CAMP HOPE 2026 VOLUNTEER CHECKLIST

ONLINE VOLUNTEER APPLICATION

- [ ] Complete & submit online volunteer application at CampHopeRegistration.com
  - Registration opens Feb 15th

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)

- [ ] Recomendation letter from valid reference emailed in
  - Your volunteer application will not be processed until this letter has been received

VOLUNTEER MEDICAL FORMS

- [ ] UNDER 18
  - Print, complete and upload medical forms.
  - Physician signature on camp medical form
  - Signed physical forms from 2026 suffice as a doctor's signature along w/ camp forms
  - Upload forms using link from registration confirmation or on camp website
- [ ] OVER 18
  - Digitally complete and submit forms using link sent with acceptance email.
- [ ] FOR ALL
  - Medical forms MUST be received by July 1st, 2026
  - Attach scan of insurance card with forms (front and back)

SAFE ENVIRONMENT PAPERWORK (18+)

- [ ] PGC certificate emailed to camphope.poh@gmail.com if renewed recently or new volunteer
- [ ] Background check done following instructions outlined on the website

CAMP AGREEMENTS / LIABILITY FORM

- [ ] You will receive a link to a document outlining policies on camp agreements & liability. Read, sign and digitally submit

SHIRT ORDER PLACED (IF NEEDED)

- [ ] Visit CampHopeRegistration.com for shirt ordering information. Follow the instructions on the shirt page
  - Order now through July 15th
  - Shirts will be mailed direct to homes end of July

REVIEW PACKING LIST

- [ ] Review Camp Hope packing list and acquire any needed items

KEY INFORMATION DOCUMENT

- [ ] Review Key Information document

CAMP HOPE KEY INFORMATION

1. DATES

- Volunteers arrive Saturday, August 1st and Camp Hope officially runs Sunday, August 2nd to Saturday, August 8th, 2026.

2. CAMPER ARRIVAL

- Camper arrival takes place Sunday afternoon, Aug 2nd. Drop off time slots are coordinated by family name. Stay tuned for further details.

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 at this day

4. CAMPER PICKUP

- Camper pickup will take place on Saturday, August 8th from 12 to 1pm (not before). Stay tuned for further details

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 print and submit completed camp medical forms. This must include a doctor's signature or recently signed physical forms (must be from 2026)
- Once completed with appropriate signatures (parent/doctor), all forms must be digitally uploaded on the camp website using the document upload area (scan or photograph - follow link sent to you). Your child's place at camp is not secured until all documents & payments have been received.

ALL ADULT STAFF 18 and OLDER

- All adult staff 18 and older must digitally complete and submit a medical form & medication use form (if needed) but a doctor's signature is not needed

7. CLOSING CELEBRATION

- On Sunday, August 9th, 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 2026 highlight reel, praise & worship, camp overview, camper sharings, food, and family fellowship.

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
- Bathing suit* (see below)
- Kleenex
- Hand sanitizer
- Two Towels (Bath/swim)
- Sweatshirt/Jacket
- Hat/Cap
- Raincoat/Poncho
- Rain boots
- Sleepwear
- Sneakers, Sandals, Flip-flops
- Flashlight /extra batteries
- All toiletries (toothbrush, toothpaste, soap, shampoo, brush, comb, deodorant)
- Laundry bag
- Sunscreen
- Bug Repellant
- Water bottle (mandatory)
- Markers/crayons(suggested)
- Baseball glove (if possible)
- Fishing gear (optional)
- Small fan (optional)
- Snack Bin (optional) Click HERE to purchase approved snack bin
- 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 two 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, smart watches, iPads, etc.)
- Inappropriate literature of any kind
- Dangerous toys, hunting equipment, swiss army knives or similar
- Candy or snacks containing any nuts, soda, or similar beverages

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

I. Camper Information

Camper Legal last and first name _____

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. Permissions

• I 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. **Yes ___ No ___**

• I give permission for my child to receive over the counter cold/cough medication and pain relievers if needed, to be given by the camp nursing staff on site and a camp staff member if off site. **Yes ___ No ___**

• I give permission for my child to receive emergency medical care if needed. **Yes ___ No ___**

V. Medical Information

A. History: (Check if Yes)

___ Severe Allergies
___ Sleepwalking
___ Stomach/Bowel problem
___ Speech problem
___ Lung disease/condition
___ Hearing Difficulty
___ Nasal/Sinus problem
___ Menstrual problem
___ Hypertension
___ Head Injury
___ Vision problem
___ Kidney/Bladder problems
___ Orthopedic problems
___ Asthma
___ Bedwetting
___ Diabetes
___ Eating Disorder
___ Fainting
___ Heart Disease

*IF YOU CHECK ANY ABOVE ITEMS PLEASE PROVIDE A WRITTEN EXPLANTION 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

IMPORTANT NOTICES

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

PLEASE FILL OUT ONE FORM PER INDIVIDUAL ATTENDING CAMP HOPE

FOR CAMPERS / COUNSELORS under 18 – This form MUST be completed by both a parent and doctor for any camper/counselor under 18 taking prescribed medications of any kind.

FOR COUNSELORS / STAFF 18+ – This form must be completed by any individual (18+) taking medications of any kind both regularly or as needed.

LAST NAME_____FIRST NAME_____DATE_____

MEDICATION	DOSE	FREQUENCY	REASON FOR MEDICATION

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

Individual Name (18+):_____ Individual Signature: _____

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

Parent/Guardian Name:_____ Parent Signature: _____

Physician Name: _____ Physician Signature: _____