

“With A Little Help”, Inc.
2010 ADULT SUMMER CAMP - # U h-k APPLICATION

Please print or type.

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Birthdate _____ Age _____ Weight _____ Height _____

Medical Diagnosis: _____

How did you hear about W.A.L.H. Camp? _____

Specific volunteer you request to assist you: _____

I will provide my own volunteer attendant:

Yes _____ No _____ Possibly _____ will know by (date) _____

If yes, their name and address: _____

Friends you wish to bunk near: _____

Shirt Size _____

RIDE SHARING

Although we cannot guarantee transportation to/from camp we will make every effort to assist you in arranging it.

I need transportation?	Yes	No
Must remain in wheelchair?	Yes	No
Can transfer from wheelchair?	Yes	No
I can provide a ride?	Yes	No Maybe
I use a:	Car	Equipped Van
For how many people in wheelchairs? _____		How many ambulatory individuals? _____

HEALTH SUMMARY

Do you have a history of medical problems (pneumonia, diabetes, etc.)? Yes No

If yes, please explain: _____

Do have any drug allergies? Yes No

If yes, list: _____

Are you taking prescription medication? Yes No

If yes, please list medication, dosage and frequency of use: _____

List childhood diseases you have NOT had (include chicken pox, measles, mumps, etc.):

HEALTH INSURANCE

No one will be accepted to camp without having his or her own health insurance coverage.

Do you have health insurance? Yes No

If yes, please include name of insurance carrier(s) and policy number(s): _____

FEE SCHEDULE

Date Received: _____ Donation: \$ _____

A week of summer camp for an adult camper and volunteer costs upwards of \$650. While we do not require you to pay any of this it is our hope that you would either consider a monetary donation or participate in "With A Little Help", Inc. fundraising activities. These activities may be as simple as selling kringle, candy, etc. to family and friends or volunteering your time at our annual fish fry.

_____ I choose to make a monetary donation –
Amount enclosed \$ _____
Please make checks payable to "With A Little Help" Inc.

_____ I have participated in the following fundraising activities this past year:

_____ I am a first year attendee and have not had the opportunity to participate in any fund-raisers.

.....
AUTHORIZATION FORM

I, (print name) _____, hereby attest that the information provided on this application is correct to the best of my knowledge.

In the event that the person listed below as an emergency contact cannot be reached in an emergency, I hereby give my permission to the physician selected by the Director or his/her designate, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for me.

Signed _____ Date _____

.....
I, (print name) _____, hereby release and waive any claim or cause of action which may occur against "With A Little Help", Inc. and any volunteer or employee and any other person acting with the permission of either arising out of any injury to my person or property during my stay at Camp, in transit to and from Camp, or during any activity approved by and of said person, and I agree to assume any claim which I might have against any said persons for injury as herein stated.

Further, I consent to "With A Little Help", Inc. using any audio-visual programs, using photographs, or public relations referenced to myself. These may be used for any purpose "With A Little Help", Inc. deem appropriate.

Signed _____ Date _____

.....
PERSON TO CONTACT IN THE EVENT OF ANY EMERGENCY:

Name _____ Relationship _____

Address _____

Phone Number(s) (with area code) _____

MAIL COMPLETED APPLICATION TO:

"With A Little Help...", Inc.
Thomas Downs
335 East Clay Street
Whitewater, WI 53190

For more information call Tom at (262) 472-0895.

“With A Little Help”, Inc.
2010 Adult Camper Participant Questionnaire

By completing this questionnaire the camp staff will be better able to meet your individual needs during the week of camp. Please take some time to answer the questions as thoroughly as possible. Please note – this information may be shared with your volunteer attendant.

Name _____

Hometown _____ Phone Number _____

Email Address _____

What is the number one reason your attending W.A.L.H. summer camp?

What types of FUN programs and activities would you like available to you at camp?

What types of INFORMATIONAL SESSIONS might you attend at camp? Examples include sessions on Living Wills, Independent Living Skills, Understanding Social Security Benefits, etc.

What is your favorite food? _____

What are your hobbies and/or interests? _____

Do you enjoy participating in sports (i.e. swimming, long walks, hockey)? _____

Are you employed or do you participate in volunteer activities? If yes, where and please describe the type of work you do.

Would you feel more comfortable with your attendant being your companion throughout the day or are you more of an independent person that would rather spend time by yourself and/or socializing with others?

What expectations do you have of your volunteer attendant? _____

Describe your daily routine/care plan. _____

What equipment must we supply for you (i.e. Bedboards, etc.): _____

What type of assistance do you require?

	Complete	Partial	None	Comments:
Dressing	_____	_____	_____	_____
Eating	_____	_____	_____	_____
Preparing Meals	_____	_____	_____	_____
Showering	_____	_____	_____	_____
Taking Medications	_____	_____	_____	_____
Toileting	_____	_____	_____	_____
Transferring	_____	_____	_____	_____
Turning at night	_____	_____	_____	_____
Other	_____	_____	_____	_____

Do you use any of the following assistive devices, please check those that apply.

Toileting (check all that apply) Commode Urinal Bedpan
Wheelchair (check all that apply) Manual Power
Respiratory Aid Vent C-Pap/Bi-Pap
Lift Yes No

Do you require a hospital bed? Yes No
If yes, please explain necessity: _____

Will you bring a service dog to camp with you? Yes No

Will your volunteer attendant require special training to make your week of camp enjoyable and safe (i.e. dressing change, catheter care, respiratory care, etc.)? Yes No
If yes, please explain: _____

Please tell us of anything in particular regarding your needs or comfort in order for us to better accommodate you (i.e. emotional, fears/phobias, special dietary needs/requests, etc.).

Please give us any other information about yourself that may be helpful to us in matching you up with a volunteer attendant or suggestions you may have regarding W.A.L.H. Summer Camp.

Please return this completed questionnaire along with your camp application.

SUMMER CAMP 2010 PARTICIPANT AGREEMENT

The mission of "With A Little Help...", Inc. is to provide our participants with a safe and enjoyable experience while attending either our summer or weekend camp. It is our hope that the application and interview process will answer any of your questions as well as help the camp staff determine who you are best suited to be paired with. With that in mind there are also certain expectations we have of both adult campers and volunteers. We ask you to read these expectations and be prepared to follow them if you choose to attend camp. Violations from these expectations may result in you being asked to leave camp.

- Once at camp I will not leave. Our insurance policy does not cover any person or persons leaving camp without permission.
- I will participate in orientation. This orientation is required of both first-time and veteran adult campers and volunteers.
- I will have respect for others and their personal property.
- For volunteers – my first responsibility will be that of my adult camper. While we want you to have a good experience, the needs of your camper must come first. If you feel you need some time to yourself, communicate that with your cabin leader or the camp coordinator.
- Camp Wawbeek and/or Pioneer Camp rules should be adhered to. Respect their property and avoid secured areas.
- Absolutely NO alcohol and/or illegal drugs will be tolerated at camp. Your first offense will result in immediate dismissal from camp and a one year suspension. Your second offense will result in immediate and permanent suspension from attending W.A.L.H. camps.
- Most importantly have FUN! – Whether you're a camper or volunteer use this experience to meet new friends, get involved in activities and go home with the realization that you made a difference in the lives of others.

Please also know the important role that both long time adult campers and volunteers play at camp. Along with your cabin leader use them as a resource. Respect them for their experience and use the opportunity to learn from them.

First Name _____ MI _____ Last Name _____

Signature _____ Date _____

Please return along with your camp application.