

# CAMP HOPE 2020 VOLUNTEER CHECKLIST

## ONLINE VOLUNTEER APPLICATION

- ☐ Complete & submit online volunteer application at [CampHopeRegistration.com](http://CampHopeRegistration.com)
  - Early registration runs Feb 15th-April 1st. Registration closes June 1st

Not every teen/adult applying to volunteer will be able to serve at Camp Hope. The below steps are only to be completed once you have been contacted by Camp Hope staff and have received confirmation that you will be serving.

## RECOMMENDATION LETTER (UNDER 18)

- ☐ Recommendation letter from valid reference emailed or mailed in
  - Your volunteer application will not be processed until this letter has been received

## VOLUNTEER MEDICAL FORMS

- ☐ Complete and submit medical form
- ☐ Attach photocopy of insurance card with forms (front and back)
- ☐ Physician signature on camp medical form for those under 18
  - Medical forms MUST be received by June 1st, 2019
  - Forms may be mailed in or scanned and emailed to [camphope.poh@gmail.com](mailto:camphope.poh@gmail.com)
  - We are no longer accepting physical forms in place of the camp hope medical form

## SAFE ENVIRONMENT PAPERWORK

- ☐ PGC certificate emailed to [camphope.poh@gmail.com](mailto:camphope.poh@gmail.com) (18+)
- ☐ Fingerprinting done following instructions outlined on the website (18+)

## SIGN AND RETURN AGREEMENTS/LIABILITY FORM

- ☐ Review, sign and return the Camp Hope agreements/liability release form

## SHIRT ORDER PLACED (IF NEEDED)

- ☐ Visit [CampHopeRegistration.com](http://CampHopeRegistration.com) for shirt ordering information. Follow the instructions on the shirt page
  - Ordering window is Feb 15th through June 31st
  - Shirts will be mailed direct to homes around mid July

## REVIEW PACKING LIST

- ☐ Review Camp Hope packing list and acquire any needed items

## KEY INFORMATION DOCUMENT

- ☐ Review Key Information document

Mailing Address for all paperwork:  
Camp Hope, 1040 Plain  
field Ave, Plainfield, NJ 07060



# CAMP HOPE CAMPER/UNDER 18 MEDICAL FORM / PERMISSION TO TREAT

## I. Camper Information

Camper Legal last and first name \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Please Check Male \_\_\_ Female \_\_\_ Grade finished as of June this year \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

1. Parent Cell/work phone \_\_\_\_\_

2. Parent Cell/Work phone \_\_\_\_\_

Address if different from above \_\_\_\_\_

## II. Emergency Contacts in Event Parent Unavailable (2 contacts mandatory)

1. Name/Relationship to Camper \_\_\_\_\_

Home/Cell/work numbers \_\_\_\_\_

2. Name/Relationship to Camper \_\_\_\_\_

Home/Cell/work numbers \_\_\_\_\_

## III. Insurance Information

Medical Insurance Company \_\_\_\_\_ Subscriber \_\_\_\_\_

ID Number \_\_\_\_\_ \*MANDATORY - Attach a copy of both sides of card

PHYSICIAN NAME \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Physician Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALLERGY INFORMATION: List any allergies to foods, meds, animals, insects, plants or other

\_\_\_\_\_  
\_\_\_\_\_

***For severe Allergies, Asthma, Diabetes or any health issue requiring a nurse's care, you MUST provide a mandatory doctor prescribed protocol AND signature***

## IV. Offsite Medical Permission

I (give /do not give) permission for my son/daughter, \_\_\_\_\_, to leave Camp Hope with Camp Hope Staff Members should the opportunity for an offsite trip be made available.

I give permission for my child to receive over the counter cold/cough medication and pain relievers if needed, to be given by a Camp Hope Staff member while off site. Yes \_\_\_ No \_\_\_

I give the Camp Hope Staff member permission to allow my child to receive emergency medical care while off site at the above outings if needed. Yes \_\_\_ No \_\_\_

## V. Medical Information

### A. History: (Check if Yes)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Menstrual problem       | <input type="checkbox"/> Bedwetting      |
| <input type="checkbox"/> Sleepwalking           | <input type="checkbox"/> Glasses                 | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Stomach/Bowel problem  | <input type="checkbox"/> Contacts                | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Speech problem         | <input type="checkbox"/> Vision problem          | <input type="checkbox"/> Fainting        |
| <input type="checkbox"/> Lung disease/condition | <input type="checkbox"/> Kidney/Bladder problems | <input type="checkbox"/> Heart Disease   |
| <input type="checkbox"/> Hearing Difficulty     | <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Nasal/Sinus problem    | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Head Injury     |

\*IF YOU CHECK YES FOR ANY ABOVE ITEMS PLEASE PROVIDE A WRITTEN EXPLANATION IN FULL

Social/psychological (ADD, learning disability, anxiety, depression, etc.)

EXPLAIN: \_\_\_\_\_

Behavioral Issue

EXPLAIN: \_\_\_\_\_

Surgical /serious illness /or injury within the last year

EXPLAIN: \_\_\_\_\_

Physical Limitation or Other

EXPLAIN: \_\_\_\_\_

• Can your child participate in all activities: YES  NO  IF NO EXPLAIN:

• Please list and explain any general health issue(s) that require ongoing care/nurse's care

• Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_ (mandatory)

• Dietary restrictions or concerns (please be specific with severe allergies and dietary needs)

List any medications regularly used:

### B. I CERTIFY MY CHILD IS UP TO DATE WITH SCHOOL IMMUNIZATIONS YES NO

• If you selected no, please explain: \_\_\_\_\_

• Foreign campers/staff must submit full immunization record and current TB test results)

### C. A Physician's Signature of Authorization that this child is in good health to attend camp is required

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

AUTHORIZATION: (Parents read all information and sign) I, the parent, have fully, accurately, and to the best of my knowledge completed this history. I understand this information will be shared only on a medical/camp need-to-know basis. I understand a sick/contagious child may not come to camp. I authorize the Camp Nurses to administer medications and treatments if needed by my child, according to Camp Hope Standing Orders or a local Camp Doctor. I hold the Camp Staff harmless in connection with the administration of medications and treatments. In the event of an emergency, I hereby give permission to the Camp Staff to secure treatments and emergency care for my child. I understand I am financially responsible for any/all medical bills/copays incurred, including payments incurred not covered by my insurance. I have attached a copy, front and back, of my child's insurance card.

**Printed Name of Parent/Guardian/Individual (over 18)**

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

# CAMP HOPE MEDICATION USE & PERMISSION FORM

PLEASE FILL OUT ONE FORM PER INDIVIDUAL ATTENDING CAMP HOPE

**FOR CAMPERS / COUNSELORS under 18** – This Form must be completed by a Parent and Doctor for any camper/counselor taking any medications of any kind - (prescriptions, over-the-counter, vitamins, herbals). Individuals under 18 years of age taking routine medications **MUST** have a signed permission for administration from both the physician and the parent.

**FOR COUNSELORS / STAFF 18+** – This Form must be completed by any individual (18+) taking any medications of any kind. (prescriptions, over-the-counter, vitamins, herbals)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE \_\_\_\_\_

Medications for any individual will be administered by nurses at Camp Hope.

- If a child must carry an emergency medication such as an inhaler or Epi-pen, the doctor must provide specific permission/instructions for carrying and self-administering medication at camp.
- All meds and permission forms will be handed to nurse upon arrival at Camp Hope. Please plan to review administration with nurse and your child.
- Prescription drugs must be in original bottle, with date for this year and labeled for the specific child. Label every prescription box/non-prescription container/equipment with child's name.
- Package all medications for each child in a large Ziploc bag and label with child's name.

MEDICATION	DOSE	FREQUENCY	REASON FOR MEDICATION

*I hereby authorize this individual / child to receive the above medications while at Camp Hope.*

Individual (if 18+) Name: \_\_\_\_\_ Individual Signature: \_\_\_\_\_

*Parent and Doctor sign below for any camper / counselor under 18.*

Parent/Guardian Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

# CAMP HOPE EXPECTATIONS & AGREEMENTS

Camp Hope is a week-long Catholic youth camp focused on summer fun, deep friendships, and an ever-growing relationship with Jesus Christ and His Church. Fun, games and activities are important but the focus of this camp centers around seeking to draw closer to the Lord.

With this in mind, the following points outline agreements & expectations for campers & volunteers:

- All campers and volunteers are expected to participate fully in Camp Hope activities and reflect Christian attitudes in thoughts, actions and words.
- Campers or volunteers who find themselves unable to live out this agreement may be asked to return home.
- Serious behavioral incidents or issues that take place at camp will be quickly and clearly communicated to parents by a pastoral team member.
- Any breach of our Camp policies and procedures by a camper or volunteer may result in their swift removal from Camp Hope. In the case of a camper infraction, parents would be called in to remove their child, whether the parent agrees with the determination or not. The discretion and judgment of the Camp Director must be recognized as Camp policy.
- The Camp Director retains the right to ask anyone to leave at any time.

By signing below, I certify the following:

- I have read and understand the above statement of expectations for my child to attend Camp Hope.
- My child also understands these expectations and agrees to abide by all camp policies and guidelines.
- I understand that should my child choose not to follow these policies and conduct guidelines during camp, it could result in their dismissal from camp. I realize that it is the responsibility of the Camp Hope Directors to make this type of decision and that I would be responsible for supporting & respecting such a decision.

## LIABILITY RELEASE

I request that I [my son(s)/daughter(s)] \_\_\_\_\_  
\_\_\_\_\_ (names of participants) participate in Camp Hope in Tunkhannock, PA. I acknowledge that Camp Hope in Tunkhannock, PA may entail games, recreational sports and other activities associated with a sleep away camp. The physical involvement associated with a sleep away camp includes the risks of injury through participation in indoor, outdoor, field and/or water-based games, challenges and activities. Common activities at Camp Hope are swimming, slip & slide, field games, archery, boating, fishing, hiking, bonfire, shooting of BBs, baseball, basketball, and Gaga. I acknowledge that there are inherent risks in these and other activities associated with a sleep away camp. I specifically waive any and all claims of any nature I may have arising out of Camp Hope, in connection with the above-described activities, that may be derived from any accident or injury I [my son(s)/daughter(s)] may sustain en route to, during, and/or returning from the activity.

I consent to [my son(s)/daughter(s)] being transported by Camp Hope in the event of a field trip in compliance with the child protection policies of Camp Hope.

\_\_\_\_\_  
Date \_\_\_\_\_  
**Parent/Guardian/Volunteer Signature**

\_\_\_\_\_  
**Parent/Guardian/Volunteer Printed Name**

# CAMP HOPE KEY INFORMATION

## 1. DATES

- Volunteers arrive Saturday, August 1st and Camp Hope officially runs Sunday, August 2nd to Saturday August 8th.

## 2. CAMPER ARRIVAL

- Campers are to arrive Sunday, August 2nd between 2 & 3pm. Campers will not be accepted before 2pm. Please visit the registration table upon arrival.

## 3. VOLUNTEER ARRIVAL

- Volunteers must arrive by 12pm on Saturday, Aug 1st for camp setup as well as final orientation & training. NOTE: No campers are allowed on Saturday, Aug 1st.

## 4. CAMPER PICKUP

- Camper pickup will take place on Saturday, August 8th @ noon (not before please)

## 5. CAMP T-SHIRTS

- All campers and staff are required to wear Camp t-shirts everyday at camp. Shirts are available for purchase on the Camp Hope website. Please visit the website for information as to how to order shirts and corresponding deadlines to placing orders.

## 6. REQUIRED MEDICAL FORMS

FOR ALL CAMPERS AND VOLUNTEERS UNDER 18

- Each camper & high school volunteer under 18 is required to submit a physician signed camp medical form. **PHYSICAL FORMS ARE NO LONGER ACCEPTED**
- All medical forms & documents must be sent in by June 1st (signed medical form, medication permission form, insurance card copy). Email scanned forms to [camphope.poh@gmail.com](mailto:camphope.poh@gmail.com) or mail to Camp Hope, St. Francis Building, 1040 Plainfield Ave, Plainfield, NJ, 07060.

ALL ADULT STAFF 18 and OLDER

- All adult staff 18 and older must submit a completed medical form & medication use form (if needed) but do not need a doctor's signature.

## 7. CLOSING CELEBRATION

- On Sunday, August 8th, 2:30pm-4:30pm there is a closing Camp Hope celebration hosted at Koinonia Academy in Plainfield, NJ for campers and their families. The celebration includes the debut of the Camp Hope 2020 highlight reel, praise & worship, camp overview, camper sharings, refreshments, and family fellowship.

CAMP HOPE KEY DATES TIMELINE					
Feb 1	Feb 15	April 1	June 1	July 7	July 16
Early Registration Open for Returning Families & All Volunteers	Early Registration Open to All	Early Registration Ends / All Money In	Registration Ends / Paperwork & Money Due	Camp New Parents Meeting	Camp Staff Meeting



# CAMP HOPE PACKING LIST

- Bible and Rosary
- Notebook Pens/Pencils
- Writing Paper
- Ready to mail envelopes
- Sleeping bag or blankets
- Sheets
- Pillow/pillow case
- Play Clothes for 1 week
- Camp t-shirts
- Swim suit\* (see below)
- Kleenex
- Two Towels (Bath/swim)
- Sweatshirt/Jacket
- Hat/Cap
- Raincoat/Poncho
- Sleepwear
- Sneakers, Sandals, Flip-flops
- Flashlight /extra batteries
- All toiletries (toothbrush, toothpaste, soap, shampoo, brush, comb, deodorant)
- Laundry bag (mandatory)
- Rainboots
- Sunscreen
- Bug Repellant
- Water bottle (mandatory)
- Markers/crayons(suggested)
- Baseball glove (if possible)
- Fishing gear (optional)
- Fan (optional)
- Spending money for snack shack (\$10)
- Good reading material

## DRESS CODE

The following dress code was developed to allow all attending Camp Hope to participate fully in activities and to assure that no one feels offended or uncomfortable during his or her stay. Please be advised that the following dress code will be enforced for all staff, counselors, and campers. Plan accordingly so that you will not be asked to change inappropriate clothing.

- **IN GENERAL:** All clothing should be neat and in acceptable condition and appearance and worn within the bounds of decency and good taste.
- **CAMP SHIRTS:** Campers & staff must wear camp issued shirts at all times. Please make sure to purchase and pack enough camp shirts (5-7 recommended). An extra shirt or 2 might be helpful if one gets dirty or wet.
- **OTHER GUIDELINES:** We do not allow clothing that displays profanity, products or slogans that are distracting, or anything that does not support our faith environment. Avoid clothing that is excessively baggy, tight, or short. **MEN:** shorts that fit appropriately or have a belt if necessary - **WOMEN:** shorts/skirts at least fingertip length w/arms extended at side. No leggings or yoga pants worn as pants)
- **WATER ACTIVITIES:** Campers wear cover ups and/or camp t-shirts to and from all water activities. **MEN:** Swimsuits or shorts - **WOMEN:** Swimsuits that are or look like one piece

## REMINDERS

- Mark everything you bring with your name
- The showers/bathrooms are separate from the cabins.
- Weather at Camp can be hot in the day, and chilly in the early morning/nights
- Please review with your children respect for others and their belongings as well as caring for their own belongings.

## WHAT NOT TO BRING

- Electronics of any kind (game systems, cell phones, iPads, etc.)
- Inappropriate literature of any kind
- Dangerous toys, hunting equipment, swiss army knives or similar

[www.CampHopeRegistration.com](http://www.CampHopeRegistration.com)



# CAMP HOPE

## HIGH SCHOOL VOLUNTEER RECOMMENDATION FORM

A Camp Hope Recommendation Form must be submitted for you by an adult in your life who knows you well. Suggestions would be your youth minister, parish priest, coach or teacher. Have your reference scan and email the completed form to [camphope.poh@gmail.com](mailto:camphope.poh@gmail.com) or mail a copy to Camp Hope, 1040 Plainfield Ave, Plainfield NJ, 07060.

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address and Phone #: \_\_\_\_\_

Church or Community: \_\_\_\_\_

\*\*\*\*\*

How long have you known the applicant? \_\_\_\_\_

How well do you know him/her?     By Face/Name     Casually     Fairly Well     Very Well

### WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

	Almost Always	Often	Sometimes	Rarely	Unknown
Adaptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing to Serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritually Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds Well to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits Self Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procrastinates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical or Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argumentative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domineering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rebellious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is the applicant active in his/her church or Christian community?     Yes     No  
Are you aware of any mental or emotional illness, or instability in the applicant?     Yes     No  
Have you ever had reason to question the applicant's morals?     Yes     No  
Do you have any reason to lack confidence in the applicant?     Yes     No

### Based on the above information the applicant is:

Strongly Recommended     Recommended     Recommended with Reservation     Not Recommended

Additional Comments:

Reference Signature/Date: \_\_\_\_\_

