

Health and Safety Requirements for WALH Spring Camp 2023

- Campers and volunteers will be asked to wear masks while indoors and have their temperature checked at least once daily, regardless of vaccination status.
- Spring Camp will be subject to changes or cancellation at any time.
- **You will need to provide proof of a negative COVID test (taken at most 24 hours prior) or receive a rapid test upon arrival.**
- Please contact your healthcare provider to determine if Spring Camp is a good fit for you. **Campers are required to complete and submit the attached medical form by April 15th.**
- **If you have received COVID-19 vaccines, please provide proof with this application. Per Camp Wawbeek requirements, proof of MMR vaccines is also required if you have not provided this in years past.**
- **If you have any of the following symptoms the day of camp, please do not attend:** fever/chills, cough or shortness of breath, nausea, vomiting, diarrhea, skin rash, sore throat, nasal congestion, headache, unusual fatigue, loss of taste or smell, or body aches.
- All unvaccinated campers and volunteers will stay together in two adjoining rooms.

Have you received the COVID-19 vaccine? Yes No

If yes, please provide the date of your most recent dose/booster _____

Campers, would you accept a volunteer who is unvaccinated? Yes No

Are you comfortable staying in a room with unvaccinated individuals? Yes No

If, in the unlikely event in-person Spring Camp is canceled, would you be interested in participating in the arts and crafts project (a spring wreath) virtually by having the supplies provided by mail?

Yes No

“WITH A LITTLE HELP...”, INC. 2023 SPRING CAMP - VOLUNTEER APPLICATION

FRIDAY, APRIL 28 - SUNDAY, APRIL 30 2023

Application Deadline is March 15, 2023

Please complete the requested information in each section carefully and completely. All information you provide on this application will remain strictly confidential, and is used by WALH’s Camp Coordinator to alert appropriate camp staff and volunteers only when deemed necessary. Be sure the information provided in the application is correct and complete. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of admission of camp.

Please follow submission instructions located on the last page once completed.

First Name, MI, Last Name: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number (Landline, if applicable): _____ Cell Phone (if applicable): _____

Birthdate: _____ Age: _____ Weight: _____ Height: _____

Gender: Male Female

How do you wish to receive correspondence from WALH? US Postal Email Both

Email Address: _____

Please check the position(s) you would be willing to hold at camp: Volunteer Attendant Nurse/Physician

Will you be able to attend the full weekend of camp (Friday through Sunday)? Yes No Maybe

If no or maybe, please explain:

Is there a disabled adult you specifically would/would not like to assist?

Do you know of anyone else who might also want to volunteer at camp? Yes No

If yes, please provide their name and phone number:

TRANSPORTATION

Although we cannot guarantee transportation to/from camp, we will make every effort to assist you in arranging it.

I need transportation. Yes No

I can provide a ride for someone else. Yes No Maybe

If yes, how many? _____ In wheelchairs _____ Ambulatory individuals

APPLICANT NAME: _____

EDUCATION

Please list below your education background, including high school, all colleges, trade and military schools.

School	Location (City, State)	Major	Graduated (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Please list job history for the past five years in chronological order. You may also include work performed on a volunteer basis.

Employer	Address & Phone #	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER WORK

Please describe your prior volunteer experience, with a particular emphasis on work that may be relevant to this application. (Include organization names and dates of service.)

REFERENCES *REQUIRED

Please list two persons best qualified to comment on your related experience and/or educational background.

Name	Phone #	Title/Relationship
_____	_____	_____
_____	_____	_____

List any special training/education you have had in assisting a person with a disability.

***Specialized training will be provided to safely care for individuals with disabilities. It is your responsibility to inform camp staff if you are uncomfortable with or unable to practice a specific task (lifting, medications, injections, etc.).**

Are you aware of any physical or mental disabilities that may limit your performance as an attendant? If yes, please explain how we may accommodate you.

Please give us any other information about yourself that may be helpful to us in matching you up with a camper or suggestions you may have regarding WALH Spring Camp.

APPLICANT NAME: _____

VOLUNTEER HEALTH INFORMATION

Please complete the information below to the best of your ability. Information on your medical history and medications should be provided in the event of a medical emergency while you are at "With A Little Help...", Inc. Camp.

HEALTH INSURANCE

No one will be accepted to camp without having his or her own health insurance coverage.

Do you have health insurance? Yes No

If yes, please include name of insurance carrier(s) and policy number(s):

Do you have a history of medical problems (seizures, pneumonia, diabetes, etc.)? Yes No

If yes, please explain: _____

Do have any drug/food or other allergies? Yes No

If yes, please list: _____

Are you taking prescription medication? Yes No

If yes, please list (please provide an additional sheet if more space is needed):

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List childhood diseases you have NOT had (include chicken pox, measles, mumps, etc.):

IMMUNIZATIONS

Polio (OVP)	YES	NO	Hepatitis B (HPV)	YES	NO	Influenza	YES	NO
Pneumococcal	YES	NO	Diphtheria, Tetanus, Pertussis (DTP)	YES	Year: _____		NO	
Measles, Mumps, Rubella (MMR)	YES	Dates Received: _____					NO	

APPLICANT NAME: _____

PERSON(S) TO CONTACT IN THE EVENT OF ANY EMERGENCY

Primary Contact:

Name: _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Phone Number(s) (with area code): _____

Secondary Contact:

Name: _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Phone Number(s) (with area code): _____

Primary Physician:

Name: _____ Phone Number: _____

CRIMINAL BACKGROUND CHECKS

Have you ever been convicted of a crime? Yes No

If yes, please explain the nature of the crime(s) and the date of the conviction and disposition. Please note that a "Yes" response to this question will not necessarily disqualify a volunteer: _____

Do you have any charges that are pending against you? Yes No

If yes, please explain. Please note that a "Yes" response to this question will not necessarily disqualify a volunteer:

Do you consent to and authorize WALH to conduct a criminal background investigation? Yes No

Social Security #: _____ Date of Birth: _____

Driver's license # (if applicable): _____ Expiration Date: _____

Maiden or other surnames (if applicable): _____

Other than by marriage, has your first or last name changed? If so, please list all previous names:

CODE OF CONDUCT

The mission of "With A Little Help...", Inc. is to provide our participants with a safe and enjoyable experience while attending either our summer or weekend camp. It is our hope that the application and interview process will answer any of your questions as well as help camp staff determine who you are best suited to be paired with. With that in mind there are also certain expectations we have of both adult campers and volunteers.

- I will not compromise the health and safety of program participants;
- I will represent WALH programs with dignity and pride by being a positive role model;
- I will participate in the required orientation and use the recommended policies and procedures;
- I will preserve the confidentiality of information about program participants;
- I will behave in a morally upstanding way. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden. I will maintain a respectful and professional relationship with everyone encountered through WALH activities;
- I will have respect for others, privacy and their personal property. Everyone is urged not to bring valued clothing,

APPLICANT NAME: _____

accessories, computer or camera equipment to camp. WALH is not responsible for loss or damage to personal property. I will not enter sleeping areas other than that for which I was assigned without the permission of those campers and/or volunteers that are occupying the space;

- I understand that harassment, including but not limited to verbal, sexual, racial, religious or that based on physical appearance or ability will not be tolerated;
- I understand that there is a responsibility of mutual respect between camper and volunteer in regard to daily schedules;
- For volunteers – my first responsibility will be that of my adult camper. While we want you to have a good experience, the needs of your camper must come first. If you feel you need some time to yourself, communicate that with your cabin leader or the camp coordinator;
- Once at camp I will not leave without the permission of either the Camp Coordinator, President or their designee. Our insurance policy does not cover any person or persons leaving camp without permission;
- Easter Seals Camp rules should be adhered to. Respect their property and avoid secured areas. All areas of camp should be kept clean. Upon departure it is my responsibility to make sure that my area is left in the manner it was found;
- Absolutely NO alcohol, illegal drugs, weapons, or explosives (including fireworks) will be tolerated at camp. Your first offense will result in immediate dismissal from camp and a one year suspension. Your second offense will result in immediate and permanent suspension from attending WALH camps. Forbidden item(s) will be confiscated prior to dismissal. WALH coordinators reserve the right to contact local authorities of any illegal activity;
- I will not share my prescription drugs with any individuals while attending WALH camp, I further will not take any prescriptions drugs that have not been prescribed for me by my physician;
- Most importantly have FUN! – Whether you're a camper or volunteer use this experience to meet new friends, get involved in activities and go home with the realization that you made a difference in the lives of others.

While we hope your relationship with us will be a continued and rewarding one, we reserve the right to terminate this relationship at any time for any reason.

Please also know the important role that both long time adult campers and volunteers play at camp. Along with your cabin leader use them as a resource. Respect them for their experience and use the opportunity to learn from them.

CONSENT FORM

I certify that all of the information that I have provided in this Application is true and accurate. I understand that the withholding of any information sought by the Application including consent to perform a background check, or the giving of false information may result in my disqualification from attending "With A Little Help...", Inc. Camp further referred to as WALH. **Please read and sign the consent on the following page.** This form must be filled out and accompany camp application and signed by each participant (or his/her guardian) or they will not be allowed to participate or use the facilities or equipment.

The health history contained in this application is correct so far as I know and the person herein described has permission to engage in all camp activities. I certify to the best of my knowledge I do not have any contagious or communicable disease or condition. I also understand that WALH and the camp are not responsible for illness due to previous injuries, health conditions or illness incidental to attending camp.

If there should be a medical emergency while at the WALH Camp or going to and from camp, I authorize treatment by the WALH Camp volunteer medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. The WALH Camp volunteer medical staff is able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I also authorize routine treatment by the WALH Camp volunteer medical staff during my stay at camp. I authorize the WALH Camp volunteer camp coordinators and volunteer medical staff to select and designate emergency medical personnel, nurses and physicians to furnish emergency medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I further absolve WALH, the camp, and camp volunteers and participants from any and all liability for their reasonable acts done in good faith. In an emergency and if time allows reasonable efforts will be made to notify your primary care physician or personal contact.

APPLICANT NAME: _____

I am responsible for dispensation of my own medications unless noted in the Health Information section included in this application that I am unable to do so. In which case, volunteer medical staff will assist. Upon arrival at WALH camp I must provide the volunteer medical staff with a current, comprehensive listing of all medication(s), including dosage(s) and frequency of each.

I release and waive any claim or cause of action which may occur against WALH in transit to and from Camp, or during any activity approved by and of said person, and I agree to assume any claim which I might have against any said persons for injury as herein stated.

I consent to WALH using any audio-visual programs, using photographs, or public relations referenced to myself. These may be used for any purpose WALH reasonably deem appropriate. I also consent to have my name, address, email address and telephone number included in the WALH camp roster.

I agree to follow the established Code of Conduct.

In accordance with the Health Information Privacy Act (HIPA), WALH Camp's legal duty will respect the rules around the privacy of medical/health information for the camper or staff and how we protect the privacy of one's medical/health records that we receive and provide. WALH Camp gathers two types of information for our campers and staff. The first is personal identification (name, address, phone number, etc.) and the second is medical information such as medications, medical treatment and medical history. WALH will share personal and medical data only with those people directly involved in their medical care.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in sports camp activities, Corvette rides, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence "With A Little Help...", Inc. and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in sports camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

APPLICANT NAME: _____

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim or negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

I HAVE READ THE ABOVE STATED CODE OF CONDUCT, CONSENT AND RELEASE FORM. I ACCEPT AND WILL ADHERE TO THESE STANDARDS OF BEHAVIOR WHILE AT WALH CAMP. I UNDERSTAND THAT WALH MAY TERMINATE MY ENGAGEMENT AT ANY TIME FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO FAILURE TO FOLLOW THESE POLICIES. I FURTHER STATE THAT ALL INFORMATION THAT HAS BEEN PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Name/Signature of Volunteer

Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of the above named volunteer he/she is being permitted to participate in the activity. I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Name of Parent/Legal Guardian (for volunteers under age 18)

Signature of Parent/Legal Guardian (for volunteers under age 18)

Date

Instructions to submit completed application:

OPTION 1:

1. **Save completed application to your desktop.**
Name document similar to: "uhlman 2023 spring camp"
2. Email as an attachment to: cc@walh.org

OPTION 2:

Print completed application and mail to:

"With A Little Help..." Inc.
P.O. Box 320243
Franklin, WI 53132

For more information, call Julie Chaloupka at (262) 939-3612

SPRING CAMP APPLICATION DEADLINE IS MARCH 15, 2023