

Dear Volunteer Counselors!

Hey guys! It's that time again! We are so looking forward to this year's Camp Hope experience! We hope you are all ready and as excited as we are. Camp meets this year from July 30th - August 4th at the Ridley 4-H Center in Columbia, TN. We would like you to be at the campground at on Monday, July 30th at 5pm, so that we can familiarize you with the facilities. Dinner will be provided.

This year's activities will also be conducted a bit different, letting the campers choose different activities during play sessions to include arts and crafts, nature walks, swimming, etc. If you have any skills or talents that you would like to share with camp, please let us know, if possible, before camp begins (for instance if you sing, or are especially good with outdoor games like kickball, ultimate Frisbee, etc) so we can incorporate that into our agenda.

Food is prepared by the camp facilities, and it is very good! No kitchen duty will be required of those volunteering, with the exception of setting up and cleaning up.

We do require that you bring a good attitude, lots of energy, smiles galore, a joyful (note it doesn't have to be good) singing voice and any fun skills you can muster up.

We are enclosing a map to the campground, counselor job description, conditions warranting dismissal, and standards of conduct.

In case you have any questions, please feel free to call us at any time. We look forward to seeing you all soon!

Ashley Greer, RN & Rachel Nickens, RN
Camp Hope Directors
Ashley 615-498-2068
Rachel 615-542-4725

Vanderbilt Burn Center
1211 22nd Avenue South
11 South VUH

CAMP HOPE

Standards of Conduct

1. In accordance with the American Camping Association recommendations, staff members will have an average of two out of every twenty-four hours free from specific responsibilities, to be arranged by the Camp Director.
2. Gratuities to staff by campers or their families are prohibited.
3. Possession or use of alcoholic beverages of any kind, or drugs including marijuana, not prescribed by a physician will not be permitted. Infraction of any part of this clause will be considered grounds for termination.
4. Staff members who smoke agree to smoke only in designated areas and never in the presence of campers.
5. Staff agree to be in their assigned quarters no later than 12 midnight every night, unless authorized by the Camp Director.
6. Counselors are to make sure their assigned campers are present for all meals and activities unless excused by the Camp Director.
7. A camper should never be left alone.
8. Keep the campgrounds clean and encourage campers to pick up trash by setting an example.
9. Counselors are responsible for used equipment and the return of such at the end of camp.
10. The dining hall is designed for eating and staff should conduct themselves in a mature manner. They are also responsible for the behavior of their campers.
11. Personal relationships between staff members are incompatible with the camp, and will not be tolerated.
12. You must be constantly observant! You must learn each of your camper's physical limitations, and assist the medical staff by your observations. You must keep the campers for whom you are responsible under adequate surveillance.
13. It is important to remember that the camper must always come first. With this in mind, it is necessary for all counselors to interact with all campers, not always with each other, at times like snacks and before meals. These times are opportunities for you to get closer with all campers.
14. Be aware at activities, that games are for campers. Counselors are there to instruct, referee, and take part but not to monopolize.
15. The use of foul language is not permitted. Remember, you are there to set a positive example to the campers.
16. Have a great time! A positive attitude is the most important thing you can bring to camp.

CAMP HOPE

Job Descriptions and Responsibilities for Counselors

1. Volunteers are expected to participate in all planned activities, but not monopolize them.
2. Set a good example for campers. You are to be prompt, enthusiastic, and helpful.
3. Volunteers are expected to be the "Cheerleaders" at camp. Keep the campers excited about camp and not thinking about home.
4. It is your responsibility to make sure an adult is with your campers at all times. YOU are responsible for your campers' safety. Accidents may happen, but they should never occur due to neglect. Be constantly observant.
5. Make sure your campers have their special needs met. (i.e. ensure he/she wears his/her garments, wears sunblock, performs exercises, etc.) Upon reviewing the campers' registration form, if you have any questions regarding care, it is your responsibility to ask.
6. Remember that the campers come first. With this in mind, counselors are to interact with all campers.
7. Volunteers who smoke agree to smoke only in designated areas and never in front of the campers.
8. Possession or use of alcoholic beverages of any kind, or drugs including marijuana, not proscribed by a physician, will not be permitted. Infraction of any part of this clause will be considered grounds for termination.
9. Remember the dining hall is designed for eating and everyone should conduct themselves in an appropriate manner.
10. Volunteers should exhibit the ability to work well with others. Also, introduce yourself to the campers' families. It is important that families feel comfortable leaving their child in our care.
11. Counselors should be at least 18 years of age.
12. It is your responsibility to attend the orientation prior to camp, July 30th, 2007.
13. Have FUN!!!

I, _____, as a Camp Hope counselor July 30th - August 4th, 2007, do hereby fully release, agree to hold harmless, and absolutely discharge the Ridley 4-H Camp and Vanderbilt University Medical Center from any and all claims, demands, actions, and causes of action of every kind and nature which may arise out of summer camping activities conducted by the parties released herein.

It is expressly understood and agreed that all liability on the part of the party hereby released is waived without reservation, and that this release/waiver shall remain in full effect for so long as said summer camping activity is conducted by the party released herein.

The undersigned declares that he/she has read the forgoing release, fully understands its meaning, and has executed it only after having carefully considered its meaning and effect.

Date _____

Name _____

Camp Hope Committee Member _____

CAMP HOPE

Conditions Warranting Dismissal

1. Any volunteer who continually and deliberately fails to do their job.
2. Any volunteer who continually and deliberately acts not in the best interest of the camp, campers, and all camp personnel.
3. Any volunteer who continually and deliberately violates the rules and restrictions.

All dismissal notices will be issued in writing, stating the reasons for dismissal by the Camp Director. The Camp Director reserves the right, in the case of gross misconduct or negligence, to relieve the volunteer of his/her duties immediately.

Directions to Ridley 4-H Center
850 Lion Parkway
Columbia, TN 38401

From Nashville: Travel on **Interstate-65 South** toward **Huntsville**. Leave the interstate at **exit 53 -- Saturn Pkwy(TN-396/Columbia/Spring Hill)**. From the exit, **turn RIGHT** onto (**US-31/Spring Hill/Columbia**). You will go approximately 12 miles. When you get into Columbia, go to the second red light and **turn RIGHT (West)** onto **US-412 Bus [SR-99]**. Go approximately 3 miles and take the **Industrial Park Road Exit** and go to the stop sign --- **turn LEFT**. Go to red light by National Guard Armory **turn RIGHT** onto James Campbell Blvd. Go through next light. When you see Dominos, **turn RIGHT** in front of it onto **Lion Parkway**. The driveway is on the right across, from the little league ball park.

Please feel free to call us if you have questions: Rachel @ 615-542-4725
and/or Ashley @ 615-498-2068

CAMP HOPE

Vanderbilt Burn Center

Ashley Greer, RN & Rachel Nickens, RN, Directors
1211 22nd Avenue South, 11 South VUH
Nashville, TN 37232-2165
(615) 322-4590

CAMP COUNSELOR APPLICATION

Name _____ **Date** ____/____/____

Home Address: _____

Phone: Home: (____)-_____

Cell: (____)-_____

Work Address: Employer _____

Phone: (____) _____

Occupation: _____

Date of Birth ____/____/____ **Sex:** **M** **F**

Notify in case of emergency: _____

Phone: (____)-_____

Volunteer Time Commitment:

Willing to volunteer all week

Days only --- If so, indicate day(s) and time(s) _____

Evenings only --- If so, indicate day(s) and time(s) _____

Adult T-shirt Size: Small Medium Large XL XXL

Any medical conditions that the camp nurse should know about: _____

Are there any reasons why you could not actively participate in all camp activities or could only partially participate in some of the activities at camp, (physical or psychological reasons)?

Yes _____ No _____ If yes, please describe: _____

Allergies: (Penicillin, Insect Bites, Bee Stings, Foods, etc.) List types and treatments.

Can you swim? Yes No

If yes, please check one: Beginner Fair Good Excellent

Are you certified Lifeguard? Yes No

If so, please list experience: _____

I am: Check all that apply

Student Professional EMT Medical

Firefighter-Department _____

VUMC Burn Survivor Parent/relative of burn survivor Friend of burn survivor

Community Volunteer Other _____

Is there anything else you think would be helpful for us to know about you? _____

Transportation:

I will be able to transport a child from my area to camp. Yes No

If so, we will contact you late with details, directions, etc.

Past Employment—List previous two years.

1. Employer _____

Position _____

Dates Employed _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

2. Employer _____

Position _____

Dates Employed _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Camp Experience

1. Camp _____

Address _____

City _____ State _____ Zip _____

Circle one: Camper Staff

If staff, state your responsibilities: _____

2. Camp _____

Address _____

City _____ State _____ Zip _____

Circle one: Camper Staff

If staff, state your responsibilities: _____

References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience and ability.

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Camp related areas of knowledge, skill and expertise

List recreational activities, hobbies, sports, etc., in which you possess knowledge, skill or expertise that could be used in planning and running camp programs. In the blank after each activity, indicate whether you are certified as an instructor, have skills and expertise to assist in teaching, or feel like you could contribute to the planning or supervision of the activity.

Activity

1. _____

2. _____

3. _____

4. _____

What contributions do you think you can make at camp? _____

What contributions do you think you can make to these children? _____

Write a brief biographical sketch including specialized training in camping and experience or training in other fields, which might have a bearing on the position for which you are applying. Attach an additional sheet if necessary.

Have you ever been convicted, fined, placed on probation, or imprisoned?

Yes _____ No _____ (If yes, explain below)

Have you ever been accused of, arrested for, convicted for, or in any other way involved in an allegation of child abuse?

Yes _____ No _____ (If yes, explain below)

I understand that it may be necessary to be fingerprinted to be a counselor for an/or criminal background checks to be a counselor at Camp Hope. (initial)_____

This is to certify that I, _____, have made application to the Camp Hope, and hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that any misstatements or omissions of fact shall be considered a cause for dismissal. I also grant the release of any information, which may be helpful to the personnel committee in an investigation of my background.

Signature:_____

Return application to: Ashley Greer, RN and/or Rachel Nickens, RN
Camp Hope—Vanderbilt Burn Center
P.O. Box 10165
Murfreesboro, TN 37129
Phone (615) 322-4590
Fax (615) 343-4844

Please call if you have any questions regarding volunteer duties, volunteer needs, etc. Thank you for your interest in Camp Hope.

Inherent Risks of Injury Release of Liability

1. **Inherent Risks of Injury:** The sport of kayaking/canoeing will cause the participant to encounter inherent risks and hazards that may result in serious injury or death. These risks and hazards include natural and man-made objects, changing weather conditions and other risks and hazards.

2. **Assumption of Risks and Release of Liability:** I acknowledge for myself and/or of my minor child that I understand, agree, and accept the inherent risks and dangers associated with the sport of kayaking/canoeing, and I understand that my participation and/or that of my minor child may result in serious injury or death. I release Buffalo Buds, Inc. for myself and/or my minor child from any and all liability for personal injury as a result of participating in kayaking/canoeing. This release includes a release of all negligent acts of Buffalo Buds, Inc. and any of its employees, agents, and all persons associated with them. This assumption of risks and release of liability is given in return for the privilege of using the services, shuttling, facilities, and premises of Buffalo Buds, Inc., which is agreed to be adequate consideration.

3. **Hold Harmless and Indemnification Agreement:** Each parent and guardian signing this agreement on behalf of any minor in his/her charge agrees to indemnify and hold harmless Buffalo Buds, Inc. for any claim made or damages awarded against Buffalo Buds, Inc. in favor of the minor child including attorney fees and costs relating to the claims asserted by the minor child.

I have carefully read this agreement, understand it, and voluntarily sign it. I acknowledge it to be legally binding on myself and my heirs. In signing for a minor, I represent I have the authority to do so.

Participant's Name _____ Age _____

Parents/Guardians _____ Date _____

CAMP HOPE

Vanderbilt Burn Center
Ashley Greer & Rachel Nickens
Directors, Camp Hope

RECOMMENDATION FOR CAMP COUNSELOR

_____ has applied for a counselor position at Vanderbilt Burn Camp—Camp Hope. Camp Hope is a camp for children that are burn survivors, ages 4-16. Many campers come year after year, and have developed special relationships with staff and other campers. The volunteer staff become very important in how the campers view their experiences at camp. The applicant has given your name as a reference and your assistance in correctly evaluating his or her experience record in the areas listed below will be appreciated. This information will be of the greatest help to the applicant if returned immediately in the enclosed self-addressed envelope. Any information you provide will not be confidential. Please make an evaluative statement in each of the areas listed below, as well as answer to the questions following and any additional comments you feel would be helpful.

In what capacity and for what length of time have you known the applicant? _____

Personality: Poise, tact, adaptability, cooperation, interests, etc. _____

Intelligence: Alertness, ability to accept responsibility, etc. _____

Technical Skills: Ability to teach, group leadership, supervisory skills, etc. _____

Flexibility: Ability to cope with new situations, etc. _____

Would you recommend this applicant for a position working around children? Why or

why not? _____

Additional Comments: _____

Signature: _____ Date ____ / ____ / ____

Return recommendation to:
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Ashley Greer, RN & Rachel Nickens, RN, Directors
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