

Dear Volunteer,



Thank you so much for your interest in volunteering with Camp Rise Above! Our mission is to provide fun, life changing camp experiences to children with serious illnesses, life challenges, and disabilities. We want these children to experience the magic of childhood regardless of their medical status. The phrase we live by says it best: “Giving kids strength for the journey.”

For the sixth summer in a row we will be sponsoring two-day camp sessions at James Island County Park for children with serious medical challenges. We plan to serve more than 200 children through our summer camp programs, which are operated in partnership with the Charleston County Parks and Recreation Commission. All the camps will be held from 8:00 a.m. to 3:00 p.m. on the dates listed at the bottom of this letter. Camp activities include: swimming, rock climbing, paddle boating, fishing, archery, arts & crafts, talent show, and more. We provide volunteer counselors with t-shirts, backpacks, snacks, and lunches for each day they volunteer. Additionally, there will be an on-site medical team to ensure a safe environment for the children and to care for any needs that might arise during the day.

We are in need of volunteers to serve as camp counselors and have fun with these amazing children! If you choose to volunteer, we ask that you commit to **both days of one or more of the camps**. This will ensure that your camper has the same counselor each day of the session. Please note that new volunteers are also **required to attend one of our volunteer orientations**, which will be held in late May. Returning counselors can complete the orientation online. Please also note that all volunteers, with the exception of current students, **must also submit \$18.50 for their background check fee with their application**. This can be paid with a check, online at our website, or over the phone.

At this time we are accepting applications for volunteers who are at least 18 years old and interested in working with us this summer. If you're interested in participating and serving these wonderful children, please fill out the attached forms and return them to the below address or email them to erinu@campriseabove.org. I promise you will receive much more than you give with these great kids! If you have any specific questions, feel free to call me at (843) 300-9100. I also encourage you to visit our website, www.campriseabove.org to learn more about us.

We will contact you once your application is received. We look forward to hearing from you and seeing you this summer at camp!

Warm Regards,

Erin Marie Ulmer
Executive Director
Camp Rise Above
PO Box 31295
Charleston, SC 29417

2018 Day Camp Dates

June 11-12: Children with Asthma
June 14-15: Children with Craniofacial Differences
June 18-19: Children with Heart & Kidney Diseases
June 21-22: Children with Sickle Cell Disease
June 25-26: Children with Brain Tumors and their siblings
June 28-29: Children with Epilepsy, Tourette's and TBI
July 9-10: Children with Down syndrome
July 12-13: Children with Cerebral Palsy

Camp Rise Above

Summer 2018 Camp Counselor Application



Full Name: _____ Age: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Gender: _____

E-mail: _____ (Please print e-mail legibly)

T-Shirt Size (Circle one) S M L XL 2XL Age of camper you prefer _____

Please select which camp(s) you are interested in. We ask that you commit to BOTH days of any sessions you choose. You may choose as many as you like!

_____ Camp for Children with Asthma June 11-12

_____ Camp for Children with Craniofacial Differences June 14-15

_____ Camp for Children with Heart and Kidney Disease June 18-19

_____ Camp for Children with Sickle Cell Disease June 21-22

_____ Camp for Children with Brain Tumors and their Siblings June 25-26

_____ Camp for Children with Epilepsy, Tourette's, and TBI June 28-29

_____ Camp for Children with Down Syndrome* July 9- 10

_____ Camp for Children with Cerebral Palsy* July 12-13

***Please note that we are seeking limited numbers of counselors who have experience with working with children with special needs for the last two sessions (teachers, nurses, PT, OT, etc...)**

Please initial next to each statement below.

- I agree to attend a required orientation in late May _____
- I agree to complete free online Darkness to Light training. This training is valid for 3 years. _____
- I agree to send in \$18.50 for my background check fee with this application _____
(A check may be included with this application, or you can give \$18.50 online at our website under the "Support" tab. **Current students do NOT have to submit this fee.**)

(Application continued on next page)

1. **What are your interests, talents, & skills?** _____

2. **Where do you work or go to school?** _____
3. **Why are you interested in volunteering for Camp Rise Above?** _____

4. **Briefly describe your past experiences working with children?** _____

5. **How did you hear about Camp Rise Above?** _____
6. **If you are a new counselor, please list 2 references below, including their name, relationship to you, and phone number**

Camp Rise Above Counselor Code

1. I will only come to camp if I am in good health as not to compromise the health of the children.
2. I will have had a Tetanus Shot within the last five years.
3. I give my permission to Camp Rise Above to do a background check.
4. I pledge to being “fully present” at camp; I will commit my attention and energy to my duties and to the campers at Camp Rise Above.
5. I understand there will be no alcoholic beverages allowed on the premises.
6. As a Counselor, I fully recognize and understand there are certain injury risks associated with being in a natural environment such as camp and that there is a risk of being injured in such activities as swimming, boating, ropes challenge course, climbing wall and other camp activities. In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participants sole risk and that Camp Rise Above shall **not** be liable for any claims, demands, injuries, damages or causes of action whatsoever to any counselor arising out of or connected with the use of any of the services and facilities of the camp.
7. I agree to allow my name, address, phone, and e-mail to be put on a list for Camp Rise Above newsletters.
8. I agree for my photo to be published on all Camp Rise Above marketing materials including websites, newsletters, brochures, etc.

Signed: _____ Date: _____

Would you like to make a donation to CRA?

If so, please include it with your application or visit our website at www.camriseabove.org.

Thank you for volunteering your time to these special children and to Camp Rise Above.

(Please complete the Background Check Form on next page)

**** Background Checks can now be completed ONLINE by visiting this address:**

https://ssci2000.secure-screening.net/escreening/OApp_LoginEntrance.asp?mode=direct&code=413400

If you prefer to send in a paper copy, please complete the form below. **



Camp Rise Above National Background Screening Consent Form

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name:

_____ Date: _____

Signature: _____

SSCI – America's #1 Choice in Background Screening for Parks and Recreation

Phone: 1-866-996-7412 Website: www.ssci2000.com Fax: 1-866-996-1292