



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 1 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 27-29 2012):

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 at 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/ rhi@reconciliationhouse.org



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#		
In Case of emergency, please contact:				
Name :				
Address				
City		State	Zip	
Relationship		Phone		
Medical Information (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



Reconciliation House Inc.



Volunteer Application

VOLUNTEER INFORMATION		
Name:		
Date of birth:	Phone (home)	Alternate
Current address:		
City:	State:	ZIP Code:
Best time to call?		
E-mail		
Questions /Comments 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.		
Position: (Certain positions need the entire 3 day commitment i.e. Tent Leaders/Counselors)		
Special Interests: If you have special interests that you'd like to pursue in your volunteering, please indicate.		
Special Skills: If you have a special skill that you would like to share with the organization, please indicate.		
When would you like to volunteer? (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 26 Morning Set up	Thursday July 26 Afternoon Set up	Thursday July 26 Evening Set up
Friday July 27 Pre Reg. Final set up (Split 7-11/11-3)	Friday July 27 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)		



Reconciliation House Inc.



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		
IF YOU HAVE BEEN A RESIDENT OF GEORGIA FOR LESS THAN 7 YEARS, PLEASE GIVE THE FOLLOWING INFORMATION:		
Previous Address:		
City	State	Zip
Number of Years at this Address:		
OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:		
Signature		Date:

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



Reconciliation House Inc.



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