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Staff Name _____ **Date of Birth** _____
(last) (first) (MI)

Consent to Treat/Consent to Administer Medication

I, _____ represent that the information included here is correct. I agree that the camp or camp personnel will not be held responsible for accidents arising from camp activities. I hereby give permission to the camp to provide medical health care and seek emergency medical treatment in the event that I am incapacitated. I give permission to the camp to arrange necessary related transportation. In the event of an emergency in which I am incapacitated and/or the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injection, surgery and anesthesia. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. This completed health form may be photocopied for trips out of camp. My signature below represents that the above information on this form is correct.

I understand that Michigan Youth Bridge Inc Camp (MYB) does not staff medical professionals. This authorization is effective from July 11 - 17, 2021.

Signature _____ **Date** _____
Staff or Parent/Legal Guardian (if staff is still a minor)

Printed name from above line

Staff Name _____ **Gender** _____ **Birthdate** ____/____/____

Staff's Physician _____ **Office Phone** (____) _____

Staff's Dentist _____ **Office Phone** (____) _____

Family Medical Insurance All staff must have health insurance during their stay.

Insurance Carrier or Plan Name _____ **Phone** (____) _____

Company/Guarantor _____

Group # _____ **Policy #** _____

Name of Insured _____ **Relationship to Staff** _____



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Staff Name _____ Date of Birth _____
(last) (first) (MI)

Health History Form (1 of 2)

YES NO Do you have any food allergies? If YES, please list and describe the type and severity of allergic reactions:

YES NO Do you have any medicine allergies or medicines you may not take? If YES, please list and describe the type and severity reaction:

YES NO Do you carry rescue medication? If YES, explain:

YES NO Do you have any other **significant** allergies? If YES, please list and describe the type and severity of allergic reactions:

YES NO Have you had surgery in the past 12 months? If YES, explain:

Describe any medical, psychological, emotional, or behavioral conditions the camp directors should know about in order to support and protect your welfare and those of our campers, to enable you to participate fully in the camp program, and to receive appropriate emergency care. (i.e., asthma, seizures, diabetes, migraines, etc.):



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Staff Name _____ **Date of Birth** _____
(last) (first) (MI)

Health History Form (2 of 2)

Describe preferred response if issues with these conditions arise. Attach an additional page if needed.

Please list any activities in which you are unable to participate for health reasons.

If the staff takes prescribed or over-the-counter medications, please list them here (attach additional page if necessary)

Y / N Have you tested positive for COVID-19?

Have you had the following immunizations/vaccines?

Y / N COVID-19? Time/Date/Place _____

Y / N Varicella (chickenpox)

Y / N MMR (Measles, Mumps, Rubella)

Y / N Meningococcal (meningitis)

Y / N Diphtheria, Tetanus, Pertussis

Date of last Tetanus Shot: ____/____/____



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In applying to be a MYB CAMP staff member, I acknowledge that I understand the purpose of bridge camp and if accepted as a staff member, I will obey and follow the rules, accept the responsibilities and perform the duties assigned.

Applicant's Signature _____ Date _____

MANDATED REPORTING TRAINING

I certify I have had Mandated Reporter training to protect children found at

https://www.michigan.gov/documents/mdhhs/Mandated_Reporter_Training_Presentation_521079_7.pdf

I had the training on ____/____/____ in the following manner:
(date)

Sign & Certified: _____ Date: ____/____/____

MANAGING CAMPERS

I also read the State of Michigan positive approaches to handling campers stated in State of Michigan "Camper Management Manual" found at

https://www.michigan.gov/documents/dhs/DHS-OCAL-PUB-0031_198240_7.pdf

Sign & Certified: _____ Date: ____/____/____