



Reconciliation House Inc.



## Volunteer at a camp that offers Support to Kids with Incarcerated Loved Ones

Volunteers will get free room and board but must find their own transportation to the camp. Certain volunteers must be 18 years of age or older.

In order for our camp to be successful we are in need of mature, responsible volunteers to fill the following positions. We need individuals who have a love for children. Our goal is to have one adult volunteer to every four children. Our preference is that volunteers commit to the entire three days, but we will work with people's schedules as needed. Volunteers can offer love, hope, time away from their burdens, a hug, and a chance for fun, a chance to be a kid, and an opportunity to learn about God.

Below is a list of the volunteers needed to staff the 3 day camp (July 28-30 2017):

Male and Female Tent Leaders/Counselors:

- \* Tent ages 11-13 – Boys/Girls
- \* Tent ages 13-15 – Boys/Girls
- \* Tent ages 15-18 – Boys/Girls

Additional Positions:

- \*First Aid
- \*Games Coordinator
- \* Fishing
- \* Nature Hike
- \* Lifeguards
- \* Crafts
- \*Arts
- \* Kitchen food prep set up and clean up of dining area
- \* Night Security can be split into 2 shifts of 4 hours each
- \*Volunteer Floater (relieves volunteers of their duties throughout the day)
- \*Camp set up and break down

Descriptions of Volunteer Positions:

Tent Leaders - Each leader will be in charge of one tent which includes approximately 6 kids and 1-2 adults. They are responsible for adhering to all behavioral agreements set up by RHI. They will need to be at camp for the duration.

Counselors - A counselor is responsible for 6 kids taking them to the activities, being a friend and a good leader. These volunteers need to be a camp for the duration.

Nature Coordinator - This person will develop and present a nature activity for children focusing on God's creations.

Games Coordinator - An active person to teach and referee games

Volunteers are asked to arrive at the camp the night before camp begins for the children/ or first thing Friday morning. That evening we will have a volunteer training that will last approximately 2 hours. If you are interested in being a volunteer **contact RHI** for more information@ (478) 787-4215/ reconciliationhouse@yahoo.com

Please return this form via mail, fax or e-mail to: **Reconciliation House Inc. P.O. Box 143, Yatesville, Georgia 31097**  
**Phone: 478.787.4215 Fax: 706.472.3031 E-mail: [reconciliationhouse@yahoo.com](mailto:reconciliationhouse@yahoo.com)**



## PACKING LIST

Have these things where you can get to them easily: Cheerful disposition, Medical form in envelop to be returned to you or destroyed at camps end, Medications

On a typical day, you will be dressed in Jeans or shorts, a T Shirt, Socks and Athletic shoes  
**Please bring only one suitcase as storage is limited.**

### **Clothing List (Please bring modest clothing-we do not want to see your stomach or underwear)**

T -shirts one for each day plus extra  
Shorts one pair per day plus an extra  
2 pairs of athletic shoes or hiking boots (one that can get dirty and/or wet)  
Water shoes (optional)  
Shower shoes  
1 pair of long pants  
Swimsuits:  
**Guys: No Speedo-type shorts**  
**Girls: modest** one-piece or tankini style two piece suits **No bikinis or cotton shorts**  
Sleepwear/Pajamas  
1Light Jacket, sweatshirt or sweater  
1Raincoat/poncho (We keep going in the rain be prepared!!)  
Underwear one for each day plus extra  
Athletic socks one for each day plus extra  
1 Hat, Visor or Baseball cap (no dew rags, bandanas, etc.)

### **Bedding /Linens**

Sleeping bag, sheet or blanket and a pillow  
Towel and washcloth  
Beach towel for use at pool  
Bag for dirty clothes one for wet and one for dry

### **Personal Items to Bring**

Toiletries: Soap, deodorant, toothpaste/toothbrush sanitary items (If appropriate)  
Comb/brush  
Stadium cushion or something for sitting on the ground  
Water Bottle (no glass bottles)  
Flashlight and new batteries  
Insect repellent no spray  
Sunscreen  
Sunglasses  
Back pack or Fanny Pack  
White T Shirt for Craft  
Bible, Notebook and pen for Rest period and bible study  
Disposable Camera  
Medications

### **THINGS NOT TO PACK**

Valuables such as: Cash, Jewelry, Digital cameras, IPods/mp3/4 players, portable games, cell phones, (if these items are brought they must be turned in at arrival, they will be kept in the office until departure).  
Food, Soda, Candy, Cigarettes, lighters, matches, guns, knives, weapons, tobacco products, Illegal or illicit drugs etc.

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### Volunteer Application

VOLUNTEER INFORMATION		
Name:		
Date of birth:	Phone (home)	Alternate
Current address:		
City:	State:	ZIP Code:
Best time to call?		
E-mail		
<b>Questions /Comments</b> Please indicate the days and times you are available. You may also include any additional information about yourself that you would like to share, including information about your skills, Interest and projects or areas of service where you have interest.		
<b>Position:</b> (Certain positions need the entire 3 day commitment i.e. Tent Leaders/Counselors)		
<b>Special Interests:</b> If you have special interests that you'd like to pursue in your volunteering, please indicate.		
<b>Special Skills:</b> If you have a special skill that you would like to share with the organization, please indicate.		
<b>When would you like to volunteer?</b> (time and date)		
We are requesting that you volunteer for a block of at least four hours. Please complete the following with your availability:		
Thursday July 27 Morning Set up	Thursday July27 Afternoon Set up	Thursday July 27 Evening Set up
Friday July 28 Pre Reg. Final set up (Split 7-11/11-3)	Friday July 28 Registration 3pm	
Friday Night Craft (tie dye t shirt 6pm)	Friday night (dive in movie 10 pm)	
Friday night Security 11pm-7am (split 11-3/3-7)	Saturday Morning (breakfast prep, serve & clean up 7am)	
Saturday Afternoon Lunch Prep, serve & clean up 11 am	Saturday Evening dinner prep, serve & clean up 3pm	
Saturday Morning events	Saturday Afternoon events	
Saturday Evening Events	Saturday Night Security 11pm-7am (split 11-3/3-7)	
Sunday Morning (breakfast prep, serve & clean up 7am)	Sunday Afternoon Lunch Prep, serve & clean up 11 am	
Sunday Clean up (noon)	Sunday take down (3pm)	
Other : Misc. (Please note specifics and ideas)		

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**BACKGROUND INVESTIGATION**

All applicants and volunteers with Reconciliation House Inc. are subject a background investigation by the Local Sheriff's Office and/or other law enforcement agencies. State and county statues require all persons working with children undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national organ, age, handicap, religious affliction, marital status, or status as a veteran.

**PLEASE COMPLETE ALL FIELDS:**

VOLUNTEER INFORMATION		
Name:		
Date of birth:	Phone	Alternate
Current address:		
City:	State:	ZIP Code:
Driver's License Number		
State Issued		
<b>IF YOU HAVE BEEN A RESIDENT OF GEORGIA FOR LESS THAN 7 YEARS, PLEASE GIVE THE FOLLOWING INFORMATION:</b>		
Previous Address:		
City	State	Zip
Number of Years at this Address:		
<b>OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:</b>		
Signature		Date:



### VOLUNTEER PHOTO RELEASE

Reconciliation House Inc., May use any photos and videos take of the volunteer at any camp event in their publications or those of its sponsors.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date

### VOLUNTEER RELEASE FORM

I \_\_\_\_\_

accept sole responsibility for any injury that I may incur during the time in which I am working as a volunteer for Reconciliation House Inc.

I further release Reconciliation House Inc. and the Johnson's from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am volunteering.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date

### VOLUNTEER CONFIDENTIALITY FORM

I \_\_\_\_\_

In consideration of my volunteering with Reconciliation House Inc, do hereby agree that any information I receive concerning Reconciliation House Inc., during the course of my volunteering whether printed, written, or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or oral, shall be held in confidence and not revealed with directly or indirectly, in whole or part, to any other person, firm, or organization and I agree not to use such confidential information for my personal advantage or that of any third party. Further, I understand and agree that Reconciliation House Inc., will have the right to discontinue my volunteer service, bring a restraining order or if necessary bring other legal action against me and obtain costs and attorney's fees, should I violate this confidentiality agreement.

Upon the termination of my volunteer services, I agree not to disclose either directly or indirectly, in whole or part, any information concerning Reconciliation House Inc., which may have become know to me during the course of my volunteering.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date



Reconciliation House Inc.



## Voluntary Medical Information

### VOLUNTEER INFORMATION

Name:				
Date of birth:	Phone		Alternate	
Current address:				
City:	State:		ZIP	
Primary Care Physician :			Phone	
Address		City	State	Zip
Insurance Carrier:			Phone	
Address		City	State	Zip
ID#		Group#		
<b>In Case of emergency, please contact:</b>				
Name :				
Address				
City		State	Zip	
Relationship		Phone		
<b>Medical Information</b> (use back if necessary)				
Current Medical Problems:				
Medications currently taking and dosage				
Allergies (food, medication, bees, pollen, etc.)				
Medical treatment in the past 12 months :				
Signature:			Date	

This form will be kept in a sealed envelope and returned to you at the end of the Weekend. Reconciliation House Inc. cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.

***Reconciliation House Inc. provides no liability or medical insurance for campers or volunteers***

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Reconciliation House Inc.



RECORDS CHECK CONSENT FORM

I hereby authorize \_\_\_\_\_  
Name of Requestor (PLEASE PRINT)

To receive any criminal history record information pertaining to me which may be in the files of any state or local criminals justice agency in Georgia.

PRINT FULL NAME: Last Name First Name Middle Name

DOB: Sex: Race: SSN:

Signature: Date:

Reason for Record Check request:

Employment:

Providing care to children (PUR/W) Providing care to the elderly (PUR N)

Providing care to the mentally ill (PUR/M) Military recruitment (PUR B)

Department of Family and Children Services / Adoptions / Foster Care (PUR E)

Other employment (PUR E)

Other reason for record check:

GCIC CRIMINAL HISTORY CHECK LOCAL RECORDS CHECK

For Office Use Only

CASE NUMBER OR ARN  
YOU MUST USE A CASE NUMBER, TICKET NUMBER, OR COURT NUMBER  
IF YOU HAVE TO ASSIGN A CASE NUMBER PUT IN THE COMMENTS WHO  
YOU ARE RUNNING CHECK FOR AND WHY.

GCIC Terminal Operator's Name and Initials running the record check: (please print name and sign) Date

Notary Term Expires

Make a copy of the ID of the subject you are releasing the information to and attach it to the consent form. Keep and file a copy of the consent form and ID for audit purposes.

**BACKGROUND INVESTIGATION**

*All applicants and volunteers with Reconciliation House Inc. are subject a background investigation by the Local Sheriff's Office and/or other law enforcement agencies. State and county statues require all persons working with children undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national organ, age, handicap, religious affliction, marital status, or status as a veteran.*

**RECORDS CHECK CONSENT FORM:**

I hereby authorize Reconciliation House Inc. Fun in the Son Camp			
To receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.			
Last	First		Middle
DOB	Sex	Race	SSN
Signature:		Date	
Reason for Record Check request:			
Providing care to children (PUR/W)		Providing care to the elderly (PUR N)	
Providing care to the mentally ill (PUR/M)		Military recruitment (PUR B)	
Department of Family and Children Services/Adoptions/Foster Care			(PUR E)
Other employment			(PUR E)
Other reason for record check			
GCIC CRIMINAL HISTORY CHECK		LOCAL RECORDS CHECK	
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This form was adapted as an e-form the original is above.