



**OhioHealth and the
OhioHealth Rehabilitation Hospital Presents
Retreat & Refresh Stroke Camp
Salt Fork Lodge & Resort in Lore City, OH
June 9-11, 2017
www.saltforkstateparklodge.com**

You are completing this form to be a volunteer of Retreat & Refresh Stroke Camp. Please complete all requested information in each section. **Volunteers are required to be at least 18 years of age and be in good health. Anyone younger than 18 will need to request a youth volunteer application for consideration.** It is your responsibility to let us know if special accommodations need to be arranged. Healthcare background or training welcomed, but not necessary.

All volunteers are asked to arrive at camp by 10 AM on Friday and to stay for the duration of the weekend. Camp ends Sunday afternoon around 2 pm. Preference will be given to volunteers who are able to stay for the entire weekend.

Return form to:

Retreat & Refresh Stroke Camp
2000 W. Pioneer Pkwy, Ste. 16
Peoria, IL 61615

Phone: 309-688-5450

Fax: 309-688-5451

Email: registration@strokecamp.org

Please write legibly in blue or black ink.

Name :	Phone :
Address:	Email:
City:	Employer:
State: Zip:	Age: Gender: M F
Name Badge Should Read:	Shirt Size: S M L XL 2XL 3XL
Occupation:	Degree (if applicable)

Your name, address, phone number, and email address will be distributed to all in attendance at camp.

Do you require a special diet beyond heart healthy, diabetic friendly or have any food allergies?

Yes ___ No ___ **If yes, please describe:** _____

Our best efforts will be made to accommodate your request.

In case of emergency, contact:

Name: _____ Relation: _____ Phone: _____

How did you hear about Stroke Camp?

Experience working with the stroke population: (prior experience not required)

Camp Experience: (Brief History if applicable)

Volunteers are not expected to assist survivors and caregivers with activities of daily living (bathing, dressing, grooming, etc...) The following activities are ones you may be asked to assist with while at camp. Volunteer assignments are made at camp, and all volunteers are asked to assist wherever they see a need. (Activities vary based on retreat center location, time of year, and accommodations.)

- Crafts
- Sports
- Games
- Fishing
- Swimming
- Boating
- Massage
- Manicures
- Hiking
- Assisting survivors through buffet line
- Rock climbing
- Education sessions
- Snack preparation
- Registration/admin.
- Discussion groups
- Paraffin dip
- Decorating for theme

Please list any current certifications or credentials you have which would be helpful in the camp setting:

First aid _____ CPR _____ Other _____

Please list any other information about yourself that you wish to share:

Stroke Camp Volunteer Expectations

Thank you for agreeing to volunteer for this important weekend in the life of stroke survivors and caregivers in your area. **Your commitment for the retreat weekend would begin by 10 AM Friday morning for a team building activity and end Sunday around 2:00 pm.** For the comfort of our survivors and the continuity of the weekend, it is important to make every effort to attend for the entire retreat.

Stroke survivors and caregivers arrive between 2:30 and 4:00 on Friday and depart at the close of the event Sunday. **We ask that volunteers plan to attend the entire retreat unless other arrangements have been made.** You will receive a weekend schedule, directions to camp and what to bring via email approximately two weeks before camp.

Please indicate your availability for the Ohio Health sponsored Stroke Camp, the weekend of June 9-11, 2017.

_____ I will be there for the entire Weekend (Preferred)

Or: available beginning _____ am/pm through _____ am/pm
Date/Time Date/Time

Depending on the facility, volunteers typically share a sleeping room with one or more volunteers of the same gender. If you have a friend, colleague, or spouse volunteering for this camp that you would like to room with, please list their name/s here. We will do our best to accommodate rooming requests. _____

There are opportunities for educational/experiential sessions throughout the retreat weekend. If you have a topic of interest and would like to present, please list it here and we will be in touch.

Volunteer Policies and Procedures

Each member of the Retreat & Refresh Stroke Camp (hereafter “Camp”) staff: counselors, activity staff, medical staff, and administrative staff has a **responsibility** to provide for and protect the health and well-being of campers (stroke survivors and their caregivers).

Please read the following Practices and Policies Agreement **carefully and thoughtfully** then sign the statement of compliance that follows.

Medical Services: The camp nurse must be advised promptly of any injuries or health problems. *All volunteers must follow decisions made by camp nurse for themselves and campers.*

Telephone Calls: Volunteers will not be paged for calls, except in case of emergency. The facility phone cannot be used for personal calls. Cell phones can be used during free time, but are to be kept silent during camp group activities. Often cell coverage is spotty at our camps.

Valuables and Cash: Everyone is urged not to bring highly valued clothing and accessories. The Camp cannot be responsible for loss or damage to personal property.

Professionalism: Confidential information given and received before, during, or after a camp must be held in confidence. Volunteers must act professionally toward all campers.

Smoking: Smoking on the camp grounds is forbidden and is extremely dangerous to the environment, and the health of you and those around you. If smoking is permitted, there will be a designated area to be used during your breaks.

Alcohol and Drugs: The use of alcoholic beverages or illegal drugs while caring for stroke survivors and their caregivers is strictly forbidden and will be considered grounds for sending a volunteer home. To be under the influence of alcohol or drugs in camp is not consistent with a volunteer’s responsibility to the campers. Camp Nurse or the Camp Director can release anyone who is under the influence during the weekend.

Camp Site Requirements: All volunteers and campers must abide by the contractual agreement signed by Retreat & Refresh Stroke Camp.

Safety at Camp: In order to protect both campers and volunteers, strict safety policies will be followed which include the Golf Cart and Walkie Talkie policies listed below.

Golf Carts: Golf carts are for the purpose of transporting stroke survivors and caregivers between points at camp or moving equipment when necessary. The Camp Director will appoint golf cart drivers for the camp. Any use other than what is listed above must be approved by the camp director. **Anyone under the age of 18 or who doesn’t have a valid driver’s license is prohibited from driving golf carts.**

Walkie Talkie use: Often camp locations have poor or spotty cell phone coverage. Because of that fact, if there is an opportunity for campers to explore the outdoors and be away from the

Last Name _____

camp site, they must be accompanied by volunteers who have a walkie talkie. The base will be left with someone at the main site and agreed upon through the camp director before departure.

I acknowledge that I am volunteering to perform services for Camp, with no expectation of pay or remuneration of any kind. I understand that I will not be employed by or be an employee of Camp. Because I will not be an employee, I understand that I will not be covered by either state unemployment or state workers' compensation laws or any camp insurance policy.

I further acknowledge that my volunteer services will not entitle me to any employee benefits provided by Camp to its employees. Either I or Camp may decide to terminate my volunteer services at any time and for any reason, with or without notice.

I have read the above Practices and Policies and agree to abide by the regulations established or the retreat. I am fully aware that adhering to the rules will be my sole responsibility. Deviation from these rules may be cause for immediate dismissal from the Camp.

Signature of Volunteer

Date