January 2, 2020

To: All Personal Care Attendants at Silver Towers Camp
From: Carolyn Ravenna, Director

Welcome to Silver Towers Camp. We hope you and your camper have a great time at Silver Towers. Here are a few guidelines for people who are staying overnight with a camper at Silver Towers.

1. Please understand that you are the main person responsible for the camper.
2. Your camper will be assigned a counselor in order for you to belong to a team; however, you are the caregiver.
3. You are the person responsible for bringing the camper to the infirmary for medication. Your counselor can accompany you in order for them to gain knowledge about your camper and their needs.
4. We understand that working 24/7 is a huge undertaking but it is a job that you have accepted from the camper’s family. Therefore, you need to take total care of the camper. Our counselor will assist you as much as possible however; she or he is not on duty for your camper in the evenings.
5. If you leave camp, you must take that camper with you. Your camper has been accepted to camp with the conditions of having a personal care attendant at all times.
6. We realize that you will need breaks to take a shower or use the bathroom just as all counselors do and we will be happy to help you by providing assistance during that time, however, in the evenings it is your responsibility to stay in the dorms with the camper since you are the person being paid by the family to care for them.
7. If you have any problems with these guidelines, we should talk about it as soon as possible so we can contact the family and rectify the situation.

I look forward to working with you and getting to know both you and your camper. We all hope that your camper has a fun and enriching camping experience.

Please provide for us some information:
1. The Family you are hired by
2. Date of your last background check
3. Your address, email, phone or other way we can reach you before your stay at Silver Towers.

__________________________________________________   ___________________
Signature of Personal Care Attendant         Date

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Signature of Director           Date