

## **Sail Camp Job Description**

### **TEACHING ASSISTANT**

Submission deadline: April 30, 2019

Responsible to: Head Instructor

Time requirement: Three weeks, Monday-Friday, June 3-21, 2019, plus two days for Staff Orientation on June 1-2, 2019.

Compensation: This is a volunteer position with an honorarium of \$10/day.

Qualifications:

- Must turn 16yrs during the calendar year of camp.
- This position is designed to provide leadership and teaching experience for young sailors without their US Sailing Small Boat Instructor Certification.
- Small motor boat license.
- Completed US SAILING Red Book qualifications a benefit.
- First Aid/CPR certification a benefit.
- Experience in working with children a benefit.
- Able to accept supervision and relate to camp staff in a team environment.
- Good character, flexible, positive outlook, patience, problem solver, good people skills, effective communication skills.
- Organized and responsible.
- Able to lead by example.

General Responsibilities:

- Use the CSC Sail Camp Goals & Objectives to provide a positive sailing education experience for youths aged 8 through 16 years.
- Work under the direction of the Head Instructor, Shore Director and your assigned Sailing Instructor
- Assist in conduct of on-water instructional activities for a group of students.
- Supervise, motivate and evaluate your students.
- Acquire additional personal and life skills through working in a team environment.
- Keep up with boat, equipment and facility conditions and repairs.

## 2019 Teaching Assistant Job Description

### Specific Responsibilities:

- Attend a mandatory STAFF ORIENTATION.
- Read and understand the staff manual and safety procedures.
- Arrive on time and attend daily STAFF MEETINGS. Encourage team work, with all working for better camp experience.
- Sailing and water related skills should be taught from 9am-afternoon snack time.
- Work on boat maintenance or shore activities in afternoon.
- Be willing to accept responsibilities which are necessary for the good of the camp.
- Be responsible for following the rules, policies and traditions of camp.
- Set an example by your appearance, conduct, language and habits (e.g.: sunscreen, shoes, PFD).
- Lead one lesson a week under your Instructor's supervision.
- Evaluate Instructor, camper and overall Camp performance.

### ***Application Instructions:***

Fill in the attached application form and submit this digitally to the Sail Camp Director. The Staff Medical Form should be filled in and submitted after your application has been accepted. To protect your privacy, medical information should be submitted in hard copy only to the Sail Camp Director or Head Instructor at the Staff Orientation Meeting.

## CSC Sail Camp TA Application

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text (y/n)? \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Weeks Available for Camp:  June 3-7,  June 10-14,  June 17-21,  extended sail

Other Certifications (First Aid/CPR, lifeguard): \_\_\_\_\_

Past Sailing Experience (years at Camp, type of boats, racing, cruising etc):

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work at Sail Camp this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Fleet or age group would you like to work with and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What strengths do you think you could bring to energize camp?

\_\_\_\_\_  
\_\_\_\_\_

What are your biggest weaknesses and how will you deal with them in a camp environment?

\_\_\_\_\_  
\_\_\_\_\_

Please fill out this form electronically and send it to Jeff Gamey (Sail Camp Director) at [concord sail@gmail.com](mailto:concord sail@gmail.com) by **April 30, 2019**. Applications will be forwarded to the Head Instructor who will contact you. In lieu of email, completed hard copies may be mailed to:

Jeff Gamey, 240 Gum Hollow Rd., Oak Ridge, TN 37830

## CSC Sail Camp 2019 Staff Medical Form

*Access restricted to CSC Management with immediate responsibility for staff only.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation: \_\_\_\_\_

home phone: \_\_\_\_\_ work phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

List any medical factor that would be pertinent in an emergency  
(e.g. allergies, current medications, blood type, history of seizures, etc)

\_\_\_\_\_  
\_\_\_\_\_

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Medical Release and Permission to Provide Necessary Treatment or Emergency Care:** I hereby give permission to the medical personnel selected by the Sail Camp Director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sail Camp Director to secure and administer treatment, including hospitalization.

Staff Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if minor) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_