

## Southwoods Staff Policy Check List

Please read the following policies and expectations. Check them to indicate you have gone over these policies with a full-time Southwoods Employee and you fully understand the expectations placed upon you this summer.

\_\_\_\_\_ I understand that Southwoods is a child-centered environment and that all staff are expected to serve as positive role models within the expectations and policies that help to create a positive, wholesome environment.

\_\_\_\_\_ I understand that my personal life should remain personal throughout the summer. This includes romantic relationships within camp and outside of camp along with any political or religious affiliation.

\_\_\_\_\_ I understand that Southwoods will be checking all paper references as well as conducting a background check. I also understand that Southwoods has the right to terminate my contract if there is anything they are uncomfortable with.

\_\_\_\_\_ I understand and agree that any material discrepancies or misrepresentations made on my part during the employment process, renders the contract void.

\_\_\_\_\_ I understand the Southwoods Electronic policy.

\_\_\_\_\_ I understand the Southwoods Appearance Policy, which includes:

- Tattoos / Piercings
- One Piece Bathing Suits
- Staff Shirts
- Make up

\_\_\_\_\_ I understand the Alcohol Drugs Weapons and Smoking policy.

\_\_\_\_\_ Off Camp Trips

- CS will go on off camp trips with their campers as a support for the trip leader
- AS will most likely not participate on off camp trips because of the needs of the program

\_\_\_\_\_ I understand that Southwoods staff are required to be in camp and signed in with a Head OD at 12:30 AM in an appropriate condition to be in a cabin with children.

\_\_\_\_\_ I understand that I need to report to Southwoods no later than 4:00 PM on the "Arrival Date" stated on my contract, unless otherwise arranged with a Staff Coordinator prior to June 1<sup>st</sup>.

\_\_\_\_\_ I understand that a NY State Board of Health medical exam is required and must be signed by a licensed physician and returned to the Southwoods office within 6 weeks of receiving my contract. **A medical form must be on file before you arrive at camp**

\_\_\_\_\_ I understand that I have signed up for the best summer of my life and will fully take advantage of this amazing experience.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date