



Dear Prospective Volunteer Counselor,

We are excited to announce that we will be holding both virtual camp sessions AND modified residential camps this summer!! Camp Aldersgate is taking safety precautions to protect our camper, volunteers, and staff and ensure that we have another fun, successful, and safe summer camp season. Therefore, additional screening and restrictions will apply for all in-person campers, volunteers, and counselor applicants who wish to participate in residential camps. (See eligibility criteria and the registration process breakdown in this packet for more information.) We look forward to what to serving you and seeing what this summer has in store!

Camp Aldersgate is excited that you wish to be a part of our 2021 Volunteer Counselor Program! All of the forms and papers you need to complete in order to be considered are enclosed within. This includes your Volunteer Application Packet which must be completed and returned no later than *Friday, April 30, 2021*. Please get your application in as soon as possible, as volunteers are chosen on a first-come first-served basis. The Volunteer Application Packet includes all forms and materials that must be on file before you can volunteer. It may seem like a lot of work, but these forms are for your safety, as well as the safety of the campers and help us remain an accredited camp with the American Camp Association. Please pay special attention to the packet checklist on the next page. It will answer most of the questions you will have about the Volunteer Application Packet and it will also help you keep your forms organized.

\*\*\*All forms must be returned together by or on April 30th and with all appropriate signatures & reference forms in order for you to be considered (This includes the copy of your shot record.) Priority will be given to those who get their application packets returned quickly and in full.

Volunteering at Camp Aldersgate is one of the most rewarding experiences out there!! We're glad you're ready to get involved in it! Please feel free to call (501) 225-1444 or email [kjenkins@campaldersgate.net](mailto:kjenkins@campaldersgate.net) if you have any questions about the camps or your Volunteer Application Packet.

Sincerely,

Katie Jenkins, CTRS  
Program Coordinator

Please return the COMPLETED packet to:

Attn: Katie Jenkins  
Camp Aldersgate  
2000 Aldersgate Road  
Little Rock, AR 72205

## Camp Aldersgate Volunteer Counselor Application Packet Explanation & Checklist

Name: \_\_\_\_\_

Below is an explanation of each form we need for your application packet. It is in checklist format so you can be sure you are sending in all the necessary paperwork. Application packets must be complete before volunteers can be assigned. Please note that each form requires specific signatures. If you are under 18 years of age, a parent/guardian signature is required where indicated. It has been a problem in the past that packets are returned without the necessary signatures, especially on the child and adult maltreatment forms.

- \_\_\_ Application: This document provides us with your background information. Please include an emergency contact.
- \_\_\_ Schedule Preference Form: This form tells us the number of weeks the applicant wishes to volunteer and the weeks he/she is available to volunteer. We will use this to assign volunteers to specific weeks.
- \_\_\_ Job Description: This form states the minimum qualifications, and required knowledge, skills, and abilities for volunteer counselors. Please read carefully and be sure you can complete all tasks.
- \_\_\_ Parent Permission Form: If a volunteer is under 18 years of age, his/her parents must give their permission for the volunteer to leave camp on his/her own (unsupervised) during volunteer breaks.
- \_\_\_ Photo Release Authorization: The release gives authorization to Camp Aldersgate to photograph the volunteer and to use, publish, and release for publication such photos relating to the programs of Camp Aldersgate, Inc.
- \_\_\_ Drug, Alcohol, and Smoke-Free Workplace Policy: These policies state that the volunteer understands that Camp Aldersgate is a drug, alcohol, and smoke-free environment and indicates the volunteer's agreement to comply with Camp policies.
- \_\_\_ Confidentiality Agreement: This states that volunteers will not share with others the medical information learned about specific campers, as required by HIPAA laws. More information will be given during volunteer training.
- \_\_\_ Internet Social Networking and Blogging Policy: This form states that volunteers will not discuss campers' medical issues over the internet, as required by HIPAA laws.
- \_\_\_ Volunteer Code of Conduct: This form states that volunteers will behave in an appropriate manner while serving at Camp Aldersgate.
- \_\_\_ Health Form: This form requires a physician's signature. (Double Sided)  
The signature states that the physician has seen the volunteer within the past two years and finds he/she is able to participate in the camp program. **\*\*Health form & immunization records are not required for virtual programs.\*\***  
NEW VOLUNTEERS ONLY: Make sure you include a *copy of your immunization record* with proof of a tetanus shot in the last ten years (a copy from your school will work fine).
- \_\_\_ Over-the-Counter Medication Form: This form lists the medications that will be available for administration to volunteers. This form must be signed appropriately in order for us to administer any medications to the volunteer.
- \_\_\_ Voluntary Disclosure Form: This form allows the applicant to disclose any information before we send in the background checks. It is a requirement of the American Camp Association.
- \_\_\_ Child Maltreatment Background Check Request (All volunteers): Camp Aldersgate policy requires that we check the child abuse registry to make sure that volunteers have no record of abusing or neglecting a child. The volunteer needs to fill out all information, including social security number and SIGN. We will notarize and send in. The backside of this page MUST be left blank.
- \_\_\_ Authorization for Adult Maltreatment Central Registry (All volunteers): Camp Aldersgate policy requires that we check the adult abuse registry to make sure that volunteers have no record of abusing or neglecting an adult. The volunteer needs to fill out all information, including social security number and SIGN. We will notarize and send in. The backside of this page MUST be left blank.
- \_\_\_ Criminal Record Check Form (Only for volunteers 18 years and older): Camp Aldersgate policy requires that we check the criminal record of all volunteers 18 years and older to make sure that they do not have a criminal record. The volunteer needs to fill out all information, including social security number and SIGN. We will notarize and send in. The backside of this page MUST be left blank.
- \_\_\_ Financial Disclosure Form: Must be completed in order to determine annual volunteer fee. Fee due upon acceptance.
- \_\_\_ Reference Forms: Each new volunteer must obtain three references from adults over the age of 23. The reference cannot be from relatives. The volunteer is responsible for giving this form to his/her references and making sure the forms are returned to Camp Aldersgate by the application due date.

Official use only: _____ Interview Date _____ Training Date _____ Fee paid _____
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## Camping Programs Volunteer Application

### PERSONAL INFORMATION

Please return applications to:  
Katie Jenkins, CTRS  
Program Coordinator  
Camp Aldersgate  
2000 Aldersgate Road  
Little Rock, AR 72205

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_ T-Shirt Size: (circle) S M L XL 2XL 3XL

Home Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle) male female

Current Level of Education: Junior High High School College Other \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

How did you hear about Camp Aldersgate's camping programs? \_\_\_\_\_

Have you ever been a camper at Camp Aldersgate? Y N

If yes, which camp(s) have you attended and when did you attend? \_\_\_\_\_

Person to contact during camp: \_\_\_\_\_

Name

Phone

### PARENT/GUARDIAN INFORMATION

Father

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Other Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Other Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Other Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to contact during camp: \_\_\_\_\_

Name

Phone

## VOLUNTEER INTERESTS

What program(s) do you wish to volunteer for at Camp Aldersgate? *(Please circle all that apply)*

Virtual Weekend/Summer Camps

Residential Summer Camps

Weekend Camps (Fall '21 and/or Spring '22)

Why do you want to be a volunteer at Camp Aldersgate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Experience

Have you ever been a volunteer at Camp Aldersgate? Y N If yes, for which programs and when?

\_\_\_\_ Summer Day Camps Year(s) \_\_\_\_\_ \_\_\_\_ Summer Residential Camps Year(s) \_\_\_\_\_

\_\_\_\_ Weekend Camps Year(s) \_\_\_\_\_ \_\_\_\_ Other (e.g. Virtual) \_\_\_\_\_

Please list other past and/or present volunteer positions you have held outside of Camp Aldersgate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request every individual, corporation, school or university, employer, firm, criminal justice agency, city, county, state, or federal agency, and their authorized representatives to release and furnish Camp Aldersgate, Inc. and their authorized representatives, any and all information and records pertaining to me. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person or organization.

## MEMO OF UNDERSTANDING

I, the below signed individual, have read and fully understand the above information. I hereby declare that to the best of my knowledge and ability, the information on this application is true and factual. I understand that intentionally false statements could lead to my dismissal as a volunteer or rejection as an applicant. I also understand that volunteering at Camp Aldersgate, Inc. requires that special background checks may be necessary, and failure to meet these requirements may lead to my rejection as an applicant or dismissal if I have been selected.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18 years of age)

## OPTIONAL INFORMATION

*The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.*

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Household Information: (circle one) two parent one parent

## 2021 Spring-Summer Camp Schedule Preference Form

Name of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Current Status: *Returning Volunteer* *New Volunteer*

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(If applicant is under 18 years of age)

Summer Camp Week Preferences - Below is the 2021 Camp Aldersgate Spring-Summer Virtual Camp Schedule. We will do our best to assign you to the week(s) you choose to volunteer, but there are a limited number of volunteer spaces available each week. Some applicants may be placed on a waiting/on-call list and/or placed in one of our fall weekend camps. Please indicate the number of week(s) you are available to volunteer and number all of your choices in order of preference (#1, #2, #3, etc.). Completing an interview AND volunteer training is mandatory for NEW volunteers.

### Virtual Summer Camps (& Themes)

Description: Campers & volunteers will receive activity supplies prior to their assigned session, as well as a secure link to join in on the video calls and participate/engage with campers. While there are two sessions offered during the same time-period, each session listed below is an independent program.

Hours: Sunday~ 6:00pm

Monday-Thursday~ 10:30am, 1:00pm, 3:00pm, 6:00pm

Friday~ 10:30am

\*Activity periods listed above typically last between 45-60 minutes.\*

____ June 6 - 11	Muscular Dystrophy Camp	Pirates, Sailors, & Mermaids
____ June 6 - 11	Spina Bifida Camp	Pirates, Sailors, & Mermaids
____ June 13 - 18	Kota	Disney
____ June 13 - 18	Cardiac/Arthritis/Kidney Camp	Disney
____ June 20 - 25	Diabetes Camp	Cirque du Star Wars ( <i>circus/space theme mashup</i> )
____ June 20 - 25	Cancer/Bleeding Disorders Camp	Cirque du Star Wars ( <i>circus/space theme mashup</i> )

Total number weeks you would like to volunteer for Virtual Camps this summer: \_\_\_\_\_

### Summer Residential & Kota Camps (& Themes)

Description: These week-long camp sessions provide residential camping experiences for children with disabilities and/or specific medical conditions.

Hours: Sundays @ noon - Fridays @ noon (*Please note: Volunteers are required to stay overnight for residential camp sessions*)

____ July 11 - 16	Session 1	Spirit Week
____ July 18 - 23	Session 2	Marvel & DC
____ July 25 - 30	Session 3	Patriotic
____ August 1 - 6	Session 4 (Kota Camp)	Under the Sea

Total number weeks you would like to volunteer for Residential Camps this summer: \_\_\_\_\_

Camp Aldersgate  
Volunteer Counselor  
2021 Schedule Preference Forms

Volunteer's Name: \_\_\_\_\_

Interview Schedule Preference (This is for new volunteers only!) A member of Camp Aldersgate's Program team will contact you to schedule your interview. For ease of scheduling, please indicate which day(s) of the week work best for you to participate in a brief 15 minute interview.

☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday   ☐ Saturday

Training Dates - Please indicate what day you are planning to attend. Both training sessions will be conducted virtually this year. A link for the training session will be sent to you via email prior to your scheduled training date. (Attendance is mandatory for new volunteers and optional for returning volunteers.)

Summer Camps

☐ Sunday, May 16, 2021

1:00P.M.-3:00P.M.

☐ Tuesday, May 25, 2021

4:00P.M.-6:00P.M.

Camp Aldersgate  
Volunteer Counselor Job Description

JOB SUMMARY: Assists staff in the personal care of campers, provides supervision of campers, assists in the implementation of camp activities, adheres to all camp policies, and performs other duties as assigned. This is a "Safety-Sensitive" position in regards to medical marijuana.

RESPONSIBLE TO: Program Coordinator and counselors as assigned.

JOB DUTIES AND RESPONSIBILITIES:

1. *Assists staff in the personal care of campers:* assists in the care of campers' personal needs (including dressing, feeding, grooming, and other procedures).
2. *Provides supervision of campers:* observes camper behavior and assesses its appropriateness. Enforces appropriate safety regulations and emergency procedures, and applies appropriate behavior-management techniques, as indicated by senior counselors; identifies and responds to environmental and other hazards related to camper activity; assists campers in emergency (fire, evacuation, illness or injury); possesses strength and endurance required to maintain constant supervision of campers; carries out set procedures for supervising campers' health as directed.
3. *Assists in the implementation of camp activities:* provides necessary instructions to campers; generates enthusiasm and promotes camp spirit; communicates and works with all groups participating.
4. *Adheres to all camp policies:* participates in volunteer training; sets good example for campers and peers; follows camp rules and regulations; helps with clean-up and chores; is punctual and manages personal time off in accordance with camp policy.
5. *Other duties as assigned.*

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

1. Ability to fully participate in all camp activities and assist campers to participate.
2. Ability to communicate effectively.
3. Ability to safely push campers using wheelchairs and assist in lifting campers.
4. Ability to perform all personal self-help skills without assistance from counselor staff (including grooming, feeding, dressing, and all other personal hygiene functions).
5. Ability to climb to and sleep in top bunk.
6. Ability to stay on task even when distractions are presented.
7. Ability to work well independently and in teams with minimal direction.
8. Ability to creatively problem solve, mediate conflict, and find win-win solutions.
9. Ability to identify and respond to environmental and other hazards.

MINIMUM QUALIFICATIONS:

1. Must be at least 14 years of age.
2. Must be mature and responsible, have good character, integrity, and the ability to adapt (*as determined by the interview and references*).
3. Must complete the Camp Aldersgate Volunteer Counselor Training Program.

Signature of Volunteer Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If under 18 years of age, signature of parent or guardian)*



Camp Aldersgate  
Staff/Volunteer  
Parent Permission Form  
*(for staff/volunteers under 18 years of age)*

(Staff/Volunteer name)\_\_\_\_\_ has my permission to participate in all Camp Aldersgate activities as a volunteer counselor and to accompany groups on supervised field trips away from camp.

Signature of Parent or  
Guardian:\_\_\_\_\_ Date:\_\_\_\_\_  
*(If applicant is under 18 years of age)*

(Staff/Volunteer name)\_\_\_\_\_ has my permission to leave Camp Aldersgate during time off, during which time there would be no supervision by permanent Camp Aldersgate staff. Who my child leaves with will not be monitored.

Signature of Parent or  
Guardian:\_\_\_\_\_ Date:\_\_\_\_\_  
*(If applicant is under 18 years of age)*

I am acknowledging my parents' decision and agree to comply with all Camp Aldersgate policies and procedures regarding my employment/volunteer service. I understand that failure to abide by the camp's policies and procedures may result in immediate disciplinary action, up to and including termination.

Signature of Staff/Volunteer:\_\_\_\_\_ Date:\_\_\_\_\_



Camp Aldersgate  
Photo Release Authorization

I grant my full permission and authority to Camp Aldersgate, 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 Camp Aldersgate. 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: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If employee/volunteer is under 18 years of age)*

Signature of Volunteer/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Aldersgate  
Drug Free/Alcohol Free/Smoke Free Workplace Policy

Camp Aldersgate is a drug-free workplace with zero tolerance. Camp Aldersgate will not differentiate between drug users and drug pushers/sellers. Any employee/volunteer who uses, gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on Camp premises will be subject to disciplinary action up to and including termination. The term "controlled substance" means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include "legal drugs" which are not prescribed for the employee/volunteer by a licensed physician. Each employee/volunteer is required by law to inform the Camp within five days after he/she is convicted for violation of any federal or state criminal drug statute. As a condition of further employment/volunteer service on any federal government contract, the law requires all employees/volunteers to abide by this policy.

Possession, consumption, or being under the influence of a controlled substance on Camp premises is absolutely forbidden. Violation of this policy will result in immediate disciplinary action up to and including termination.

Possession, consumption, or being under the influence of alcoholic beverages on Camp premises is absolutely forbidden. Violation of this policy will result in disciplinary action up to and including termination.

Camp Aldersgate promotes a non-smoking environment. Smoking is not permitted inside any Camp building. Smoking is allowed only in certain designated outside areas. Camp Aldersgate adheres to state and local guidelines regarding tobacco use by minors.

Seasonal employees/volunteers may be subject to random drug testing. Failure to pass drug testing will result in disciplinary action up to and including termination.

I have read and fully understand the policy on "Drug Free/Alcohol Free/Smoke Free Workplace". I also understand that violation of this policy will result in immediate disciplinary action up to and including termination. This acknowledgement will be placed in my permanent personnel file.

Signature of Staff/Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If employee/volunteer is under 18 years of age)*

Camp Aldersgate  
Staff/Volunteer Confidentiality Agreement  
Access and Use of Personal Health Information  
Under the Health Insurance Portability and Accountability Act

Staff/Volunteer Name: \_\_\_\_\_ Staff/Volunteer Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Custodial Parent /Legal Guardian if staff/volunteer is under 18

I, \_\_\_\_\_, understand that I will have access to and will use personal health information ("PHI") of campers, and depending on my job assignment, fellow staff members and volunteers, while serving at or in preparation for Camp Aldersgate's programs.

My camp position/duties that involve PHI may include:

- Provision of medical management for campers and camp personnel to ensure their physical well being and safety
- Provision of food service and nutrition counseling for campers and camp personnel to ensure their physical well being
- Provision for the well being and safety of campers in the common living areas (cabins) relative to treatment plans, food allergies, other allergies and behavioral/psychological/social issues.
- Provide for the safety and well being of campers and camp personnel who will participate in the camp program.

I agree to safeguard PHI and make sure that it is not used in an unauthorized way or given to any unauthorized person or entity.

I hereby agree that I will not copy, record, disseminate, share, use or disclose any PHI beyond my camp position/duties.

I understand that I have the right to refuse to sign this Confidentiality Agreement and that my refusal will disqualify me from serving in any capacity with Camp Aldersgate that would provide access to personal health information in written, electronic or verbal form.

Signature of Staff/Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or  
Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If employee/volunteer is under 18 years of age)*

Camp Aldersgate  
Internet Social Networking and Blogging Policy

In general, Camp Aldersgate views social networking sites (e.g., Facebook, MySpace), personal Web sites, and Weblogs positively and respects the right of employees/volunteers to use them as a medium of self-expression. If an employee/volunteer chooses to identify himself or herself as an employee/volunteer of Camp Aldersgate on such Internet venues, some readers of such Web sites or blogs may view the employee/volunteer as a representative or spokesperson of the camp. In light of this possibility, Camp Aldersgate requires as a condition of employment or acceptance of volunteer service, that employees/volunteers observe the following guidelines when referring to Camp Aldersgate, its programs or activities, its campers, and/or other employees/volunteers, in a blog or on a Web site.

1. Employees/volunteers must be respectful in all communications related to or referencing the camp, its campers, and/or other employees/volunteers.
2. Employees/volunteers must not use obscenities, profanity, or vulgar language.
3. Employees/volunteers must not use social networking sites, blogs or personal Web sites to disparage the camp, its campers, or other employees/volunteers.
4. Employees/volunteers must not use social networking sites, blogs or personal Web sites to harass, bully, or intimidate other employees/volunteers or campers. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another employee/volunteer or camper.
5. Employees/volunteers must not use social networking sites, blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
6. Photographs and/or comments involving campers/employees/volunteers may only be posted under the following conditions:
  - a. Only first names may be used
  - b. No additional identifying information may be used. Examples would be the week of camp the individual attends, their hometown, or the school they attend, etc.
  - c. There is to be no exploitation of the individual and any photographs used must conform to standards of good taste
7. The use of Camp Aldersgate's copyrighted camp name or logo is not allowed without written permission.

Any employee/volunteer found to be in violation of any portion of this Internet Social Networking and Blogging Policy will be subject to immediate disciplinary action, up to and including termination of employment or volunteer service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent

Or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If employee/volunteer is under 18 years of age)*

Camp Aldersgate  
Volunteer Code of Conduct

While a volunteer at Camp Aldersgate:

I will

- Abide by all rules in Camp Aldersgate's Volunteer Handbook.
- Represent camp positively at all times, on and off camp grounds.
- Treat all people and camp itself with utmost respect.
- Know and fulfill my responsibilities with a professional attitude.
- Behave appropriately at all times while working at camp.
- Wear appropriate clothing while at camp.
- Remember that campers come first!! (CCF)

I will not

- Engage in illegal behavior.
- Aid in the illegal behavior of others.
- Drink alcohol or use illicit substances at camp.
- Be under the influence of alcohol or illicit substances on camp grounds.
- Engage in sexual activities at camp.
- Display romantic affections at camp, including flirting or handholding.
- Use inappropriate language while at camp.

\*This code of conduct applies to virtual programming.

Printed Name \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_  
Camp Aldersgate

# Camping Programs Over-The-Counter Medication Form

Name \_\_\_\_\_ (please circle) Camper Volunteer Staff

Camp Aldersgate will have the following medications available for administration to staff and campers as needed. Medications will be administered in accordance with the standing orders reviewed each year by the Camp Medical Director. Please indicate on this form any medications not suitable for the camper, volunteer, or staff person to receive.

Any medications not listed below must be brought to camp in the ORIGINAL CONTAINER with the instructions for use/dosage clearly indicated. All medications must be given to the nurse upon arrival at camp. For safety reasons, NO medications will be kept in the cabins.

WHAT IT IS USED FOR	MEDICATION	ALTERNATE MEDICATION IF NOT SUITABLE
headaches, fever reduction, pain	<i>Tylenol/Ibuprofen</i>	
congestion, minor allergic reaction	<i>Benadryl</i>	
congestion	<i>Sudafed</i>	
congestion	<i>Dimetapp</i>	
cough	<i>Robitussin</i>	
sore throat without fever	<i>Chloraseptic Lozenges</i>	
swimmers ear	<i>Swim Ear</i>	
earache	<i>Auralgin</i>	
eye Irritation	<i>Visine/Normal Saline</i>	
indigestion / nausea	<i>Mylanta / Pepto Bismol</i>	
diarrhea	<i>Immodium/Kaopectate</i>	
abrasions / impetigo	<i>Neosporin/Bacitracin</i>	
poison ivy	<i>Calamine/Atarax/Benadryl</i>	
athletes foot / ringworm	<i>Lotrimin/Mycotin</i>	
pressure sores	<i>Duoderm</i>	

\*\*Signature of Volunteer/Staff (if 18yrs. old or over) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18yrs. old) \_\_\_\_\_ Date \_\_\_\_\_

# Camp Aldersgate

## Staff/Volunteer Health Form

The bottom of this form MUST be signed by your physician.

(Two-Sided)

Please check one of the following choices \_\_\_\_\_new staff/volunteer \_\_\_\_\_returning staff/volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

Phone Numbers: (home): \_\_\_\_/\_\_\_\_/\_\_\_\_ (cell): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent or Guardian (If under 18 years of age): \_\_\_\_\_

### Contact in Case of Emergency:

1. _____	_____	_____	_____
Name	Address	Phone	Relationship
2. _____	_____	_____	_____
Name	Address	Phone	Relationship

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems or Diagnosis: \_\_\_\_\_

Special Concerns/Dietary Restrictions: \_\_\_\_\_

Current Medications Taken Regularly: \_\_\_\_\_

Are you taking any medications that could impair your ability to do your job? \_\_\_\_\_

Operations or Serious Injuries: \_\_\_\_\_

Chronic or Recurring Illness/Medical Conditions: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required if over 10 years ago)

If you are a *new* volunteer or *new* paid employee, please attach copy of your complete immunization record. (If enrolled, a copy from your school would be fine.)

### Physician's Authorization

I have examined \_\_\_\_\_ within the past two years and in my opinion, this person is: (please circle one) ABLE UNABLE to participate in an active camp program. I have reviewed the medical information on the Health Form. (Please attach additional information if necessary.)

Licensed Physician/Advanced Practice Nurse/Registered Nurse Practitioner:

Printed Name: \_\_\_\_\_ Office Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(over)



Insurance Information  
(Side 2 of Health Form)

Do you carry medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Carrier: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Hospital Preference in Little Rock (if any): \_\_\_\_\_

*Emergency Authorization for Treatment and Release of Liability*

A. If 18 years of age or over, complete this section:

I hereby give permission to medical personnel selected by the Camp Aldersgate, Inc. staff to order x-rays, routine tests, and emergency treatment for me. In the event that my parents cannot be reached in an emergency, I hereby give permission to Camp Aldersgate, Inc. staff to secure proper treatment for me. This form may be photocopied for use outside of the camp.

I hereby release and discharge Camp Aldersgate, Inc., their board of directors, and any and all other parties of interest from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred to me or my family member while in attendance at Camp.

This form may be photocopied for use outside of camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. If under 18 years of age, this section must be completed:

I, \_\_\_\_\_ (name of parent/guardian) hereby give permission to medical personnel selected by the Camp Aldersgate, Inc. staff to order x-rays, routine tests, and emergency treatment for my child \_\_\_\_\_ (name of volunteer/staff member). In the event that I cannot be reached in an emergency, I hereby give permission to Camp Aldersgate, Inc. staff to secure proper treatment for my child.

I hereby release and discharge Camp Aldersgate, Inc., their board of directors, and any and all other parties of interest from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred to me or my family member while in attendance at Camp.

This form may be photocopied for use outside of camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Other information Camp Aldersgate, Inc. should know (if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that the information contained on this form is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If staff/volunteer is under 18 years of age)*

Camp Aldersgate  
Voluntary Disclosure Form

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

• Yes • No

If yes, please explain: (Use a separate sheet, if necessary.)

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Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? • Yes • No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

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Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

• Yes • No If yes, please explain: (Use a separate sheet, if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? · Yes · No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

· Yes · No

If yes, please explain:

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I understand that:

- a) The camp may deny employment/volunteer service to any person who answers "yes" to any one of preceding questions. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment/volunteer service may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The camp may terminate employment/volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

Printed Name \_\_\_\_\_

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

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY

Send True Report to: Personnel

Department/Volunteer

P.O. BOX 1437, SLOT 710  
LITTLE ROCK, AR 72203

Camp Aldersgate  
2000 Aldersgate Rd.  
Little Rock, AR 72205

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME ALIASES

DATE OF BIRTH - - SOCIAL SECURITY # - -

RACE: MALE FEMALE

ADDRESS (STREET/APT.) CITY STATE ZIP

FULL NAME OF OWN CHILDREN

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to Camp Aldersgate, Inc. Also, I understand that the name of any confidential informants will not be released.

Signature of Person To Be Checked

Date

Camp Aldersgate, Inc.  
(Name of Agency to Receive Report)

Mimi Hyatt – Administrative Coordinator  
(Agency Representative)

2000 Aldersgate Rd Little Rock AR 72205  
(Street Address) (City) (State) (Zip)

COUNTY OF  
STATE OF ARKANSAS

Acknowledged before me this day of , 20

NOTARY PUBLIC

(My Commission Expires)



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

<b>Name</b>	<b>Date of Birth</b>
<b>Maiden Name and/or Any Names Formerly Used</b>	<b>Social Security Number</b>
<b>Email Address</b> Click here to enter text	
<b>Current Address (Street, City, State, Zip)</b>	
<b>List all previous addresses for the past five years. (Attach additional pages, if needed.)</b>	<b>Dates (From/To)</b>

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

Agency type:

- ☐  
☐  
☐  
☐

Volunteer (no charge)

Non-Profit (no charge)

State Agency (no charge)

All Others (\$10.00 Fee)

Mailing Address (Street or PO Box, City, State, Zip)

I further certify that the information provided on this form is true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

COUNTY OF \_\_\_\_\_  
STATE OF ARKANSAS

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

[SEAL]

For APS use only:

The above named applicant was \_\_\_\_\_ / was not \_\_\_\_\_ listed in the Adult Maltreatment Central Registry.

Verified by: \_\_\_\_\_

**MAIL THE COMPLETED FORM TO:**  
Adult Maltreatment Central Registry - Slot W240  
PO Box 1437  
Little Rock, AR 72103  
Email: [aamr@dhs.arkansas.gov](mailto:aamr@dhs.arkansas.gov)  
Fax: 501-682-4393





## REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: AR Department of Human Services, Division of Provider Services & Quality Assurance (DPSQA)  
PO Box 1437, Slot S-530, Little Rock, AR 72203-1437, (501) 320-6408.

### State-only Criminal Record Check Required items:

1. This form completed, signed, and notarized
2. \$25 check/money order made payable to:  
"Arkansas State Police"

### 3. MAIL this form and attachments to:

State Identification Bureau, Arkansas State Police,  
#1 State Police Plaza Drive  
Little Rock, Arkansas 72209

\*\*\*\*\*

Type of Provider: Licensed DDTCS \_\_\_\_ Certified Early Intervention \_\_\_\_ Certified Waiver \_\_\_\_ New \_\_\_\_

Provider submitting form: \_\_\_\_\_  
Name of Provider Address City/Zip

\_\_\_\_\_  
Name of Provider Contact Person Telephone number (include Area Code)

\*\*\*\*\*

Name of person to be checked: \_\_\_\_\_  
Last Name First Name Middle Name

Current address \_\_\_\_\_  
Street City State ZIP Code

\_\_\_\_\_  
Maiden Name Aliases Date of Birth (month/day/year) Telephone

\_\_\_\_\_  
Social Security Number Race Sex (M/F) Driver's License Number State of Issuance

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license: \_\_\_\_\_

The person listed above must list all past felony or misdemeanor charges for which he/she was found guilty or to which he/she pled guilty or nolo contendere.

Date of charge	Location	Description of charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Notice to Applicant:** By signing this form you give consent for the Arkansas State Police to release your criminal history report to the employer listed above and to the Division of Developmental Disability Services (DDS). Pursuant to Arkansas Code Ann. § 20-38-101 et seq, DDS will issue a letter of determination to the employer stating your employment eligibility based on your criminal history report. The employer must then provide you with a copy of the determination letter. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care. You may obtain a copy of your criminal history report from the employer. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

**Statement of Oath:** I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

\_\_\_\_\_  
Signature of Applicant/Employee Date

Notarization: State of Arkansas County of \_\_\_\_\_ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_, (year) \_\_\_\_\_  
(Notary Seal)

\*\*\*\*\*

### FOR ARKANSAS STATE POLICE ONLY

\_\_\_\_\_ 82005 Civil Records Check @ \$25 via postal mail (\$22 via online services) \_\_\_\_\_ 80007 & 80006 FBI Records Check \$13.25





Camp Aldersgate, Inc.  
Financial Disclosure

Please complete this form if you are applying for a volunteer position  
in Virtual and/or Residential Camps.

Volunteer's Name \_\_\_\_\_

The following statement of understanding *MUST* be signed before applicant can be accepted as a volunteer. *All information contained in this document is confidential and will be used solely for the purpose of determining the annual fee for participating in the Youth Volunteer Program.*

I understand that the information provided below will be used to determine the family's contribution towards the cost for my family member to participate in the Youth Volunteer Program at Camp Aldersgate. *I further understand that should I choose not to provide my family financial information, my family member will not be eligible for any reduction in the family's contribution towards the cost of participation.*

\_\_\_\_\_ I choose not to disclose my family financial information

My family's total annual income is: \$ \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Please see the back of this form for Virtual & Residential Camps tuition information.*

## Camp Aldersgate, Inc.

### Volunteer Fee Schedule – 2021

Camp Aldersgate aims to offer every volunteer the experience to participate in our programs. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all of our participants, both volunteers and campers not funded by an agency. This assistance is based on family income. If able, Camp would ask that all volunteers pay the full annual fee of \$83.00. Any additional donations are greatly appreciated!

Annual Youth Volunteer Program Fee <i>Tuition must be paid in full prior to first volunteer assignment.</i>	
Annual Income	Cost to Families
\$25,000 and under	\$45.00
\$25,001 - \$35,000	\$52.00
\$35,001 - \$50,000	\$59.00
\$50,001 - \$75,000	\$65.00
\$75,001 - \$100,000	\$72.00
\$100,001 and above	\$83.00
Choose not to disclose	\$83.00

**\*\*Please note that the annual volunteer fee is due upon acceptance as a volunteer.\*\***

This fee offsets the cost of the volunteer's background checks, t-shirt, activity supplies, room & board during residential programs, and other administrative costs. This fee is not due until the volunteer receives his/her confirmation packet.

# Camp Aldersgate Volunteer Counselor Reference Form

*Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. References will not be accepted from relatives or those under age 23.*

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Person completing the Reference Form)

The person named above has applied for a Volunteer Counselor position at Camp Aldersgate and has given your name as a reference. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. 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					

Reference form (continued)

General comments on this applicant:

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Person completing this reference: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is a need to discuss the applicant further, please call Katie Jenkins (501) 225-1444.  
Thank you for your assistance!

Please return this form to:  
Katie Jenkins, CTRS  
Program Coordinator  
Camp Aldersgate  
2000 Aldersgate Road  
Little Rock, AR 72205  
kjenkins@campaldersgate.net

# Camp Aldersgate Volunteer Counselor Reference Form

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Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Dependability and reliability					
Maturity					
Emotional stability					
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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					



Reference form (continued)

General comments on this applicant:

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Person completing this reference: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is a need to discuss the applicant further, please call Katie Jenkins at (501) 225-1444.  
Thank you for your assistance!

Please return this form to:  
Katie Jenkins, CTRS  
Program Coordinator  
Camp Aldersgate  
2000 Aldersgate Road  
Little Rock, AR 72205  
kjenkins@campaldersgate.net

# Camp Aldersgate Volunteer Counselor Reference Form

*Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. References will not be accepted from relatives or those under age 23.*

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Person completing the Reference Form)

The person named above has applied for a Volunteer Counselor position at Camp Aldersgate and has given your name as a reference. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. 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
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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					

Reference form (continued)

General comments on this applicant:

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Person completing this reference: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is a need to discuss the applicant further, please call Katie Jenkins at (501) 225-1444.  
Thank you for your assistance!

Please return this form to:  
Katie Jenkins, CTRS  
Program Coordinator  
Camp Aldersgate  
2000 Aldersgate Road  
Little Rock, AR 72205  
kjenkins@campaldersgate.net

Dear Camp Aldersgate Families and Friends,

As the Pandemic persists, Camp Aldersgate has worked diligently to ensure we are able to safely serve all of our campers this year, and is very excited to offer both virtual and modified in-person programming this summer.

#### Virtual Summer Camp Sessions

- 6 Virtual week-long sessions beginning June 6<sup>th</sup> (dates and session information are broken down in the application packet).
- Enhanced, week-long experiential virtual engagement sessions
- All activity supplies and Camp gear will be supplied and sent to applicants upon placement

#### In-Person Modified Summer Programming

- 4 residential week-long sessions beginning July 11<sup>th</sup> (dates and session information is broken down in the application packet).
- Please see Camp Aldersgate's Covid-19 Risk Mitigation, Preparedness and Response Outline on the following page
- Applications will be open for all people with disabilities and medical conditions to apply
- Additional screening and qualification information is listed below and further information can be found in the application packet

Camp Aldersgate has worked diligently to evaluate and set criteria to allow us to safely welcome back campers and volunteers. *Our modified on-site programming will include reduced number of available slots for campers and volunteers, and all applicants will be screened to ensure that we can confidently care for each individual on Camp.* Our screening process and criteria was determined based upon best practice recommendations from the Centers for Disease Control and Prevention, the American Camp Association, the Arkansas Department of Health and our strong team of medical advisors. This screening will limit our ability to serve individuals with specific high-risk medical diagnoses as well as significant behavioral challenges/needs.

Camp will NOT be able to accept campers in-person this summer who:

- require awake, overnight medical or behavioral care
- have a history within the last two years of: harm to self or others that may require physical intervention by a caregiver/counselor, teacher, etc., or exhibited physically aggressive behaviors
- are unable to stay in assigned cabin group during activity periods/sleep and rest times/transitions
- are at a high risk of severe illness from the virus that causes COVID-19 and determined unsafe to attend Camp in person by MedCamps, Inc. upon additional screening of application\*

\*The CDC has outlined a list of underlying medical conditions and populations with potentially increased risks of severe illness from the virus that causes COVID – 19. *Camp is aware that this list is not exhaustive nor should it be exclusionary to determine if a camper can safely attend camp. Other medical and/or behavioral factors may be utilized to determine if it is safe and appropriate to serve individual campers and volunteers in-person during the 2021 modified in-person programming.*

If the campers' application is approved for them to attend in-person, all campers and volunteers will still be required to have a negative COVID-19 test result obtained within 72 hours before arriving to Camp.

## Camp Aldersgate's Covid 19 Risk Mitigation, Preparedness and Response Outline

1. Health Screening for Symptoms for COVID – 19 and Medical Testing for SARS-COV-2
  - a. Pre-Camp Behavior Awareness and Screening
  - b. Pre-Camp Medical Testing for SARS-COV-2 Virus (RNA via PCR analyses or viral proteins via antigen analyses)
  - c. Screening upon arrival
  - d. In-Session
  - e. Staff additional testing considerations
2. Implementation of Non-Pharmaceutical Interventions (NPIs)
  - a. Face coverings
  - b. Physical distancing
  - c. Use of cohorts
  - d. Residential housing arrangements
  - e. Ventilation in buildings
3. Activity Program Modifications
  - a. Outdoor, limited shared equipment, all cleaned and disinfected between uses, sanitation stations, remaining among cohorts
4. Food Safety and Meal Service
  - a. Camper, staff and volunteer pick-up and drop-off
  - b. Visitor restrictions
  - c. Vendor deliveries
  - d. Staff safety restrictions between sessions
5. Cleaning and Disinfection Practices
6. Personal Protective Equipment (PPE)
  - a. Provide and train staff of appropriate PPE provided and care and treatment to be utilized (DISCUSS PHYSICIAN'S TRAINING ON COVID)
7. Management of Suspect and Confirmed Individuals
  - a. Isolation, Quarantine, Communication, Sanitation
8. Contingency Plans
  - a. Sustaining core leadership, administrative, health and first aid management and activities in the event that staff member is affected
  - b. Staff and parent communication

### \* Nonpharmaceutical interventions (NPIs) include:

- Pre-camp activity and behavioral requirements for all camp participants, Daily Health Screenings, Face Coverings, Physical Distancing measures, Outdoor programming and modified low-contact activities, use of cohorts for sleeping, eating, and group activities, Hygiene and cough etiquette, Ventilation and air cleaning measures for indoor spaces, Surface cleaning and disinfecting practices, and Medical case management and contact tracing for identification, isolation and quarantine of individuals with COVID-19 and their close contacts.