

Center for Disability Services

Where people get better at life

CLOVER PATCH CAMP

Receipt of Information

Please read the information below thoroughly. Please check the box at each section to indicate that you have read and understand the information. When complete please email the form to the camp office (d_ross@cfdsny.org). The completed form must be received Before May 1st 2019.

- I have received a job description specific to my position and have thoroughly read and understand the provided information including the Code of Conduct.
- I have received an *Employee Handbook* specific to my position and have thoroughly read and understand the provided information.
- I understand that I am required to submit documentation of a full physical and documentation of immunizations Before May 1st 2019. This must include proof of **TWO** Measles Mumps Rubella immunizations.
- I understand that my employment is contingent upon the following criteria. I further understand that if I do not receive clearance on any of the following items I will not be eligible for employment at Clover Patch Camp.
 - My behavior and how I conduct myself prior to my arrival at camp can affect my employment. This includes any and all social media activity.
 - Clearance by the New York State Department of Criminal Justice Sex Offender Registry
 - Documentation of a current tuberculin test (PPD) or documentation of a clear chest x-ray

Or

Receipt and clearance of the tuberculin test (PPD) upon arrival at Clover Patch Camp

Employee Name: _____ **Date:** _____

*Please print out, sign, and return to the camp office before May 1st

To enable and empower people, primarily those with disabilities, to lead healthy and enriched lives