Up Camp/Easter Seals of Oregon/Evans Creek
VOLUNTEER TEAM MEMBER EXPECTATIONS

SERVICE PURPOSE: Purposefully sharing wholesome fun and building friendships in a Christian camp environment with persons twelve to sixty years of age challenged with special physical or mental disabilities. To share blessings and experiences in serving the needs of others. To receive training, and life skills in outdoor recreation, risk management, emergency intervention and fields of service related to recreation/education/ healthcare/special needs.

QUALIFICATIONS: Must be at least 15 years of age
   Interested in camp/outdoor recreation
   Wanting to serve others
   Willing to learn and accept role as a team member
   Good health and stamina
   No criminal history related to abuse of persons
   Three verifiable, non-relative references
   Exceptional moral standards including complete abstinence from use of alcohol or mind-altering drugs

RESPONSIBLE TO: Camp Directors and camp team members assigned

GENERAL RESPONSIBILITIES:
Primary role is to assist camp team members in providing a safe, enjoyable and personal camp experience to campers

1. Participate as a team member with a willingness to learn, grow, serve, meet new challenges and contribute to the total camp success
2. Maintain a behavior model for campers in word, deed, dress, and attitude
3. Assist in camp chores as needed to keep camp running smoothly and safely
4. Practice procedures, policies and guidelines established by governmental agencies and camp organization, as trained, avoiding unnecessary risk taking, and placing safety as a priority
5. Report all illness, injury, accidents, or near accidents to assigned supervisor or Camp Director
6. Properly use and care for equipment, reporting all equipment needs, damages, hazards or inappropriate use to assigned supervisor or Director
7. Take emergency actions as trained when needed
8. Keep physically fit by proper eating, sleeping and time management
9. Communicate problems, concerns, questions and suggestions to team members
10. Complete assigned training and attend staff meetings
11. Share talents, experience and abilities for the benefit of others at camp
12. Enjoy the fun of camp, time with God, time with others, time learning/serving

BENEFITS: Opportunity to serve, fun, room/board, experience & extensive training, lasting relationships, sense of accomplishment, leadership skills.
   Camp is a life-changing experience.
Volunteer Agreement for Serving at Evans Creek Retreat Up CAMP

At the signing of this agreement,

I, ________________________________ (volunteer) commit to the following:

I will serve as a volunteer to the best of my abilities as an ECR team member,

for the dates of ___________________ to __________________ with the exception of the dates of ____________________

I understand I will be held accountable as a model to campers and peers, serving as a team member and practicing a lifestyle adhering to the model and teachings of Jesus Christ.

I will conduct myself at all times, both in and away from camp in a manner that would be of credit to me, my family, the camp and the Lord Jesus Christ: This includes:

- Obeying camp rules and the laws of the land,
- Refraining from the use of tobacco, alcoholic beverages or other drugs that may compromise my health or reasoning abilities,
- Maintaining a positive and supportive attitude toward others
- Communicate openly and honestly fears, concerns or needs and refrain from profane or abuse language

I understand that if I am a minor, I will need my parent/guardian written permission to leave the facility including accepting rides with other team members, friends, or relatives.

I further understand that should I endanger my own or another’s welfare, or if I fail to live up to my commitment herein described, I will be sent home at my own or parent/guardian expense.

It is my desire to learn, serve and have fun with the staff team and campers attending at Evans Creek Retreat. In exchange for my volunteer service, I will be provided free of charge, training opportunities, a place to sleep, meals to eat and personal encouragement including a letter of reference/recommendation at the completion of my service.

Signature of camp volunteer: ________________________________

Parent/guardian signature (if a minor): ________________________________
Date: ____________

Camp Director Signature: ________________________________ Date: ____________
Guardian/Parent Release for Camp Volunteer: _________________________

I have read the Volunteer Camp Team Member Expectations and Volunteer Agreement. I hereby consent to my minor child’s participation as a member of the Evans Creek Retreat Up Camp (hereafter ECR/UP) team for the dates as agreed in the written commitment between my child and the camp. I will provide my child’s current health history including vaccination records and medications prescribed prior to the scheduled service time on the form provided by ECR/UP.

In the event of injury or illness of my child, I further agree that Evans Creek Retreat’s Up Camp directors or health care team members are authorized to administer medications as prescribed, and if necessary obtain any emergency medical intervention deemed advisable for the well being of my son/daughter. I further agree to pay for such services and save ECR/UP and its owners/employees or representatives harmless there from.

I understand that my son/daughter will not be transported in motorized vehicles with other staff, friends, or relatives without my written authorization for each event. I have discussed and agreed with my child that leaving the site on the “off” time or weekends is a privilege to be granted by the parent/guardian and that the ECR/UP can assume no responsibility for the volunteer once they leave the camp site.

I understand that ECR/UP welcomes parents/guardians to phone, write and/or visit the camp. If I desire to visit, I will contact the camp office to schedule the best time available for my son/daughter to have optimum opportunity to share with me their camp experience.

I further give permission for their photographic likeness, video, audible or digital to be used to promote the benefits of camp to other volunteers or participants.

**Emergency Contact Numbers:**

Home Phone: _________________________ Work Phone:____________________

Cell Phone: _________________________ Other:________________________

Nearest Relative/Neighbor Contact:

Name:______________________________ Phone:________________________

Insurance Carrier and Identification #:_______________________________

Signature of Parent/Guardian: ______________________________

Date___________ Printed Name ______________________________