



Shalom!

Welcome to the Camp Judaea Family! We hope you are prepared to work hard to provide our campers with an amazing summer, one filled with memories that will remain with them—and with us—for a lifetime. Enclosed you will find forms and information that is vital to get you and us prepared for the upcoming summer season.

Please mail all forms to:

Camp Judaea  
2700 NE Expy, C500  
Atlanta, GA 30345

**All forms are due by May 15<sup>th</sup>.** Please have everything complete and on time as it does take a lot of time to process all of the forms.

This summer will be one of the most fulfilling summers of your life if you are prepared to work hard and give all that you have. Together, we can make this summer an incredible, memorable, and rewarding experience for our campers and ourselves.

Yours truly,

Sandra Bass  
Director

Lori Goldstein  
Assistant Director

# TRANSPORTATION INFORMATION

YOU MUST READ THIS BEFORE YOU BOOK ANYTHING

Camp Judaea will **only** be dropping off or picking up at the following designated times during the summer. If you need a ride to/from an airport on a different day or time for college orientation or special arrival or departure, we would be happy to help you, but it will be for a fee: Atlanta (ATL) \$100 each way, Charlotte (CLT) \$75 each way, Greenville (GSP) \$50 each way. If you need to arrange for special transportation, please contact Lori Goldstein at [lori@campjudaea.org](mailto:lori@campjudaea.org).

## FOR FULL SUMMER EMPLOYEES

(JUNE 7-AUGUST 5)

1. Staff orientation will begin on **Monday, June 7**. You must arrive to Camp Judaea by **11:00 AM**. You are welcome to arrive anytime on June 6 and to stay the night in camp.
2. At the end of first session you will receive instructions as to when to return to camp for second session. Time off between sessions averages 24-30 hours; for example, staff members are usually released around 2pm on the day first session ends, Thursday, and must return by 5pm the following day, Friday. We then spend Friday night, Saturday, and Sunday together as a staff preparing, and the campers arrive Monday morning.
3. The second session campers leave on Thursday, August 5. Staff may leave after all of the campers have left and all of camp has been cleaned and closed down for the winter. All staff will be expected to depart Camp Judaea by noon on Friday, August 6.

### ARRIVAL OPTIONS

- Fly to Asheville (AVL):** Your flight must arrive by 11AM on Monday, June 7. A camp van will pick you up right outside of baggage claim.
- Fly to Charlotte (CLT):** Your flight must arrive by 4pm on Sunday, June 6 and meet at the USAIR Baggage Claim. A bus or van will be there to drive you to camp. It is a 2 hour ride.
- Drive:** You must arrive to Camp Judaea by 11AM on Monday, June 7.

### DEPARTURE OPTIONS

- Fly out of Asheville (AVL):** Your flight must depart after 4pm on Thursday, August 5 and before noon on Friday, August 6. A camp van will take you.
- Fly out of Charlotte (CLT):** Your flight must depart after 6pm on Thursday, August 5. Please do not book an earlier flight since you will not make it. Camp will provide a bus to the Charlotte Airport at this time.
- Drive:** You must depart Camp Judaea by noon on Friday, August 6.

## FIRST SESSION ONLY EMPLOYEES

(JUNE 7-JULY 8)

1. Staff orientation will begin on **Monday, June 7**. You must arrive to Camp Judaea by **11:00 AM**. You are welcome to arrive anytime on June 6 and to stay the night in camp.
2. First session ends on July 8 after all of the campers have left and after camp is cleaned up for second session.
3. Staff Banquet will be July 9 at 2pm. First Session staff members are invited to join. However, first session staff members will be expected to depart Camp Judaea by 8pm on July 9.

### ARRIVAL OPTIONS

- Fly to Asheville (AVL):** Your flight must arrive by 11AM on Monday, June 7. A camp van will pick you up right outside of baggage claim.
- Fly to Charlotte (CLT):** Your flight must arrive by 4pm on Sunday, June 6 and meet at the USAIR Baggage Claim. A bus or van will be there to drive you to camp. It is a 2 hour ride.
- Drive:** You must arrive to Camp Judaea by 11AM on Monday, June 7.

### DEPARTURE OPTIONS

- Fly out of Asheville (AVL):** Your flight must depart after 4pm on Thursday, July 8. A camp van will take you. If you choose to stay for Staff Banquet, we will take you to the Asheville airport directly from banquet. Do not book a flight before 8pm on July 9.
- Fly out of Charlotte (CLT):** Your flight must depart after 2pm on Thursday, July 8. You will chaperone the campers to the airport that are flying home on that day.
- Drive:** You can depart Camp Judaea after 2pm on Thursday, July 9th but before Friday, July 9 at 8pm.

## SECOND SESSION ONLY EMPLOYEES

(JULY 8 – AUGUST 5)

1. **You must arrive at camp anytime on Thursday, July 8.** Orientation will begin at 10AM on Friday, July 9.
2. At the end of the summer, the second session campers leave on Thursday, August 5. Staff may leave after all of the campers have left and all of camp has been cleaned.
3. All staff members must depart by noon on Friday, August 6.

### ARRIVAL OPTIONS

- Fly to Asheville (AVL):** Your flight must arrive by 11pm on Thursday, July 8. A camp van will pick you up right outside of baggage claim.
- Fly to Charlotte (CLT):** Your flight must arrive by noon on Thursday, July 8 and meet at the USAIR Baggage Claim. A bus or van will be there to drive you to camp. It is a 2 hour ride.
- Drive:** You must arrive to Camp Judaea by 10AM on Friday, July 8.

### DEPARTURE OPTIONS

- Fly out of Asheville (AVL):** Your flight must depart after 4pm on Thursday, August 5 and before noon on Friday, August 6. A camp van will take you.
- Fly out of Charlotte (CLT):** Your flight must depart after 6pm on Thursday, August 5. Please do not book an earlier flight since you will not make it. Camp will provide a bus to the Charlotte Airport at this time.
- Drive:** You must depart Camp Judaea by noon on Friday, August 6.

## DIRECTIONS TO CAMP

*To arrive at Camp Judaea from the South*, take I-85 North to Greenville, SC. Once in Greenville, exit I-85 onto I-185 towards Greenville/Spartanburg. Once on I-185, look out very soon for and exit onto White Horse Rd (US Highway 25), and at the end of the ramp, take a left onto US Highway 25 North. Follow US 25 through Greenville. US 25 eventually branches off at an exit toward Hendersonville. Do NOT take the exit to Hendersonville, but instead follow the signs to I-26; along the way, US 25 will turn into Highway 225 North. Continue on 225 North, passing the exit for Highway 176 to Saluda and East Flat Rock, still following the signs toward Interstate 26. Enter I-26 West and follow it until exit 18A. Take exit 18A, the Bat Cave / US Highway 64 EAST exit. Camp is a little more than four miles down Highway 64 on the right, just past the "Welcome to Edneyville" sign and Linda's Plants.

*To arrive at Camp Judaea from the North / East*, take I-85 to Spartanburg, S.C. and get off at I-26 West. Follow I-26 to Hendersonville and exit at exit 18A, the Bat Cave / US Highway 64 East exit. Camp is a little more than four miles down Highway 64 on the right, just past the "Welcome to Edneyville" sign and Linda's Plants.

*To arrive at Camp Judaea from the West*, take I-40 to Asheville, NC; get off at I-26 East, and follow I-26 to Hendersonville. From I-26 take Exit 18A, the Bat Cave / US Highway 64 East exit. Camp is a little more than four miles down Highway 64, on the right, just past the "Welcome to Edneyville" sign and Linda's Plants.

## TRAVEL REIMBURSEMENT

Camp Judaea will reimburse you for part of your travel expenses. **Keep receipts** of the expenses you incur traveling to and from camp. **Camp Judaea will be able to reimburse you ONLY if you have receipts for your expenses.**

After camp, send your receipts from your trip home to the Atlanta office **BY SEPTEMBER 15, 2010**. You will be reimbursed **UP to the following amounts** (see below) as long as you have receipts for all gas and food expenses. Any amount over the amount listed below is at your own expense.

These are the one session amounts. If you are working both sessions, double it.

GA, SC, NC, TN,	\$30
AL, VA	\$75
MD, DC, NY, NJ, PA	\$100
FL, TX, IL, MI, MA	\$150
PR, CA, HI	\$250

Call us for other locations

## PACKING LIST

The following is a list of items recommended for camp, taking into account our climate and the number of times we do the laundry (twice per session). Please make certain your name is on everything with labels or indelible ink.

- **We will make every effort to help you care for your belongings, however, camp is not responsible for your items, whether lost, damaged, misplaced, stolen, ruined in the laundry, or harmed in any other way. Please do not bring anything you would not want lost or ruined.**
- You may store cash and plane tickets in the safe at camp, and if you choose to do so, camp will be responsible for those items and those items only.
- **If you choose to keep cash, plane tickets, or other valuables in your cabin or living space, camp will not be responsible for those items.** When you arrive, put these in a small envelope and give them to the office manager. S/he will in turn store them for you in the safe and you may ask him/her for your belongings during office hours.

- |                                                   |                                                   |                                                     |
|---------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 1 pr. Flip flops         | <input type="checkbox"/> 1 hat                    | <input type="checkbox"/> shampoo                    |
| <input type="checkbox"/> 2 prs. tennis shoes      | <input type="checkbox"/> 3 bathing suits          | <input type="checkbox"/> comb or brush              |
| <input type="checkbox"/> 16 t-shirts              | <input type="checkbox"/> 1 pr. boots w/ 1" heal   | <input type="checkbox"/> 4 bath towels              |
| <input type="checkbox"/> 3 prs. jeans / longpants | <input type="checkbox"/> 2 nice Shabbat outfits   | <input type="checkbox"/> pillow                     |
| <input type="checkbox"/> 5 prs. of shorts         | <input type="checkbox"/> 2 white t-shirts         | <input type="checkbox"/> 2 blankets                 |
| <input type="checkbox"/> 15 prs. underwear        | <input type="checkbox"/> 2 kippot                 | <input type="checkbox"/> 2 sets of sheets           |
| <input type="checkbox"/> 4 prs. pajamas           | <input type="checkbox"/> 1 pr. old pants / shorts | <input type="checkbox"/> 2 pillow cases             |
| <input type="checkbox"/> 15 prs. socks            | <input type="checkbox"/> washcloth                | <input type="checkbox"/> sleeping bag               |
| <input type="checkbox"/> 1 sweat shirt            | <input type="checkbox"/> soap & soap dish         | <input type="checkbox"/> backpack                   |
| <input type="checkbox"/> 1 med. weight jacket     | <input type="checkbox"/> toothbrush & toothpaste  | <input type="checkbox"/> flashlight                 |
| <input type="checkbox"/> 1 sweater                | <input type="checkbox"/> tissues                  | <input type="checkbox"/> 2 laundry bags (mandatory) |
| <input type="checkbox"/> 1 rain coat / poncho     |                                                   | <input type="checkbox"/> other toiletries           |



# DRIVING FORM: MANDATORY FOR ALL STAFF

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

## 1. Please check one

- I will be 18 years old or older when camp starts
- I will turn 18 during camp
- I will be under 18 during camp and I am a high school graduate (if you checked this box, please pay close attention to section 4)
- I will be under 18 during camp but I will not yet have graduated from high school.

## 2. Date of birth

Date of birth: \_\_\_\_\_ (misinformation is grounds for dismissal or revocation of employment agreement)

## 3. Automobile Info

If you will be bringing an automobile to camp, please fill in below and sign #4.

1. Make (ex: Honda, Ford) \_\_\_\_\_
2. Model (ex: Civic, Mustang) \_\_\_\_\_
3. License Plate Number \_\_\_\_\_ State \_\_\_\_\_
4. I understand that no one under the age of 18 may ride in my automobile at any time during the summer without the express written permission of the camp director, and that violation of this rule is grounds for dismissal.

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

## 4. Parental permission for high school graduates who are under 18 years old only.

I give permission for \_\_\_\_\_, who will be a high school graduate by the time of his/her employment at Camp Judaea, to be a passenger in the private vehicles of others during activities off, days off, or nights off. I understand that \_\_\_\_\_ will only be allowed to ride in other private vehicles once s/he has also obtained the camp director's signature on this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: Camp Judaea, 2700 NE Expy, C500, Atlanta, GA 30345

# STAFF TRAVEL FORM

Full Name: \_\_\_\_\_ Cell Phone number (\_\_\_\_) \_\_\_\_\_

## ARRIVAL

- DRIVING TO CAMP** (Please be sure to fill out the Automobile Travel Form)

With Whom: \_\_\_\_\_ How many others do you have room for? \_\_\_\_\_  
Date of Arrival: \_\_\_\_\_ How many? \_\_\_\_\_

- FLYING TO CAMP** – Please read the travel information in the letter before booking a flight

PLEASE CHECK OFF THE AIRPORT AND CIRCLE THE DATE:

- |                                    |        |        |        |        |
|------------------------------------|--------|--------|--------|--------|
| <input type="checkbox"/> Asheville | June 6 | June 7 | July 8 | July 9 |
| <input type="checkbox"/> Charlotte | June 6 | July 8 |        |        |

Departure City: \_\_\_\_\_ Airline: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Connecting Departure Time \_\_\_\_\_  
Departure Flight Number: \_\_\_\_\_ Arriving Flight #: \_\_\_\_\_  
Connecting City: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

## DEPARTURE

- DRIVING HOME**

With Whom: \_\_\_\_\_ How many others do you have room for? \_\_\_\_\_  
Destination City: \_\_\_\_\_ Date of Departure \_\_\_\_\_

- FLYING**—Please read the travel information before booking a flight

PLEASE CHECK OFF THE AIRPORT AND CIRCLE THE DATE:

- |                                    |        |          |          |          |
|------------------------------------|--------|----------|----------|----------|
| <input type="checkbox"/> Asheville | July 8 | July 9   | August 5 | August 6 |
| <input type="checkbox"/> Charlotte | July 8 | August 5 |          |          |

Departure Time \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Return this form to: Camp Judaea, 2700 NE Expy, C500, Atlanta, GA 30345

# STATEMENT OF PERSONNEL POLICIES AND PRACTICES

## CAMP JUDAEA

Please note that in signing your staff agreement, you commit to uphold and honor these policies to their fullest extent. Read the following policies carefully and initial and date each page.

The policies and rules of Camp Judaea are designed to provide the necessary structure for a successful summer for you and the campers. It is important that you understand these policies so that you can integrate them into your work this summer. If you have any questions about policy specifics or background, please feel free to discuss your concerns with your supervisor or the Camp Director. By structuring our community around these guidelines, we are ensuring a fantastic summer for ourselves and for our campers.

### GENERAL STATEMENT OF THE OBJECTIVES OF CAMP

- The ultimate goal of Camp Judaea, as part of the Young Judaea movement, is to create a positive Jewish and Zionist experience for each camper.
- Each staff member is expected to be a personal example (dugma ishit)—who strives to uphold the principles of Young Judaea' who seeks to work effectively and constructively with youth, and who acts with this in mind in all aspects of camp life.
- Specific Jewish rituals and practices are observed in accordance with Young Judaea policies. These observances and practices are to be upheld in camp regardless of the individual's personal practices outside of camp.

### EMPLOYMENT PRACTICE

- Camp Judaea is committed to fair employment practices and equal employment opportunity for all employees.
- Employment as a staff member is based upon the decision of the Camp Director, in accordance with the policies, goals, and budgetary allowances of the camp.
- Camp Judaea adheres to the standards established by the American Camping Association.
- An offer letter accompanied by a copy of the Statement of Personnel Policies and Practices certifies employment. The camp will not be bound by any oral agreements that have not been confirmed in writing.

### STAFF ASSIGNMENTS

The Camp Director reserves the right to change any individual job assignment at any time during the camp season in order to effectively serve the Camp's needs.

### TERMINATION OF EMPLOYMENT

Dismissal of a staff member is the sole prerogative of the Director. The Director may relieve a staff member of his/her duties at once if the Director feels that it is in the best interest of the camp.

- The Director may relieve a staff member of his/her duties at once in the case of any misconduct, including but not limited to those items listed in the staff agreement.
- Salary due upon termination of employment will be computed on the basis of the percentage of the contract completed. Staff members who are dismissed are responsible for their own transportation home. Resignation by the employee requires at least a one-week written notice.

### PAY PERIODS

Staff will be paid on their last day of employment. The Director will hold your final check until all responsibilities are completed at the end of the camp season (including clean up of assigned areas, submitting of all reports, evaluations and inventories, and any other duties deemed necessary by the Director).

### PAYROLL DEDUCTION

- The camp as your employer, as required by law for applicable taxes and Social Security payments, will withhold standard deductions. All employees are required to submit a completed W-4 form before employment begins. Paychecks will not be issued to anyone not completing this form. You must bring a photo ID and your social security card in order to complete and submit your W-4.

### DOCUMENTATION OF LEGAL WORKING STATUS

- All employees must document their legal working status including a valid Social Security number. Non-citizens and non-residents of the United States must have a valid work visa or a cultural exchange visa. All employees are required

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

to submit a completed I-9 Form including all requested documentation. No employment agreement can be considered valid without this form.

### EVALUATIONS

The camp's supervisory staff will evaluate each staff member's job performance at the conclusion of each session. This typically occurs in conference form. A final written evaluation will also be provided, and will become a part of the permanent file of the staff member to be used in reference requests and in consideration of subsequent employment.

### TRAINING

- Each staff member agrees to participate in staff orientation prior to the start of the session, and to participate in ongoing training and educational sessions during the summer.
- Any staff member who is absent from either all or part of orientation without prior approval from the camp Director will have his/her pay adjusted to reflect the day(s) of unexcused absence. Staff members who are late to orientation (first or second session) will have their pay docked a minimum of \$25 for the initial tardiness, plus any additional penalties deemed appropriate by the Camp Director.

### STAFF VEHICLES

- Only staff members 18 years and older with valid drivers licenses may bring private vehicles to camp.
- Staff members may not allow other staff members or campers to drive their vehicles, irrespective of whether such alternate driver has a license.
- All vehicles must be parked in the designated parking area and may only be driven in camp between the parking area and the entrance to camp.
- Private vehicles may not be used to transport individuals under the age of 18 without the written authorization of the camp director. This also applies to personal transportation during time off.
- If vehicles are to be used for any camp activity, the owner will have to register the vehicle with the camp for insurance purposes.
- It is recommended that a second set of keys are brought to camp and kept in the camp office in case of emergency.
- If you are bringing your car to camp, please attach a photocopy of your vehicle registration and insurance card.
- The capacity of passengers must not exceed the number of seatbelts in the vehicle. Camp Judaea is not responsible for the loss or damage to any vehicle or of its contents.
- No one is permitted to ride in the back of any open-air trucks or wagons. The only exception to this rule is an organized activity, such as a hayride, where the appropriate safety procedures have been provided.

### SMOKING

Staff members are not permitted to smoke in front of chanichim (campers) at any time. Smoking is permitted on the camp grounds only during designated times and in designated areas. The only acceptable tobacco delivery devices are cigarettes and cigars. Any other smoking paraphernalia is prohibited. Smoking is never permitted in any building on the camp grounds. Please do not litter camp with cigarette butts.

### VISITORS

- Absolutely no one under the age of 18 is permitted inside of camp, even with a parent or guardian, without the express WRITTEN permission of the Camp Director.
- The Director must approve all visitors during the summer at least two (2) days in advance. This policy will be strictly enforced and failure to obtain necessary permission will result in the visitor(s) being sent away and not allowed entry into camp.
- Upon arrival, all visitors, including family of staff members, must register at the camp office and get a guest pass. No staff member's parents are permitted to stay over night at Camp.
- Visitors may not enter camp living areas unless the Director gives specific permission, and they must be accompanied by a staff member.
- All visitors are expected to abide by Camp Judaea and Young Judaea policies regarding conduct and religious observance. No visitors under the age of 18 are permitted in camp except with the written permission of the Director.
- Camp has very limited sleeping facilities, so visitors should not expect to be housed in camp.
- No staff member on duty may have visitors in camp.
- A limited number of guests will be allowed in camp at any one time.

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE**

- The camp carries Worker's Compensation Insurance, covering job-related accidents for all staff. Worker's Compensation Insurance does not cover illness, pre-existing conditions, or non-work-related injuries. Medical expenses not covered by Worker's Compensation Insurance are the responsibility of the staff member. All staff members are required to carry their own medical insurance policy.

**ACCIDENT INSURANCE**

- The individual staff member will pay expenses incurred through accidents that are not directly related to assigned camp duties and therefore not covered under Worker's Compensation Insurance.
- An independent decision by a staff member to secure medical services other than those provided by the professional medical staff of the camp will be paid by the individual staff member involved. All staff members are required to have a physical exam at their own expense before camp begins and to provide camp with the required health form signed by their physician.
- It is advisable that each staff member avail himself/herself of a voluntary health and accident insurance plan that affords additional protection.
- Any and all personal medication, whether prescription or over-the-counter, must be kept in the health care center. No medications (prescription or non-prescription) will be allowed anywhere else in camp, including in the cabins, at any time.

**MEALS**

- Staff members are expected to honor the laws of kashrut. No non-kosher food is allowed in camp at any time. No food of any kind is permitted in the cabins except at the discretion of the Director.
- Camp provides room and board for all staff members during staff training and camper sessions.
- All staff are expected to be present and on time for all meals unless excused by their immediate supervisor. Staff members are expected to sit at their assigned table throughout the duration of the meal. Enthusiastic participation in all blessings and sing-a-long sessions is always expected of the staff.

**PHONES/INTERNET**

All personal phone calls must be made from the telephones designated by the director at the beginning of camp. No one may use the office, health center, kitchen, or maintenance telephones, or any of camp's business phones, without explicit permission. If you receive a call, the office staff will post a message on the bulletin board just outside of the main office door.

Staff members may bring cell phones to camp. However, cell phones must not be used in any of the camper areas at any part of the day. Camper areas include but are not limited to cabin areas, specialty areas, dining room and health care center. Campers are not allowed to have cell phones and it is your duty to confiscate them and turn them in to the office to be placed in the safe.

Internet is available through a wireless Camp Judaea network. It is password protected. This password is not to be shared with the campers. There are also computer terminals for staff use. It is your job to keep this area clean. Laptops may not be used inside the camper cabins.

**SOCIAL NETWORKING/EMAIL- FACEBOOK/MYSPACE/LINKEDIN/GCHAT/ETC**

Communication after camp with campers must be limited to a holiday greeting. You may only become friends on a social networking site with campers using a limited profile. Photos of campers are NOT to be posted by you on your sites or pages. Email and phone communication with the campers after the summer is considered inappropriate.

By signing this statement of personnel policies, you are agreeing to keep your social networking sites appropriate. Please be aware that you are a representative of camp and that our customers (parents, campers, and alumni) can see what you post.

**DRESS**

Clothing suitable for camp activities and camp weather is the responsibility of each staff member. Clothing not appropriate to be worn around children (revealing clothing, clothing promoting alcohol or sex, or any other clothing deemed inappropriate by the Director) will not be permitted. Further, no one—neither campers nor staff—is permitted to walk barefoot in camp. Bathing suits may not be worn in the dining hall.

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

**REPORTS**

Each staff member may be called upon to make written reports at certain intervals depending on his/her job category (including all necessary inventory reports) at certain times.

**GRATUITIES - COUNSELOR TIPS**

In accordance with American Camping Association guidelines, no staff member should accept a tip from a parent, whether before or after the session. Staff members shall direct those who wish to make contributions to the Director, who will put all of the money toward a counselors' fund. That money will be used for staff activities.

**INTER-SESSION (where applicable)**

Any time off during inter-session will be at the discretion of the Camp Director and will be for a specific period of time. All staff are required to participate in any orientation sessions deemed necessary by the Camp Director in preparation for second session.

**SALARY/BENEFITS**

- The salary amount agreed upon between the camp and a staff member is strictly confidential and should not be discussed with other staff members.
- Salaries are determined in accordance with the Young Judaea Camping salary scale.
- If a staff member discusses his/her salary with another staff member or camper, such salary may be scaled downward as a result at the Camp Director's discretion.
- Employment agreements will not be re-negotiated during camp.
- The camp director reserves the right to dock the pay of any staff member who either skips or is constantly late to activities (including but not limited to flagpole, services, meals, coverage, check-in, staff meetings, in-bunk coverage time on Saturday, and any and all other scheduled camp events), or who leaves camp without the permission of his/her direct supervisor. The minimum amount docked will be \$25 per incident.
  - Seasonal staff receive salary only ..... no benefits. Full-time staff members are entitled to health and dental insurance, and all local, state and federally mandated benefits (worker's compensation, etc.).

**RELIGIOUS POLICY**

- All staff members are expected to attend and participate in T'fillot (services) every morning and to observe the laws of Kashrut while on camp premises. Non-kosher food may not be brought on to camp's property. Male staff and campers must wear head coverings at all meals and during services.
- All staff members are expected to respect Shabbat. No one, including visitors, is permitted to enter or leave camp on Shabbat. No electricity is to be used, and no writing or smoking is permitted, even in the usually designated areas.

**MINORS AT CAMP**

Staff members under the age of 18 are not permitted to leave the camp grounds unless they are authorized to do so in writing by their parents/guardians and accompanied by specific supervisory staff designated by the Camp Director, and then, only in a camp owned-vehicle.

**REPRESENTATIVES OF CAMP**

It is understood that all policies with regard to staff conduct, also apply to day trips, overnights, time off, intersession etc. Staff members should recognize, for the duration of their employment, that they are representatives of Young Judaea Camps when outside the camp property, including free time and time off. Appropriate and legal conduct is expected or the employee may be dismissed and, if illegal activity is involved, the appropriate authorities may be notified.

**GENERAL STAFF BEHAVIOR**

- Staff will actively participate in all camp programs and supervise campers at all times.
- Staff agree to adhere to all policies, procedures, and rules of Camp Judaea and Young Judaea.
- Staff agree to comply with and uphold the standards of the American Camping Association.
- All staff must be on time for and participate in all camp programs, including Misdar Boker and T'fillot.
- Sexual harassment of any type is morally and legally unacceptable and will not be tolerated.

**24/7 CAMPER SUPERVISION POLICY & CABIN SUPERVISION DUTY**

- It is the policy of Camp Judaea that all campers will be supervised by at least one staff member at all times. All staff living in-bunk and specialists living out of bunk will be required, on a rotating basis with the staff assigned to your cabin, to remain inside the cabin with their campers at bedtime. The staff member on Cabin Supervision Duty is expected to remain awake and be alert to the camper's activities and behavior until the majority of campers are

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

asleep. Staff must be aware of inappropriate activity in the cabin after hours (i.e. bullying, fighting, and rough play) and take necessary measures to alleviate any such problems. Medical emergencies should be tended to immediately.

#### TIME OFF

- All staff are scheduled for 2 days off per session, which are assigned upon arrival. Start and end times of days off are at the discretion of the Director. Staff also receive 1.5 hours off per day, at the discretion of their direct supervisor.
- It is your responsibility to clear any problems or conflicts in scheduling (including but not limited to programming conflicts, check-in, etc.) with your supervisor prior to leaving camp for your time off. In case of emergency, scheduled days off may be changed by your supervisor. All staff are on duty 24 hours per day, except during designated time off. All staff are required to attend all camp functions when on duty.
- Staff members employed for the entire camp season are entitled to up to two working days of sick leave with pay. Illness must be verified by camp medical staff and the Director. In the event of death in the immediate family, illness in the immediate family, or other urgent business, leave will be granted in relation to the individual circumstances at the discretion of the Camp Director, not to exceed two working days with pay.

#### LEAVING CAMP

- Individual staff members may leave camp on Days Off and Nights Off. Any time you leave camp, whether for daily time off or for a day or night off, you must get permission from your supervisor prior to leaving.
- Whenever leaving camp, you must sign out on the board on the office porch. Make certain that you designate your destination and estimated time of return so that we can contact you in case of emergency. **In all cases, you must have permission from your direct supervisor prior to leaving camp.** Be sure that you are carrying some form of picture I.D. so that you will be able to properly check in with the CJ security guard upon your return to camp!
- Unless the Camp Director grants specific written permission stating otherwise, staff under 18 will be permitted to leave camp only in a camp vehicle, in supervised, organized groups, and with a designated camp driver listed as a driver with camp's insurance company. **All under 18 staff must obtain their supervisor's permission before leaving camp.**
- At the end of a session, staff members are expected to remain at camp until all campers that are his/her responsibility have departed. At the end of the first session, staff members will be asked to prepare camp for the second session campers. At the end of the summer, staff members will be asked to help prepare the camp for the off-season.

#### FRONT GATE SECURITY and IN BUNK HOURS

- All staff must be in camp by 1:00 AM. There will be a professional security guard at the front gate every night from midnight until 6:00 am. You will be expected to carry a picture I.D. (i.e. drivers license) when leaving the camp property so that you can check back in with the security guard upon your return to camp. This is for your protection and the security of Camp Judaea. The security guard will be reporting those missing the 1:00 am curfew to the Camp Director.
- Nights before special days and trip days are "In Bunk" nights, where all staff and campers will be in their bunk for activities and to go to sleep early. Certain other nights will also be designated as in-bunk nights, with staff required to be in their cabins doing activities with their campers.

#### PROPERTY

- Camp Judaea is not responsible for loss or damage to the personal possessions of staff members, including clothing lost by the laundry service.
- Staff will agree to take care of and help maintain camp property. Any camp or private property willfully damaged or painted or drawn on by a staff member will be replaced at the expense of the staff member who damaged the property. The money will be taken out of salary, if necessary.
- In a camp setting where individual relationships are intimate, minor incidents turn into major catastrophes. Therefore, rights, feelings, and property of each staff member must be respected.

#### PETS

Staff may only bring pets to camp with the prior approval of the Camp Director. If pets are allowed, owners must adhere to the following guidelines:

- (1) Pets may only be kept in staff areas behind cabin 5.
- (2) Pets must be chained or leashed at all times.
- (3) Prior to arrival, the owner must present the camp director with documentation of immunizations, etc. for the pet.
- (4) The owner alone is responsible for feeding, bathing, and cleaning up after the pet, at his/her own expense.

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

**MISCELLANEOUS**

- Camp Judaea may use, for promotional or other purposes, any photograph or video footage of camp activities (including statements or utterances) in which staff appear; such photographs, video footage, statements, or utterances may be used in any medium, including the internet, and each staff member releases Camp Judaea for any liability in connection with such use.
- **There is no gum allowed in camp, ever, at any time.** Any staff member found chewing gum will be given a warning. After the warning, that staff member's paycheck will be docked \$10 for each subsequent time that staff member is found chewing gum.
- By signing this policy manual, each staff member releases, discharges and covenants not to sue Camp Judaea, Inc., Hadassah The Women's Zionist Organization of America, Inc. and their affiliates and related entities, and each of their respective officers, directors, employees, volunteers, representatives, members, donors and agents (hereinafter collectively "Hadassah") from any and all claims and liability of any kind whatsoever, including those which have not yet arisen or matured, that arise outside the scope of the staff member's employment at Camp Judaea.

**WEAPONS**

**NO FIREARMS, KNIVES, WEAPONS, MATCHES, FIREWORKS, SMOKE BOMBS or ANY FLAMABLE/HAZARDOUS MATERIALS ARE ALLOWED IN CAMP.** Campers and staff may not bring any dangerous or unsafe items, including but not limited to those mentioned above, or items that could possibly cause injury to individuals or property.

**USE OF ALCOHOLIC BEVERAGES AND/OR DRUGS**

- The use, possession, or distribution of alcoholic beverages and/or drugs is not permitted on any part of camp property at any time and will result in immediate dismissal.
- Any staff member found using or possessing any illegal drug/substance (or using a legal drug/substance other than for its specific, physician prescribed purpose) during the term of his or her employment by a Young Judaea Camp will be immediately dismissed.
- **All employees and applicants for employment may be required to take a drug test. Camp Judaea reserves the right to take any disciplinary action, up to and including dismissal, or to revoke any offer of employment, on the basis of the results of a drug test or refusal to submit to a drug test.**
- Any staff member giving alcoholic beverages and/or drugs to a camper and/or under age staff member will be immediately dismissed.
- Any staff member under age 21 drinking alcohol at any time during his/her employment at a Young Judaea camp will be immediately dismissed.
- Any staff member returning to camp under the influence of drugs/alcohol may be immediately dismissed.
- The Camp Director reserves the right to involve the appropriate authorities in the case of any violation of this Drug and Alcohol policy, and the staff member involved may be prosecuted to the full extent of the law.

**ABUSE**

- Any staff member who in any way, shape, or form physically punishes or hurts a camper will be dismissed immediately and may be prosecuted to the full extent of the law.
- Any staff member who mentally, emotionally, or verbally abuses a camper will be dismissed immediately and may be prosecuted to the full extent of the law.
- Any staff member who sexually abuses a camper will be dismissed immediately and may be prosecuted to the full extent of the law.
- Staff/Camper relationships are to be of a professional nature. Any romantic relationships between staff and campers will lead to immediate dismissal. The staff member involved may be prosecuted to the full extent of the law.

**INAPPROPRIATE SEXUAL BEHAVIOR**

Staff members are prohibited from engaging in sexual relations with campers regardless of age or year in school. Any staff member engaging in sexual activity with a camper will be reported to the proper authorities and their employment will be terminated.

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

**In accepting your summer position at Camp Judaea, you agree to abide by the Statement of Personnel Policies and Practices of Camp Judaea.**

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I \_\_\_\_\_ have received, read and understand the Statement of Personnel Policies and Practices of Camp Judaea for the summer of 2009.

I agree to abide by the entire contents of this document and understand that failure to abide by them can lead to dismissal.

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

If the Staff Member is under the age of 18:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Your Initials \_\_\_\_\_ Date \_\_\_\_\_

Name of Camper/Staff Member: \_\_\_\_\_ DOB \_\_\_\_\_



**Health History and Examination Form for Campers and Staff Members**  
**Camp Judaea, 2700 NE Expressway, Suite C500, Atlanta, GA, 30345**

There are two parts to this form. Part I is to be filled out by parents, guardians or staff members ONLY. Part II is to be filled out by licensed medical personnel ONLY. The information on this form is not used to determine admittance into our program. It is used to determine appropriate care for your child; however, if it is not adequately or completely filled out, we are bound by ACA regulations and by state law to forbid entrance of the camper or staff member. Please complete this form carefully.

**Part I: To be Completed by Parent/Guardian or Staff Member**

**Personal Information and Medical History**

NAME OF CAMPER/STAFF MEMBER: \_\_\_\_\_ DOB \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Camper/Staff Member Soc. Sec. Number: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

CUSTODIAL PARENT/GUARDIAN(S): \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Relationship to Camper/Staff Member: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work: \_\_\_\_\_

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

INSURANCE INFORMATION: Is this person covered by a family medical and/or hospital insurance plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Carrier Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Social Security Number of policy holder, or insurance ID number: \_\_\_\_\_

**PLEASE ATTACH A COPY OF BOTH FRONT AND BACK OF THE CAMPER'S INSURANCE CARD**

**ALLERGIES**

The following information must be filled in by the parent/guardian or staff member. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon the camper's arrival in camp.

MEDICATION ALLERGIES	Please note the date of the most recent reaction and describe reaction and management/treatment of the reaction:
FOOD ALLERGIES	
OTHER ALLERGIES (e.g. insect stings, hay fever, animal dander)	

Name of Camper/Staff Member: \_\_\_\_\_ DOB \_\_\_\_\_



**Health History and Examination Form for Campers and Staff Members**  
**Camp Judaea, 2700 NE Expressway, Suite C500, Atlanta, GA, 30345**

**MEDICATIONS BEING TAKEN**

<p>Please list all medications (prescription and over-the-counter) currently being taken:</p>	<p>Please list the name(s) of the physician(s) prescribing this medication and provide his/her phone number. For each medication listed, describe the dosage and time to be taken and explain the reason this camper takes this medication:</p>
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**GENERAL QUESTIONS - Has or does the participant:**

1. Had any recent injury, illness, or infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Ever had problems with joints (knees, ankles)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have a chronic or recurring illness or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have an orthodontic appliance being brought to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have frequent headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Ever had a head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Had mononucleosis in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Ever been knocked unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Had problems with diarrhea or constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Wear glasses, contacts, or protective eye wear? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have problems with sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ever had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. If female, have an abnormal menstrual history? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. If female, has started menses? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have a history of bed-wetting? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Ever had seizures or other neurological conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. Ever had an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Current or reoccurring emotional or psychosocial difficulties for which professional help was sought? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Ever been diagnosed with a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Ever had frequent or recurring urinary tract infections? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Ever had high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Have any limitations on or restrictions of activities at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Ever had back problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any "Yes" answers to these questions, noting the number of the question.

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Name of Camper/Staff Member: \_\_\_\_\_ DOB \_\_\_\_\_



**Health History and Examination Form for Campers and Staff Members**  
 Camp Judaea, 2700 NE Expressway, Suite C500, Atlanta, GA, 30345

**Part II: To be Completed by Physician**

Please give all dates of immunization for:

Vaccine:	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR
DTP						
TD (Tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						
TB/ MANTOUX TEST _____ positive _____ negative						
Meningococcal meningitis						

Which of the following has the participant had?

- |                                         |                                      |
|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Mumps          |                                      |

**Health Care Recommendations by Licensed Medical Personnel**

Please note: ACA regulations require a health examination within 24 months of camp attendance.

I examined this individual on \_\_\_\_\_. In my opinion, the above camper  is  is not able to participate in camp programs.

BP \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_

The following treatment(s) should be continued at camp [prescription medications and/or over-the-counter]:

\_\_\_\_\_

Any medically prescribed meal plans or dietary restrictions?  Yes  No

If Yes: \_\_\_\_\_

Any limitations on, or restrictions of, activities at camp?  Yes  No

If Yes: \_\_\_\_\_

SIGNATURE OF LICENSED MEDICAL PERSONNEL: \_\_\_\_\_

PRINTED: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Pager/Ans. Service: \_\_\_\_\_

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

Name of Camper/Staff Member: \_\_\_\_\_ DOB \_\_\_\_\_



**Health History and Examination Form for Campers and Staff Members**  
**Camp Judaea, 2700 NE Expressway, Suite C500, Atlanta, GA, 30345**

**Standard Over the Counter Medications** – The following medications are available in the Health Center and will be administered at the discretion of the Health Director. Please select which medications below can be administered.

**Key: PRN(if needed) PO(taken by mouth) Topical (applied to skin) Q(every)**

Drug Name	Route	Dosage	Schedule and Indications	Please mark the box if your child <u>CANNOT</u> use this medicine.	Comments
Acetic Acid Solution	Otic (liquid)	Per label instructions	PRN – Swimmers ear		
Advil Cold & Sinus	PO (pills)	Per label instruction by age/weight	Q 4-6 hrs PRN Pain, fever, nasal congestion		
Anti acid (Mylanta or Tums)	PO (pills or liquid)	Per label instruction by age/weight	Q 2-4 hrs PRN-Gas, heartburn, indigestion, stomach upset		
Antifungal Cream/spray	Topical (cream or spray)	Per label instructions	PRN Athletes foot, jock itch		
Antiseptics (Alcohol) Peroxide, Dermal scrub, Bacitracin)	Topical (cream or liquid)	Per label instructions	PRN-Stings/bites, cuts, scrapes, splinters, blisters		
Benadryl	PO (elixir, chewable tabs or pills)	Per label instruction by age/weight	Q 6 hrs PRN for allergic reaction (hives, insect bite)		
Betadine (contains iodine)	Topical (liquid)	Per label instructions	PRN cuts, scrapes, splinters, blisters		
Caladryl, Calagel and Hydrocortisone	Topical (cream)	Per label instructions	Q 6-8 hrs PRN Rash, Skin irritation		
Calamine	Topical (cream or gel)	Per label instructions	PRN Insect bites, skin irritation, rash		
Cooling gel and Aloe	Topical (cream or gel)	Per label instructions	PRN Burns, sunburn, wind burn		
Cough drops and Lozenges	PO (lozenges)	Per label instruction by age/weight	PRN Coughs, sore throat s		
Dimetapp	PO (elixir or tabs)	Per label instruction by age/weight	Q 6-8 Hr PRN for nasal congestion/drainage		
Dramamine	PO (chewable tabs)	Per label instruction by age/weight	Q 6-8 hrs PRN for motion sickness		
Dyherahydramine	PO/Topical (Pills, liquid or spray)	Per label instruction by age/weight	PRN – Insect bites, allergies, respiratory allergies		
Earcare	Topical (liquid)	Per label instructions	Q 6 hrs PRN Pierced ear infections		
Ibuprofen	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN for pain, fever, cold symptoms, toothache, muscle aches		
Ipecac and Actidose	PO (liquid)	Per label instructions	PRN-Accidental poisoning		
Ivy Block and Tecnu	Topical (cream)	Per label instructions	Q 4 hrs PRN Contact with poison ivy		
Muscle rub	Topical (cream)	Per label instructions	PRN Minor muscle strains or pains		
Non-Toxic Anti Lice preparation	Topical (liquid)	Per label instructions	PRN – Head lice		
Orasol, Ambesal, and Abreva	Topical (liquid or cream)	Per label instructions	Q 6 hrs PRN – Oral herpes, cold sores, toothache		
Pepto-Bismol	PO (liquid or chewable tabs)	Per label instruction by age/weight	Q 30 min to 1 hr PRN for diarrhea (no >8 doses/ 24 hr)		
Pseudoephadrine	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN – Nasal/sinus congestion, hay fever, allergies		
Robitussin/ Robitussin DM	PO (liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN Coughs		
Tylenol	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN – Pain , fever, cold symptoms, toothache, muscle aches		
Visine	Optical (liquid)	Per label instructions	PRN – Eye strain, eye irritation		
Polysporin	Topical ointment	Per label instructions	PRN – burns,scrapes		

LICENSED MEDICAL PERSONNEL SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 PARENT SIGNATURE (optional): \_\_\_\_\_

Name of Camper/Staff Member: \_\_\_\_\_ DOB \_\_\_\_\_



Health History and Examination Form for Campers and Staff Members  
Camp Judaea, 2700 NE Expressway, Suite C500, Atlanta, GA, 30345

## AUTHORIZATION AND RELEASE

**This portion of the form MUST be completed for attendance at Camp Judaea**

This health history is complete, true and accurate. The person described in this form has permission to engage in all camp activities except as noted in Part I and II of this form. I hereby grant permission to the camp and its health care professionals to provide routine health care and administer prescribed medications, and over-the-counter medications per a physician's prescription or a patient standing order (i.e. the Standard Over the Counter Medications Form) to my child. In the event of an emergency, the camp will try to contact me. If I am not reached, I hereby give permission to the camp and the health care professionals to whom my child is brought for treatment to administer emergency medical and/or dental treatment, order and conduct tests, administer anesthesia and medication, hospitalize and authorize surgery or other treatment for my child. I further give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any of my child's records necessary for insurance and/or treatment purposes. I authorize all charges in connection with any such treatment to be applied to my credit card number provided to the camp. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian or over 18 year old Staff Member: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE HAVE THE BELOW SECTION NOTORIZED BY AN OFFICIAL NOTORY PUBLIC**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

Full name

known to me to be the person whose name is subscribed to the foregoing instrument, and upon his/her oath acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC IN & FOR \_\_\_\_\_  
COUNTY, STATE

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

**3** Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_

**5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_

**7** Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_

**8** Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_

**10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_

**6** Subtract line 5 from line 4 6 \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_

**8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.