



Thank you for your interest in volunteering at A-Camp! A-Camp is a 6-week Summer Day Camp for children with autism. It allows them the opportunity to experience a fun, exciting camp setting in an environment where all their needs are met. Volunteer slots are on a first-come, first-serve basis, so the sooner you get your application in the better. Volunteers may choose to volunteer one week or up to all six weeks. For the consistency of our campers, we prefer that our volunteers sign up for two weeks or more. It is also preferred that the weeks chosen are consecutive weeks. Times vary for Action vs. Adventure Camp, so be sure to check the registration form. Although we cannot guarantee your placement, we will do our best to accommodate your selections.

A-Camp is an independently run camp located at Camp Aldersgate. Camp Aldersgate is a 50-acre facility that is dedicated to servicing the needs of children with disabilities. It is located off of Kanis Road in the heart of West Little Rock. It provides our kids an actual camp experience without having to leave town. The kids will be able to swim, fish, hike, and run while having their individual needs met.

One of the key components to our camp is our volunteers. We are thrilled about your interest in A-Camp. Your energy and ability to help the campers get the most out of their day is an integral part of our camp.

Enclosed you will find:

A-Camp Volunteer Job Description

Volunteer Form

Photo Release

2 Volunteer Reference Forms (must be filled out and mailed back by reference)

HIPPA Policy

Parent Release

Applications must be completed and returned by April 5, 2016.

If you have any questions or concerns feel free to email us at info@A-Camp4kids.org or call our Director Amanda Laboy at 580-574-9286. An A-Camp volunteer committee person will be in touch with you.



JOB DESCRIPTION

Action Camp and Adventure Camp Volunteer

- Position:** Volunteer
- Dates:** Any of the below weeks:
Volunteers can sign up for 1 week up to 6 weeks. We encourage volunteers to sign up for a minimum of 2 weeks, but 1 week will be considered.
Week 1: June 13-16, Week 2: June 20-23, Week 3: June 27-30
Week 4: July 11-14, Week 5: July 18-21, Week 6: July 25 - July 28
- Hours:** **Action Camp (Elementary School Ages)** Monday to Wednesday: 8:00am - 12:30pm & Thursday: 8:00am - 2:00pm, 19.5 hours per week
Adventure Camp (Middle School Ages) Monday to Thursday: 8:00am - 2:00pm, 24 hours per week
- Location:** Camp Aldersgate
- Classroom Size:** 1 Director
1 Therapist (floating)
Action Camp (Elementary School Ages)
1 Lead Camp Counselor
2 Assistant Camp Counselors
1 Cabin Coordinator (floating)
6 Volunteers
9 Campers - 6 campers with autism & 3 buddies (typically developing peers)
Adventure Camp (Middle School Ages)
1 Lead Camp Counselor
4 Assistant Camp Counselors
1 Cabin Coordinator (floating)
5 Volunteers
12 Campers
- Reports to:** Lead Camp Counselor, Cabin Coordinator, and/or Director
- Qualifications:**
- Must have completed 8th grade** and/or A-Camp Alumni and/or board appointed.
 - Have a desire to interact with children that have autism.
 - Have a positive, fun, and creative affect and appreciate A-Camp's mission.
 - Flexible with the ability to think quickly on his/her feet.
 - Able to relate to children and work cooperatively with other staff members.
 - Able to communicate effectively with campers and staff.
 - Required to attend volunteer training seminar held by A-Camp Staff.
 - Successfully complete reference-screening process.

-Carefully study handbook to be familiar with policies and procedures.

Responsibilities:

Support campers - Assist in promoting a positive and healthy environment for campers.

Support staff- Assist Cabin Coordinator with set-up and clean up of daily activities; help Cabin Coordinator prepare supplies for daily activities; assist staff with transitions of campers between activities.

Ensure safety - Assist counselors and other staff and volunteers in knowing location of campers at all times. Assist in ensuring the proper safety parameters are in place throughout camp activities (allergies, choking risks, sharp object removal if items break or become damaged).

Support participation - Provide adequate and appropriate supervision of campers throughout activities. Make sure that campers are participating and/or challenged to engage in all activities with a positive attitude.

Job Requirements:

Must be physically able to perform all of A-Camp's activities. The physical activity of this position includes: Walking, hiking & swimming, standing & sitting on and off the floor. Tolerate conditions associated with outdoors & summer, which include various temperature ranges, weather systems, local insects and pests.



Volunteer Form

Thank you for your interest in volunteering at A-Camp!

Please print clearly and return completed form to our A-Camp Director via email or our mailing address.

If you have any questions, please contact us at info@A-Camp4kids.org.

Check out our website at: www.aCamp4kids.com.

Name _____
Last First Initial

Address _____
Street

_____ *City State Zip Code*

Cell Phone _____ E-mail _____

School _____ Current Grade _____ Birth Date _____

Parent(s) /Guardian(s) _____

Parent(s)/Guardian's Home Phone _____

Parent(s)/Guardian's Cell Phone _____

How did you hear about A-Camp? _____

Have you attended A-Camp in the past? If yes, when _____

T-Shirt Size: Adult S M L XL 2XL

Volunteer guidelines and expectations include:

- Attendance is required DAILY for assigned weeks.
- Active participation and engagement is expected at all times.
- Attendance at Volunteer Training is required. Training will provide information on autism, camper profiles, & job expectations.
- **Application and 2 reference forms are due by April 5, 2016. (Reference forms are required for NEW volunteers ONLY.)**

Please write a brief paragraph (use a separate sheet of paper if needed) describing why you would like to be a volunteer at A-Camp this summer. Please include any experience you have had working with children.

List other past and/or present volunteer positions you have held: _____

Please check

1. Which week(s) you would like to attend
2. Which camp you would like to volunteer in
3. Which training date you will attend

| Week of Camp | Times | Credit Hours | <u>Circle volunteer date, each week and which camp to volunteer:</u> |
|--|--|------------------------------|---|
| Volunteer training at Camp Aldersgate (Mandatory) | TBD | 1.0 hours | TBD |
| Week 1: June 13-16 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |
| Week 2: June 20-23 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |
| Week 3: June 27-30 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |
| Week 4: July 11-14 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |
| Week 5: July 18-21 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |
| Week 6: July 25-28 | Action Camp 8:00-12:30 M,T,W 8:00-2:00 Th Adventure Camp 8:00-2:00 M to Th | 19.5 hours or 24 hours | Action Camp or Adventure Camp |

*****Please confirm all potential dates with your family!**

Thank you for completing this application form and for your interest in volunteering with us.

Please return to the following by April 5, 2016:

A-Camp, 17200 Chenal Parkway, Suite 300, Slot 280, Little Rock, AR 72223



**A-Camp
Photo Release Authorization**

I grant my full permission and authority to A-Camp, Inc. and their representatives to photograph the volunteer or employee named below and to use, publish, and release for publication such photos relating to the programs at A-Camp. The name of the volunteer or employee photographed may be used in connection with the above, with the understanding that there is to be no exploitation of the family member and that any photographs so used should conform to standards of good taste.

Name of Volunteer/Staff: _____

Address: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Volunteer/Staff: _____ Date: _____

A-Camp Volunteer Parent Permission

If volunteer is under 18

I have reviewed the A-Camp Website and Handbook with my child. I will make sure that my child commits to the dates and times they have volunteered for and will provide transportation to and from A-Camp at Camp Aldersgate.

_____ has my permission to participate in all A-Camp activities.

Signature of Parent or Guardian _____



A-Camp Employee and Board Member HIPAA Policy on Confidentiality of Camper Information

Given the nature of our camp, it is imperative that we maintain the confidence of camper information that we receive. **A-Camp** prohibits the release of any patient information to anyone outside the facility except in limited circumstance, and discussions or disclosures of protected health information (PHI) within the camp should be limited to the minimum necessary that is needed for the recipient of the information to perform their job. I understand **A-Camp** provides services to campers that are confidential and that I am a crucial step in respecting the privacy rights of **A-Camp** campers. I understand that it is necessary, in the rendering of **A-Camp** services, that campers provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure.

I have received the A-Camp HIPPA Policy set in place by **A-Camp** and agree I will comply with such policies and procedures during my entire involvement with **A-Camp**. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify a member of the **A-Camp Board** immediately. In addition, I understand that breach of camper confidentiality or privacy may result in disciplinary action up to and including suspension or termination of my involvement with **A-Camp**. Upon separation for any reason, or at any time upon request, I agree to return any and all camper confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by **A-Camp**. I agree to all conditions set forth in this agreement.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Guardian (if under 18) _____



Volunteer Reference Form

Please give this form to a teacher or person that knows you well and will give you a reference. He/She should mail it back to A-Camp in a sealed envelope. References will not be accepted from relatives or those under age 23. Please return completed form to the A-Camp address by April 5, 2016.

To: _____ Date: _____
 (Name of person who will make the referral)

From: _____
 (Name of Volunteer Applicant)

The person named above has applied for a Volunteer position at A-Camp and has given your name as a reference. If selected, the applicant will be assisting children with autism in a camp experience. Volunteers are also required to work as part of a team with fellow counselors. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin. Your opinion will be treated with confidence and will be seen only by those authorized to select new volunteers.

| Characteristic | Poor | Fair | Average | Good | Superior |
|-----------------------------------|------|------|---------|------|----------|
| Patience in working with children | | | | | |
| Dependability and reliability | | | | | |
| Maturity | | | | | |
| Emotional Stability | | | | | |
| Leadership ability | | | | | |
| Adaptability | | | | | |
| Willingness to follow directions | | | | | |
| Follow-through on assignments | | | | | |
| Ability to get along with people | | | | | |
| Personality | | | | | |
| Neatness | | | | | |
| Personal hygiene | | | | | |
| Initiative | | | | | |
| Enthusiasm | | | | | |
| Degree of tact | | | | | |
| Punctuality | | | | | |
| Ability to accept help | | | | | |
| Ability to accept new situations | | | | | |
| Energy level | | | | | |



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| Willingness to follow directions | | | | | |
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| Personality | | | | | |
| Neatness | | | | | |
| Personal hygiene | | | | | |
| Initiative | | | | | |
| Enthusiasm | | | | | |
| Degree of tact | | | | | |
| Punctuality | | | | | |
| Ability to accept help | | | | | |
| Ability to accept new situations | | | | | |
| Energy level | | | | | |

