

Handicapable Camp, Inc.
P O Box 716
Plainfield, Indiana 46168
317-971-2486 (Voice Mail)
E-Mail: handicapablecamp@hotmail.com

Dear Cabin Leaders, Counselors, Nurses, Staff & Volunteers:

Once again, we are so thankful for all of our past help at Handicapable Camp, Inc. and each volunteers willingness to participate in the **September 7, 8 and 9, 2018** Camp. Welcome to all counselors and volunteers that are joining us for the first time.

To be a part of this year's camp, please complete all the information on each form in the attached application packet (indicate N/A if not applicable) including:

1. Medical/Emergency Release form
2. Staff Application
3. "Rules of Conduct" form

Bradford Woods is accredited with the American Camping Association and requires us to have a copy of all CPR certifications on file. Please submit copies of your certifications with the application packet.

Mail or email all completed forms as soon as possible. Anyone wishing to donate to help defray the cost of camp may make checks payable to Handicapable Camp, Inc. (donations are tax deductible.)

Points to Note:

- If you find you are unable to attend camp after you turn in your application, please contact Michelle Earl by phone 317-679-7532 as soon as possible.
- Bradford Woods is now a "no smoking" facility, therefore, smoking is not permitted on the premises.
- Alcohol and illegal drugs are not allowed on the premises.
- Due to the nature of the individuals we serve and the activities involved, you are required to wear loose modest clothing. (ie no short shorts, tight fitting leggings, low cut tops, no sleeveless shirts with the sides cut out, etc.).
- All camp staff who have one-to-one contact with the campers, and who are eighteen years of age or older, will be checked against the Indiana State Police Criminal History Registry.

Please note on your application if you will not arrive at the scheduled check in time. If your schedule will not permit volunteering for the entire weekend, you are needed for individual days, especially all day Saturday. Again, just note on your application the period of time that you are available.

For the campers' safety, Counselor's and staff medications must be stored with the medical staff in a secured place. Non-campers will have ready access to his/her medications.

OVER

CHECK IN TIMES		CHECK OUT TIMES	
Friday		Friday	
Support Staff	1:00-2:00 PM	Support Staff	10:00 PM
Counselors	2:00-4:00 PM	Saturday	
Campers	4:00-5:00 PM	Activity Volunteers	3:00 PM
Saturday		Support Staff	10:00 PM
Activity Volunteers	8:00-8:30 AM	Sunday	
Sunday		Campers	10:00 AM
Support Staff	8:00 AM	Counselors/Support Staff	1:00 PM

Please do not arrive before the listed check in time.

Bradford Woods is located southwest of Indianapolis on State Highway 67, approximately 7 miles south of Mooresville and 7 miles north of Martinsville. As you get close to camp, look for the signs that say HANDICAPABLE CAMP or BRADFORD WOODS.

RECOMMENDED EQUIPMENT LIST

Clothing appropriate for the weather (enough for the whole weekend + an extra set)

Sleeping bag/bedding	Jacket/sweat suit	Insect repellent
Pillow	Raincoat/poncho	Sunscreen
Towels and washcloths	Comfortable walking shoes	Personal items
Plastic bag for dirty/wet clothing	Change for soft drink machine	Flashlight

Reminder: As noted previously, you are required to wear loose **modest clothing**, i.e. no short shorts, tight fitting leggings, low cut tops, or sleeveless shirts with the sides cut out, etc.

Description of Volunteer Opportunities

Counselor: Direct contact with campers: helping campers with camp activities and personal care needs.

Activity Staff: Direct contact with campers; help out Saturday with camp activities, such as crafts, boating, fishing, games, etc.

Support Staff: Help out Friday, Saturday, or Sunday to support the Counselors and Camp Staff as needed such as help direct traffic, load/unload buses, guide parents/ campers, etc.

We are always seeking individuals who would like to be a counselor, activity volunteer, or camper. Please encourage those you know that may be interested in being a part of Handicapable Camp to visit the website at www.handicapablecamp.org. There is contact information available there along with downloadable applications and directions.

If you have any questions, email or call the voicemail number. We will respond as soon as possible. Thank you for your support. We are looking forward to seeing you September 8, 9, and 10. We could not do this without you!

Sincerely,
Diane Fugate, Board President

OFFICE USE ONLY

DB _____

Criminal Check: _____

How would like to help out this year? **Circle your preference.**

Cabin Leader Counselor Activity Volunteer Lunch Staff Staff:

Support Staff (specify days available): Fri, Sat, Sun

Counselor Cabin Preference: Girls or Boys or CABIN NAME _____

(We can not make guarantees on cabin preferences)

Name _____

Street Address _____

City/State/ZIP _____

County _____

Email _____

_____ I would like to receive information via email. _____ I would like information mailed to me home.

Sex _____ DOB _____ AGE _____ T-shirt size _____

Phone Numbers (please include area code on all numbers given)

Day (_____) _____ Night (_____) _____

Group/Organization: _____

ATTENDANCE CONFIRMATION LETTER NEEDED YES [] NO []

EMERGENCY INFORMATION (DURING CAMP)

Emergency contact name _____

Phone number _____ Pager _____ Cell _____

AREAS OF TRAINING/EXPERIENCE

_____ CURRENTLY CPR QUALIFIED EXPIRATION DATE _____ COPY ATTACHED _____

_____ YRS PARTICIPATING AT HANDICAPABLE CAMP Previous Experience _____

Failure to agree to the below Rules of Conduct will be grounds to deny camp participation.

RULES OF CONDUCT

1. No Profanity.
2. No public display of affection.
3. No malicious mischief.
4. No alcohol or illegal drugs.
5. Smoking is prohibited. Bradford Camp is a "smoke free" facility.
6. Any action that may be harmful to another individual will not be tolerated.
7. The direction of designated staff must be followed.
8. No pets, other than service animals.
9. For the safety of all, no weapons of any kind are allowed (Example: pocket knives, etc.)

Handicapable Camp, Inc. Management will determine appropriate behavior and consequences. Those who are unable to comply with the Rules of Conduct will be required to leave.

I, the undersigned, agree to abide by these rules.

Signature of Applicant Date _____

Printed Name of Applicant

Applicant NAME: _____

In consideration of my or my child's/ward's participation in the HANDICAPABLE CAMP, INC., and for other good and valuable considerations, I, on my own behalf and as agent for others stand in loco parentis and on behalf of myself or my child/ward, make the following representations, covenants and releases:

CONSENT TO TREATMENT

In the event that I or my child/ward should for any reason require any medical or surgical treatment and/or medication during the course of my or his/her attendance at or participation in HANDICAPABLE CAMP, INC. I authorize such physician and/or medical staff as the HANDICAPABLE CAMP, INC. may appoint or designate to authorize any necessary treatment, or to take myself or my child/ward to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of myself or my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required I or the person placed on the application as an emergency contact will be contacted, if at all possible, by telephone for permission.

MEDIA

I hereby irrevocably grant the HANDICAPABLE CAMP, INC. permission to record my or my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of the HANDICAPABLE CAMP, INC. in related campaigns, magazine articles, booklets, posters, and in any other way they may see fit. I hereby release them from any and all claims in its usage.

MEDICAL RELEASE

The undersigned for myself or as parent/guardian of _____, do hereby authorize HANDICAPABLE CAMP, INC. Health Center, its medical staff, to treat and/or prescribe the medication to myself or the above named participant while enrolled or participating in activity under the auspices of HANDICAPABLE CAMP, INC.

The physicians, organizers, officers, directors, agents, and employees of Indiana University, Camp Bradford, and HANDICAPABLE CAMP, INC. are hereby released, acquitted and discharges from any claim for damage or suit by reason of any injury, illness, or damage to person or property during the course of the camp, including transportation to or from the camp and/or to any event, and in regard, I hereby covenant that on my own behalf and for the person named on this application not to file a claim or bring suit with respect to any such injury or damage.

I, the undersigned, have read and fully understand the provisions of the above releases and will be bound thereby and I shall defend you and hold you harmless from any disaffirmation thereof by said myself or said participant.

Adult or Parent/Guardian Signature

Date

Participant's NAME _____
(PLEASE PRINT)

Bring labeled medications to camp and turn in to the nurse at registration. LABEL ALL MEDICAL EQUIPMENT THAT IS BROUGHT TO CAMP. **ALL MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL. IT WILL ONLY BE REVIEWED BY MEDICAL STAFF IN CASE OF AN EMERGENCY.** The following information provides necessary information if you are not able to communicate during an emergency.

BE SURE TO COMPLETE BOTH SIDES OF THIS PAGE. **PLEASE PRINT LEGIBLY.**

List as needed (PRN) or **Over the Counter Medicine** below (i.e., Tylenol, Imodium AD):

List **Medical Equipment** that the camper uses (i.e., glucose meter, walker, and ventilator):

SPECIAL CONDITIONS OR ILLNESS

Such as diabetes, epilepsy, asthma, mild hypertension, seizures:

ALLERGIES

Such as bee stings, elm trees, a specific medication: _____

ARE YOU ALLERGIC TO LATEX: YES or NO

DIETARY RESTRICTIONS

No sugar, no dairy products (milk), vegetarian, etc: _____
