

**United Stroke Alliance
Brain Tumor Survivors Retreat
Sponsored by Dignity Health Foundation East Valley and
Faith Hope and Love Brain Tumor Foundation
Chapel Rock Camp, Prescott, AZ
October 4-6, 2019**

You are completing this form to be a volunteer at the Brain Tumor Survivors Retreat provided through Retreat & Refresh Stroke Camp, a division of United Stroke Alliance. 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 11:00am on Friday and to stay for the duration of the weekend. Camp ends Sunday afternoon around 2:00 pm..

Please complete and submit this form in its entirety. You may send this form to United Stroke Alliance, 2000 Pioneer Parkway, Suite 16, Peoria, IL 61615 or larry@unitedstrokealliance.org. Please contact us at 309-688-5450 if you do not receive confirmation of your submission within two business days.

Thank you for volunteering to Arizona's Third Annual Brain Tumor Survivors Retreat. Please fill out this volunteer form in its entirety and submit by September 1, 2019.

Please complete all of the requested information in each section.

VOLUNTEER INFORMATION

Name :	Phone:
Address:	Email:
City:	Birth Date:
State: Zip:	
Name Badge Should Read:	

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.

While our best efforts will be made to accommodate your request, we suggest you bring snacks/food to supplement your diet if you are concerned about having food available that you can eat.

***In case of emergency:**

***Name:** _____ ***Relationship:** _____

***Phone:** _____

***How did you hear about Brain Tumor camp?**

Experience working with Brain Tumor population: (prior experience not required)

Camp Experience: (Brief History if applicable)

Volunteers are not expected to assist campers 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
Massage
Registration/admin
Discussion groups
Sports
Manicures
Education sessions**

**Paraffin dip (Pampering)
Assisting campers w/buffet line
Snack preparation
Decorating for theme
Hiking
Fishing
Horseback Riding**

Please list any current certifications or credentials you have which would be helpful in the camp setting (example: CPR, First Aid, etc.):

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

If you have any questions, please feel free to call Larry at 309-688-5450. Send your volunteer form to our address:

United Stroke Alliance
Attn: Larry
2000 W. Pioneer Pkwy Ste. 16
Peoria, IL 61615
larry@unitedstrokealliance.org

Volunteer Expectations

Thank you for agreeing to volunteer for this important weekend in the life of Brain Tumor patients and their families. Your commitment for the retreat weekend would begin by 11:00am Friday morning and end Sunday around 1:00 pm. For the comfort of our campers and the continuity of the weekend, it is important to make every effort to attend for the entire retreat.

Campers arrive between 2:00 and 4:00 on Friday and depart after lunch on 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 approximately one week before camp.

Please indicate your availability for the camp date for the Third Annual Brain Tumor Camp
Chapel Rock Camp, Prescott, AZ
October 4-6 2019

*I will be there for the entire Weekend (Preferred) _____ YES _____ NO

Or: available beginning 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 person, including staff and volunteers have a responsibility to provide for and protect the health and wellbeing of all campers.

Please read the following Practices and Policies Agreement carefully and thoughtfully and then sign the statement of understanding 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 should not 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 and/or Facility 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 unless otherwise indicated. If smoking is permitted, there will be a designated area to be used.

Alcohol and Drugs: The use of alcoholic beverages or illegal drugs during camp is not acceptable and will be considered grounds for dismissing a volunteer. To be under the influence of alcohol or drugs in camp is not consistent with a volunteer's responsibility to the campers. The Camp Director can release anyone who appears to be impaired at any time.

Camp Site Requirements: All volunteers and campers must abide by the contractual agreement with the Facility signed by Retreat & Refresh Stroke Camp™. No animals, firearms, ammunition, weapons, power tools, explosives or poisonous substances are allowed on the property. The Emergency and Fire Policy will be available on site for reference as needed.

Safety at Camp: In order to protect both campers and volunteers, strict safety policies will be followed which include the Golf Cart, boating, fishing and other activities.

Golf Carts: If applicable, golf carts are for the purpose of transporting campers between points at camp or moving equipment when necessary. The Camp Director will appoint golf cart drivers for the camp. Anyone under the age of 18 is not permitted to drive the golf carts.

Walkie Talkie use: Often camp locations have poor or spotty cell phone coverage. Any camper interested in exploring the trails and grounds of the facility will be accompanied by a staff member or volunteer who has a Walkie Talkie.

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 discontinue 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. I am fully aware that adhering to the rules will be my sole responsibility. Deviation from these rules may be cause for immediate dismissal by the Camp Director.

***Electronic Signature of Volunteer _____ -**

***Date _____**