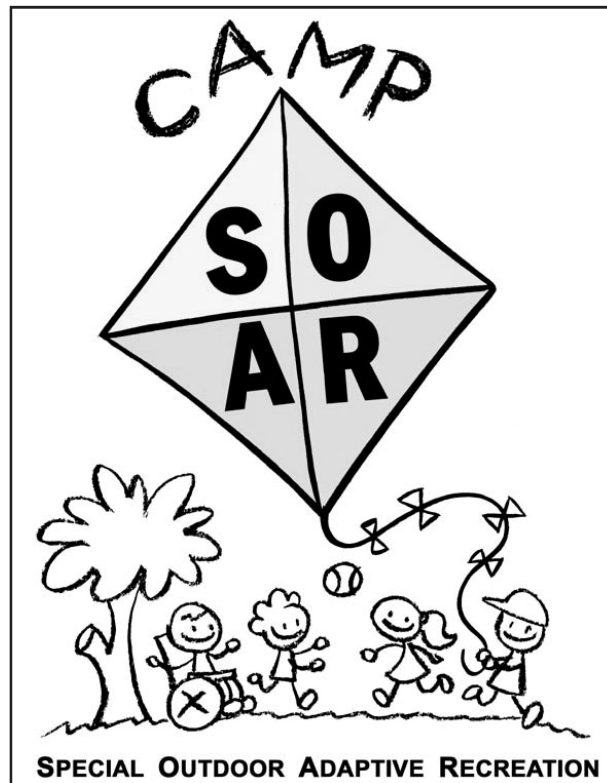




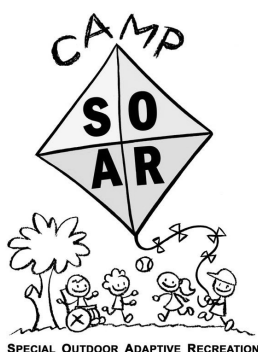
Camp SOAR

VOLUNTEER APPLICATION



CHILDREN'S RESEARCH TRIANGLE
The Child Study Center ≈ Camp SOAR

180 N. Michigan Ave., Suite 700
Chicago, IL 60601
Phone: 312-726-4011
Fax: 312-726-4021
Web: www.childstudy.org



Camp SOAR

SPECIAL OUTDOOR ADAPTIVE RECREATION

Children's Research Triangle • 180 N. Michigan Ave. Suite 700 • Chicago, IL 60601

Respite Overnight: April 21-22, 2012

Mandatory Training Session for Summer Volunteers: July 7, 2012

Summer Session I: July 8-13, 2012

Summer Session II: July 15-20, 2012

Camp Location: George Williams College, Williams Bay, WI

Dear SOAR counselor:

Thank you for your interest in Camp SOAR. We hope that you will enjoy working with our special campers. **Applications should be received no later than April 1st.** The number of campers we can accept is directly related to the number of counselors, so the sooner we have a counselor count the better. **Not all those who apply will be accepted, counselors are accepted based on a number of factors, including the age and gender of the campers, which changes each year.** We do our best to inform counselors by mid May whether or not they have been accepted.

Camp SOAR provides services for children with a variety of disabilities, including cognitive impairment, autism, Down Syndrome, cerebral palsy, and other developmental disorders. Some of these children require total care because of the severity of their disability. Camp SOAR is set up to provide a one-on-one counselor for every camper who attends the camp. That counselor is responsible for his/her camper's daily care. In addition to the one-on-one counselors, there is also a need for activity staff, which includes counselors who plan and coordinate the games, activities and craft projects that the campers participate in while they are at camp. *If you would prefer to be a member of the activities staff, please indicate so on your application.*

If you have any questions, please contact us at: CampSoar@cr-triangle.org or 312-726-4011.

Please complete and return all forms to:

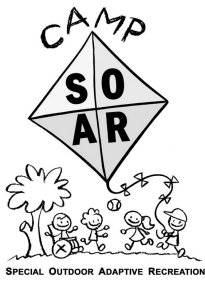
Camp SOAR
Children's Research Triangle
180 N. Michigan Ave, Suite 700
Chicago, IL 60601
Fax: 312-726-4021

Check that each form is completed, some pages may be double sided:

_____ Volunteer Application	_____ Signed Parent Letter
_____ Volunteer Information Page	_____ Medical Information Form
_____ Voluntary Disclosure	_____ Waiver Form
_____ Photo Consent	
_____ Physical Form (completed by physician)	

All counselor applications are dated and reviewed prior to acceptance. Physician physicals need to be no older than 2 years and may be submitted after the initial application.

Thanks for applying! Without volunteers like you, Camp SOAR would not be possible!



VOLUNTEER APPLICATION

180 N. Michigan Ave. Suite #700, Chicago, IL 60601
Phone: 312-726-4011 Fax: 312-726-4021

Please attach
a current photo
of yourself

Name: _____ Employer/School: _____

Address: _____ Apt. # _____ Date of Birth: _____ Gender: M/F

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

What is the best way to contact you?: Home Phone Cell Phone email

Name of Parent/Guardian (if counselor is under 18): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Address (if different from above):

Street or Rural Route City State Zip

Emergency Contact (In the event parent/guardian cannot be reached):

Name: _____ Relationship to Counselor: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Availability

ALL summer session counselors MUST attend the July 7th training at George Williams College. Training takes place from 8:30am until 5:15pm. Lunch is provided.

When are you available to volunteer? (circle options) You may choose one, two or all three sessions:

Respite Overnight
April 21-22, 2012

SOAR Week I
July 8-13

SOAR Week II
July 15-20

Personal References: (non relative)

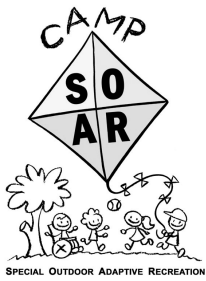
Name and occupation: _____ Phone: _____

Name and occupation: _____ Phone: _____

I give my permission for my child/self to participate in Camp SOAR events and activities and have read and agree to abide by the SOAR counselor rules while I am at Camp SOAR. I have read and understand this entire application and certify that all the information is true.

Counselor Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____
(If under 18 yrs.)



VOLUNTEER INFORMATION

Name: _____ Date of Birth: _____ Gender: M / F

T-shirt size: Adult S / M / L / XL / XXL (Please circle one choice, sizes are not guaranteed)

Experience:

Previous Volunteer Experience: _____

Do you know sign language? yes some no

How did you hear about Camp SOAR? Where _____ Who _____

Are you volunteering with a friend? Who? _____

Interests:

Would you prefer to:

____ be assigned as a one on one counselor to a special needs camper

____ be assigned as an activities assistant

Do you have any special interests/skills which you would be willing to share at camp?

____ music, be willing to lead music groups at camp, with your instrument and/or through song and dance

____ drama/theatre/storytelling

____ other _____

Dietary Restrictions:

Are you a vegetarian? yes no Do you have other dietary restrictions? _____

Counselor / Camper Team:

Once campers reach puberty they are assigned to a same sex counselor, younger boy campers often are assigned to a female counselor. Campers and counselors bunk in the same dorm. We have a broad spectrum in regard to camper size and strength. In order to make compatible matches for our campers and counselors, please include:

Your height: _____ Your weight: _____

Do you have a preference for a type of camper?

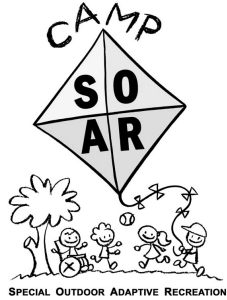
____ A sedentary camper

____ A camper who is active, and may like to run

____ A camper with a physical disability

Please Note~

While we do our best to accommodate preferences, there are no guarantees. Each year is different depending on the ages and gender of campers who apply to attend Camp SOAR, as well as the qualifications of the counselors. But we do try!



Camp SOAR

SPECIAL OUTDOOR ADAPTIVE RECREATION

Children's Research Triangle 180 N. Michigan Ave. Suite 700 Chicago, IL. 60601

This page must be signed by a parent of counselors under the age of 18.

Dear Parent,

We are happy that your son or daughter has expressed interest in volunteering as a counselor for Camp SOAR. Camp SOAR is an overnight camp for children with special needs. Camp SOAR offers an excellent opportunity for your teenager to learn about various disabilities in a fun setting. This letter is to clarify that even though this is a volunteer position, your child accepts a number of responsibilities when he or she signs up. The number of campers that we can accept is directly related to the number of counselors who volunteer. Counselors are one-to-one caretakers for our campers. Those counselors who are not assigned as a one-on-one caretaker are still vital to our programming as they plan and run activities. Therefore, we need to have our counselors commit to coming to camp by the last week of May so we can plan camp accordingly and assign counselors to our campers. **If any counselors back out after this time, we may need to inform campers that they cannot attend camp.** We know you don't want to disappoint a camper, so please, stress to your son or daughter that this is a serious commitment. We understand that some prospective counselors may get "cold feet" as the start date approaches. We would be happy to talk with you or your teenager about expectations, etc. Please read the "What is expected of a Camp SOAR counselor" page for an overview of Camp SOAR.

Your son or daughter is expected to follow all the Camp SOAR rules while at camp (see final pages of counselor application). Failure to follow the rules will result in loss of privileges such as an early curfew, extra clean-up duty, etc. or dismissal from camp. The rules we have in place are for the safety of our campers, volunteers and our staff. Please take a moment to discuss the enclosed Counselor Rules with your teenager.

Thank you for supporting your son or daughter in their decision to volunteer for a wonderful cause that will bring happiness to some great kids!

Sincerely,

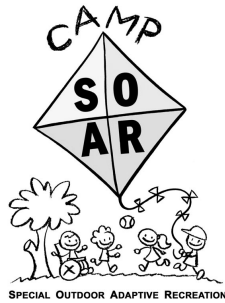
Nancy Keck, M.D.

Please sign and return this page with the application papers.

I have read the above letter, have reviewed the camp rules with my teen and understand the commitment they have made.

Parent Signature

Date



What is expected of a Camp SOAR counselor?

Camp SOAR is held at George Williams College, Williams Bay, WI. The overnight camp is open to children and teens (7-19 years) with physical and/or cognitive special needs, such as autism, Down syndrome, severe Fetal Alcohol Syndrome, cerebral palsy and many other handicapping disorders. There is a **mandatory** counselor training at camp for the summer sessions on Saturday, the day before the campers of Session One arrive. Training is from 8:30am to 5pm, lunch is provided for all attendees.

All summer counselors **must be in attendance for the full day** of training. Training includes getting camp supplies and bunk houses ready for the campers, everyone is needed.

Most volunteers are assigned to be a one on one counselor to a special needs camper for the length of each camp session. Counselor and camper are together for the entire session of camp, meals, activities, bunk house. Although some of our lower functioning campers require assistance in eating, dressing and personal hygiene, many are capable with some supervision. Campers may be in wheelchairs, walkers or be fully ambulatory. Some campers may have difficulty speaking or do not speak. Counselors need to be physically able to help their camper throughout the day for the entire week of camp. Senior counselors and staff are always available to lend a hand, don't hesitate to ask for help.

Counselors may be assigned to the arts and crafts or activity teams and not have a camper to care for. These assignments are as integral to the success of Camp SOAR as being a one on one counselor and quite busy. We depend on the arts and activity teams to be organized, helpful and focused on making everything run smoothly. Counselors may request to be an activities assistant.

Being a Camp SOAR counselor is not an easy task, it can be difficult, but you will be hard pressed to find anything more rewarding. Counselors receive no compensation, other than the knowledge that they have contributed to priceless memories for a group of very special campers. Hours at camp may be applied to school and religious service hours. Counselors are expected to abide by the camp rules. Neither counselors nor campers leave the grounds during camp.

The wooded, rolling hills of the camp facilities include a private sandy beach, dorm style 'cabins' along with an indoor/outdoor arts and crafts building. Activities during the summer may include swimming, a magic show, visit from exotic animals, games and story telling, songs, camp fires and crafts. Each cabin has it's own bathroom/shower facilities. All buildings are air conditioned.

The minimum age for counselors is 15; both male and female counselors are needed. Counselors may volunteer for respite only, either week, both weeks, or all three sessions, but, if volunteering for summer, must commit to the full week and attend training. If a counselor has volunteered for both summer sessions, they leave Friday early in the afternoon and return for the start of the second session on Sunday morning. A background check is done on all volunteers; social security numbers must be provided with the application. Not all applicants are accepted, acceptance depends on experience of the counselor, age/gender of campers, as well as when the application is received.

A doctor and nursing staff is on site at all times, in addition to clinical therapists of Children's Research Triangle. All meals and activities are included. There is no charge for volunteers, Due to high demand, campers can only attend one summer session, so counselors volunteering for both weeks would have two different campers assigned to them.

Last year we accommodated over 130 campers with 140 counselors throughout respite weekend and summer camp, many campers return year after year, as do the counselors. While being a Camp SOAR counselor can be physically and emotionally demanding, it is also an extremely rewarding, lots of fun and an awesome experience.

CAMP SOAR MEDICAL INFORMATION FORM

This is in addition to the physical form

Name of Counselor _____

_____ Height _____ Weight

Describe any medical/physical limitation on the type of volunteer work you can perform: _____

List existing medical problems or any handicapping conditions, including allergic reactions to any drugs:

Name of family physician: _____ Phone: _____

Address: _____

Name of family dentist/orthodontist: _____ Phone: _____

Address: _____

If non-emergency medical treatment is required while volunteering at camp, do you request that such medical treatment be done at a specific hospital or clinic? _____ If so, where? _____

INSURANCE INFORMATION:

Company: _____ Contact Person: _____

Policy Number: _____ Phone Number: _____

Group Number: _____ Policy Issued to: _____

**All medications, including over-the-counter medications, must be stored with Nurse Ingrid.
Please list all medications, including over-the-counter medications to be taken while at camp:**

Name of Medication	Dosage	Specific Times Given	Reason Given

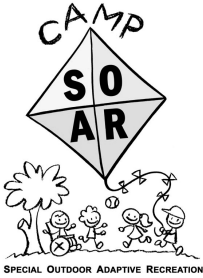
Packing instructions for medications will be sent at a later date

I give permission for the Camp SOAR nurse/doctor to provide basic first aid and/or treatment of minor illness. I also give permission for my child/self to ride in private vehicles owned by Camp SOAR staff members for non-emergency medical treatment such as lab test, x-rays, and/or treatment or while participating in Camp SOAR activities.

Signature of Applicant _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

(If under 18 yrs.)



COUNSELOR PHYSICAL FORM

Healthcare Recommendations by Licensed Medical Personnel

Name of applicant: _____

****PLEASE NOTE****

Counselors MUST have a physical on file.

A copy of ANY physical (sports, school, etc.) completed by a licensed medical professional in the last two years can be substituted for this form.

I have examined the above camp participant. Date of last examination: _____

B/P: _____ Weight: _____ Height: _____ Date of last Tetanus _____

In my opinion, the above applicant: is is not able to participate in an active camp program.

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

Current treatment at the time of this report includes:

Recommendation and Restrictions at Camp

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Additional information for health care staff at the camp:

Signature of Licensed Medical Personnel: _____

Printed: _____ Title: _____

Address: _____

Phone: _____ Date: _____

 **Camp SOAR**
Voluntary Disclosure Statement

Camp SOAR and Children's Research Triangle is required to have a background check on all volunteers and staff. To do this, it is necessary to have your Social Security number. You can call 312-726-4011 if you do not want to include it on this application.

First Name _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ SSN: _____ Driver's License # _____ State _____ Exp _____

School or College _____ City, State _____

Current Address: _____
Street Address City State Zip

Permanent Address: _____
Street Address City State Zip

Previous residence(s) for last 5 years (including college and home residences):

1. _____
Street Address City State Zip Years

2. _____
Street Address City State Zip Years

3. _____
Street Address City State Zip Years

4. _____
Street Address City State Zip Years

(Continue on a separate sheet if necessary)

Have you ever been convicted of any crime, other than traffic violation, in the last seven years? _____

If yes, please describe: _____

I give permission for Camp SOAR to request a criminal background check on the above named individual

Signature of Applicant _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

(If under 18 yrs.)

**WAIVER, RELEASE OF ALL CLAIMS
AND
HOLD HARMLESS AGREEMENT**

Participant's Name: _____

Please read this form carefully and be aware that, in signing up and participating in this camp, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participant might sustain. The terms "I," "me," and "my" also refer to parents or legal guardians as well as participants in the programs. In registering for these programs you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish all claims I may have as a result of participating in these programs against CHILDREN'S RESEARCH TRIANGLE, any and all other participating or cooperating agencies, and all independent contractors, officers, agents, servants, employees, students and volunteers of the agencies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge CHILDREN'S RESEARCH TRIANGLE and the other released parties from any and all claims for injuries, damages, or loss which I may have or which may accrue to me on account of my participation in these programs.

I fully agree to indemnify, hold harmless and defend CHILDREN'S RESEARCH TRIANGLE and any and all other released parties, from any and all claims resulting from injuries, damages, and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities" referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for my child/participant to receive first-aid, transportation or medical attention that may be required. I give my permission for the administration of medications by camp agents as prescribed by a physician and/or their parent or legal guardian.

I further understand that CHILDREN'S RESEARCH TRIANGLE carries no accident coverage on participants and that expense related to immediate medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or legal guardian.

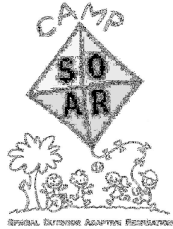
I consent to my child/self participating in any form of authorized activity including water activities except those specifically prohibited by the physician who examined my child/participant for admittance to camp and who signed the Medical Examination Form.

The information in this entire Agreement remains current unless written corrections are provided to CHILDREN'S RESEARCH TRIANGLE.

Signature of Applicant _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

(If under 18 yrs.)



CONSENT FOR RELEASE OF PHOTOGRAPHS, AUDIOTAPE, VIDEOTAPE AND/OR INTERVIEW

I hereby give CHILDREN'S RESEARCH TRIANGLE or any of its affiliates permission to:

_____ Take, copyright and /or publish photographs, audiotapes or videotapes of me.

_____ Interview me about my experience and publish the interview in whole or in part without the right to review.

_____ Identify my name in connection with these photographs, audiotapes, videotapes or interviews.

I understand these photographs, videotapes or interviews may be used for publication and/or for other public affairs purposes, including publications, advertisements, displays and placement on the CHILDREN'S RESEARCH TRIANGLE'S web site, as determined by CHILDREN'S RESEARCH TRIANGLE.

I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, audiotapes, videotapes and interviews, and agree that these photographs, audiotapes, videotapes and interviews shall at all times be the property of CHILDREN'S RESEARCH TRIANGLE.

I hereby release CHILDREN'S RESEARCH TRIANGLE or any of its affiliates, employees or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these photographs, audiotapes, videotapes and interviews.

Date _____

Name (please print): _____

Signed _____

Parent/Legal Guardian (please print): _____
(If counselor is under 18 years old)

Signed _____



Camp SOAR

Counselor Rules

CAMP IS FOR THE CAMPER.

- Treat campers with respect at all times
- Talk with your camper
- Play with your camper
- Joke with your camper

STAY WITH YOUR CAMPER AT ALL TIMES!

If you need to use the bathroom, ask a cabin leader or float to watch your camper.

DO NOT TRADE YOUR CAMPER WITH ANOTHER CAMPER/COUNSELOR PAIR!

- If you are having difficulty with your camper, talk with Dr. Nancy or Nurse Ingrid.
- If two counselors are assigned to one camper, BOTH counselors share equal responsibility and stay with the camper.

Act **ENTHUSIASTIC** about the activities.

Get your camper to do the activities-don't do them for him/her.

Do not whine or complain about the activities. They are designed for the campers, not the counselors. However, constructive comments are welcome.

Rest period is **NOT** counselor free time. You must stay in your cabin unless the cabin leader assigns you a job (i.e. get cabin supplies, do laundry etc.) This is a good time to work on the Talent Show, clean cabin etc.

If you are not feeling well, inform your cabin leader, Dr. Nancy or Nurse Ingrid, so they can assign a floater counselor to your camper. You will have an early curfew that night, even if you are feeling better.

- No cell phone/texting during the day.
- No use of headsets during the day.
- No use of electronic games during the day.
- (They may be used during free time after all campers are in bed.)

NO SWEARING

SMOKING ONLY AT EVENING FREE TIME

Counselors must be 18 years old and be 25' from any building in order to smoke.

This is Wisconsin state law.

Counselor Rules, Continued

WATER BOTTLES

- Use SOAR water bottles for your drinks.
- No cans of soda are allowed near campers.
- Keep track of your bottle. You will only be given one!

DORM DUTY:

- You are responsible for all campers in your cabin.
- You must stay in the cabin and be alert to what the campers are doing.
- No sleeping, listening to headphones, etc. until all counselors are back in the cabin at curfew.

NO SEX, DRUGS OR ALCOHOL! WE HAVE THE RIGHT TO SEARCH SUITCASES, ETC.

- Stay in designated boundaries at all times.
- Counselors are not allowed to have visitors without prior approval from Dr. Nancy.
- Curfew is 11:00 p.m. unless otherwise designated by Dr. Nancy.
- Counselors must be in their cabins by 11:00 p.m.
- Failure to follow rules will result in early curfew or dismissal from the camp.
- Dismissed counselors are not invited back the next year.

SOAR CLEAN UP RULES:

- Each dorm will have a clean-up schedule posted with rotating chores.
- Establish the clean-up routine with your camper the first day!

DORM

- Keep clothes (yours and camper's) in suitcase or laundry bag.
Every evening, put away clothes.
- If clothes are smelly or soiled, rinse (to launder later). Dirty clothes may be put in plastic bag until it can be laundered. Only wash soiled clothes that can't wait, not the clothes for the entire week.
- In bathrooms, wipe down any messes and disinfect.
- Keep toiletries together and store in bunk area, not in shower area.

DINING HALL

- Help your camper clear his/her area, bring your trays to service area, remove trash etc.

ARTS AND CRAFTS AREA

- Help camper clean up after each activity. Put away all supplies.
- Make sure craft has the camper's name on it and place in designated spot to dry, etc.