



a division of



UNITED STROKE ALLIANCE

Retreat & Refresh Stroke Camp
Sponsored by: Lincoln Stroke Partnership, Bryan Health,
Madonna Rehabilitation Hospital, St. Elizabeth
Location: Carol Joy Holling Conference & Retreat Center in
Ashland, NE
Date: September 13-15, 2019

Volunteer Registration Form

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 10:00 AM on Friday and asked 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.

Basic Volunteer Information

Please write legibly in blue or black ink.

BASIC INFORMATION

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

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

Emergency Contact Information

Name: Phone: Relation:

Additional Helpful Information

- Do you require a special diet beyond hearth healthy, diabetic friendly or have any food allergies? Yes No

If YES, please describe the special diet/allergy:

Our best efforts will be made to accommodate your request, however if you are concerned about having food available that you can eat, we suggest bringing snacks and/or food to supplement your diet.

- How did you hear about Stroke Camp?
Experience working with the stroke population?
Camp experience?
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

### Arrival

**Your commitment for the retreat weekend would begin by 10:00 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 the entire retreat!

Stroke survivors and caregivers arrive between 1:30pm and 3:30pm on Friday and depart at the close of the event Sunday. We ask that volunteers plan to attend the entire weekend retreat unless other arrangements have been made.

Will you be present the entire weekend (September 13-15, 2019)?  Yes (PREFERRED)  No

If **NO**, when will you arrive?: \_\_\_\_ / \_\_\_\_ @ \_\_\_\_:\_\_\_\_ am pm

When will you leave?: \_\_\_\_ / \_\_\_\_ @ \_\_\_\_:\_\_\_\_ am pm

### Activities

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
- Massage
- Rock Climbing
- Discussion Groups
- Sports
- Manicures
- Education Sessions
- Paraffin Dip
- Fishing
- Assisting survivors through buffet line
- Snack preparation
- Decorating for theme
- Swimming
- Boating
- Registration/admin.

### Room Assignments

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.* While there are no guarantees, we will do our best to accommodate rooming requests:

### Interests and Confirmation

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:

Approximately one or two weeks before camp, via email, you will receive:

- Weekend Schedule
- Directions to camp
- Packing check guide
- Address List
- List of Expectations and Roles

FOR MORE INFORMATION PLEASE VISIT:  
[www.strokecamp.org](http://www.strokecamp.org)  
[www.unitedstrokealliance.org](http://www.unitedstrokealliance.org)

Keep in touch with what's going on and get social with us



## Stroke Camp 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 decision 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 many of our camp locations.

**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, moving equipment when necessary, and for golf cart tours. 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 does not 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 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 of the establishment 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 Camp.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date