

Directions:**Step 1**— Fill Out General Information (See pages **3-5**)**Step 2**— Application Project (See page **5**)**Step 3**— Provide a Professional Reference (See page **6**)**Step 3**— Review and Sign Waivers (See pages **7—17**)**Step 4**— Confirm Dates and Shirt Size (See page **18**)

The Woodlands BLOOM Transition Program is a week-long overnight summer camp, that also operates as a year-round transition day program for participants ages 13-21.

Transitional life skills programs for adolescents function as a bridge between school programs and the opportunities of adult life. The Building Lifestyles for Ongoing Opportunities & Movement Program (BLOOM) was conceptualized as a reverse inclusion program for adolescents with and without disabilities between the ages 13-21. Reverse inclusion in a program setting provides the opportunity for adolescents with special needs and typically developing peers to interact for life changing outcomes. While participating in the BLOOM Program, typically developing peers take the lead in recreational activities and role modeling which helps participants with special needs improve communication and social skills. The typically developing peers benefit as well: reverse inclusion helps to combat stereotypes about people with disabilities and encourages adolescents to embrace diversity and respect those who have challenges outside of their own experiences.

When you apply to be a peer, you will make an impact by:

- **Cultivating friendships** – Real friendships can be developed with other participants.
- **Acquiring social skills** – Individuals with disabilities are more likely to develop social skills necessary to develop relationships when participating in inclusive recreation opportunities.
- **Improving attitudes** – People often develop positive attitudes about diverse individuals as a result of joint participation in some activities.
- **Developing life-long skills** – Through the presence of appropriate inclusive recreation options, the development of life-long functional recreation skills will be promoted.
- **Enhancing image** – The image of a person with disabilities is higher with inclusive participation as opposed to segregated participation.
- **Increasing understanding** – Exposure to inclusive leisure services results in a greater understanding and acceptance of individuals of varying backgrounds and abilities.

WHAT IS BLOOM?

BLOOM's mission is to create a reverse inclusion program for adolescents with and without disabilities, focusing on transition skills, social skills, communication skills, and peer interaction through sports, recreation, nutrition, and leadership activities. The program focuses on the development of transition skills and healthy lifestyles designed to develop the self-determination, empowerment, overall health and leadership for adolescents in transition.

Camp BLOOM is a 6 day, 5 night *reverse inclusion* summer camp designed specifically for adolescents with and without disabilities transitioning through high school and into young adulthood. BLOOM is a transition program focusing on leadership, empowerment, health and wellness, and self-efficacy. It provides valuable opportunities to practice social skills, communication, and peer interaction through teambuilding, adapted physical activity, recreation, nutrition activities, and community integration.

The BLOOM Program is also held year-round as a club. During Spring and Fall Retreat seasons, the BLOOM program takes place two Saturdays each month from 10am to 2pm.

HOW DOES IT WORK?

Adolescents with disabilities are each paired with a peer without a disability and together they cultivate friendships, work on social skills, foster positive attitudes, develop life-long skills, and enhance their understanding and acceptance of individuals with varying backgrounds and abilities. This program uses a reverse inclusion model that brings typical teenagers seeking a camp experience focusing on leadership, empowerment, teamwork and independence into The Woodlands' barrier free environment.

During **Camp BLOOM** Each day's activities are designed to focus on the 4 core areas of leadership empowerment, health and wellness, and self-efficacy. On the fifth day, the camp takes a group trip into Pittsburgh where they embark on citywide scavenger hunt using the skills they learned during the week, accomplishing each task as a team.

***All participants must be willing, able and available to attend the Pittsburgh scavenger hunt safely, as determined by the Woodlands Program Management, in order to be accepted into the BLOOM summer camp program.**

While **BLOOM meets as a club in the Spring and Fall**, each month represents a different theme focusing on Leadership, Empowerment, Health and Wellness, and Self-efficacy. Much of the day is developed around the opportunities to practice social skills, communication and peer interaction through team building, adapted physical activity, recreation, and nutrition. Many activities are also designed for participants to lead or instruct the weekend retreat activities or host events. Each season the BLOOM group also participates in a community integration activity or community outing.

Submit applications to:

Clarissa Amond
Staffing and Volunteer Coordinator
camond@woodlandsfoundation.org

Mail or Email fully completed form to:

Clarissa Amond
 Staffing and Volunteer Coordinator
 The Woodlands Foundation
 134 Shenot Rd.
 Wexford, PA 15090
 camond@woodlandsfoundation.org

**GENERAL INFORMATION**

FIRST NAME: _____ LAST NAME: _____ MI _____

TODAY'S DATE: ____/____/____

DATE OF BIRTH: ____/____/____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU HAVE A PA DRIVER'S LICENSE? NO YES LICENSE # _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

CELL PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU HAVE ANY MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF? NO YES

IF YES, PLEASE EXPLAIN: _____

VOLUNTEER INFORMATION

HAVE YOU APPLIED TO THE WOODLANDS PREVIOUSLY? NO YES, IF SO, WHEN? _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST SEVEN YEARS? NO YES

ARE YOU TRAINED IN AMERICAN SIGN LANGUAGE? NO YES LIMITED

ARE YOU BILINGUAL? NO YES, IF SO, WHAT LANGUAGE(S)? _____

CAN YOU SWIM? NO YES

WHAT IS YOUR COMFORT/ABILITY LEVEL FOR LIFTING AND STRENOUS ACTIVITY? NONE LIGHT MID — HEAVY

VOLUNTEER INFORMATION CONTINUED

WILL YOU BE RECEIVING SCHOOL OR COMMUNITY SERVICE CREDIT FOR YOUR VOLUNTEER WORK? YES NO

IF **YES**, HOW MANY HOURS WILL YOU NEED TO SERVE? _____

IF **NO**, WHAT IS YOUR MOTIVATION FOR VOLUNTEERING? _____

EDUCATION

HIGH SCHOOL

SCHOOL NAME: _____ YEARS COMPLETED: _____ GRADUATED: NO YES

SPECIALTY SCHOOL, TRAINING, OR OTHER

NAME: _____ YEARS COMPLETED: _____ COMPLETED: NO YES

CONCENTRATION/AREA OF FOCUS: _____ CERTIFICATE: _____

OCCUPATIONAL/VOLUNTEER HISTORY

LIST EXPERIENCE BEGINNING WITH MOST RECENT

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

START DATE: _____ END DATE: _____

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

START DATE: _____ END DATE: _____

MEDICATIONS

(Bb = Before Breakfast; B = Breakfast; BL= Before Lunch; L = Lunch; BD = Before Dinner; D = Dinner; Bed) **Times Taken**

Prescription & Non-Prescription	Purpose	Dosage (mg)	Form (Pill, liquid, chewable)	BB	B	BL	L	BD	D	Bed	Special Instructions

Please provide any other pertinent information related to medication/administration:

ALLERGIES

Does the applicant have a nut/peanut allergy? Yes No If yes, is it by consumption or airborne? _____

Please specific all other allergies below. (Example: food, specific medicine, insects/bees, latex, animals, plants, materials, ect.)

Specific Allergy	Reaction	Treatment

DIETARY NEEDS

Please explain any special diet needs or restrictions while at camp (ex. Vegetarian, low sodium, caffeine-free, gluten free, etc.). Include food product transfusions, special handling, and pre-medications.

APPLICATION ESSAY

**First time applications must complete the one page application essay.
Returning BLOOM Peers may omit the Application Project portion of the application.**

On a separate sheet of standard 8 1/2 x 11" paper, tell why you would be a great Woodlands' member and what you can contribute to the BLOOM Program. This can be written or typed. Please include any past experiences that you believe will help you help others. What makes you valuable to camp BLOOM's success? Essays must be kept to one page.

WOODLANDS FOUNDATION

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Consent for Emergency Medical Treatment

I hereby give consent for me/my child to volunteer during daily or residential camping programs of the Woodlands Foundation, Inc. I understand that I am responsible for providing any and all medical information to the staff of the Woodlands that will permit them to respond appropriately to any emergency situation. I permit staff of the Woodlands Foundation, Inc. to consent to my/my child's emergency treatment at the appropriate medical or emergency facility if necessary and/or provide emergency medical treatment, administer medications, and treat minor illness/injury for me/my child while attending daily or residential camping programs. In the event of a medical emergency, I permit staff of the Woodlands to contact the local Emergency Medical System (EMS) at their sole discretion and judgment, at which point the local EMS will provide treatment and provide transportation to the nearest hospital, UPMC Passavant in Cranberry Twp., Pa. or other hospital or emergency treatment facility which they deem to be appropriate. I understand that any cost associated with treatment by any receiving hospital or emergency facility and/or transportation by EMS personnel is my responsibility. Furthermore, in the event of a medical emergency, the staff of the Woodlands will contact one or more individuals listed as parent(s), guardian(s), or emergency contacts on this form, and I understand that the contacted individual will be required to go to the hospital or emergency treatment facility and assume responsibility for me/my child.

I understand that I/my child will need medical clearance from a licensed medical professional before being permitted to return to the Woodlands or any of its facilities or programming activities.

I understand that the staff of the Woodlands will not provide transportation in the event of a medical emergency or physical support or treatment beyond the extent of their program training by the Woodlands Foundation, Inc.

Considering all of the above, I waive and release all rights and claims of any nature against the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of the Woodlands facilities or my/my child's care in the case of all injuries or damages of any nature, which may result while participating in the programs of the Woodlands Foundation, Inc. I further recognize that the Woodlands Foundation Inc. cannot be held responsible for the loss of clothing or personal property while I am/my child is at the Woodlands. I accept and acknowledge the risk of participation in activities of the Woodlands.

Name of Volunteer

Print: Parent/Guardian Name (if Volunteer is a Minor)

Signature of Volunteer/Parent/Guardian

Date

In case of Emergency, contact:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

WOODLANDS FOUNDATION**RELEASE & WAIVER**

Parent or guardian should complete all sections if volunteer is a minor.

Release and Waiver

In consideration for allowing _____, (Volunteer Name) participation in programming activities at the Woodlands, I hereby consent to my/my child's participation in programming at the Woodlands throughout the Program Year as defined herein. I recognize that most recreational activities are held in a camping environment and inherent in these activities, occurring in outdoor and indoor environments alike, there are risks of injury. I hereby assume all risk associated with my/my child's participation in such recreational activities and use of the Woodlands facilities. I hereby waive, release, remise and discharge the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, for damages of any kind related to, arising from, or in any way connected with, me/my child's participation in recreational activities and use of the facilities. This agreement shall be binding upon me/my child's, successors, representatives, heirs, executors, assigns, and transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

This Release and Waiver is valid for me/my child's participation in Woodlands activities beginning January 1, 20____ through and including December 31, 20____ (the "Program Year"). I understand that this Release and Waiver will apply to all programs, sessions and activities in which I /my child voluntarily agrees to participate during this Program Year unless specifically indicated otherwise above.

I, as the participant/parent/legal guardian, have read the above Release and Waiver and understand and agree to its terms.

Signature: Volunteer/Parent/Legal Guardian

Date

CONFIDENTIALITY AGREEMENT

As a volunteer of The Woodlands Foundation, I acknowledge that I may have access to the organization's data, plans, decisions, and/or other confidential information, such as financial statistics, employee data, participant data, client lists and information, or marketing plans. No volunteer may use or release this kind of information to others for their own use, personal profit, or benefit. This applies to the use of confidential information about agencies with which The Woodlands Foundation has, or is considering, an association.

I must regard personal information about other employees, and other volunteers as confidential in order to preserve the privacy of your colleagues. Employees/and or volunteers who handle confidential information or who have access to such information, whether physical, electronic, or otherwise, are responsible for the careful use, distribution, and disposal of such information.

Employees and volunteers must also handle and respect client and participant confidential information. Except as permitted by law and The Woodlands Foundation policy, volunteers shall not:

- Disclose personal information about clients or participants to unauthorized persons;
- Disclose client information or the location of clients or participants to any unauthorized persons;
- Tamper with or intrude upon any voice, video, data, or fax transmission; or
- Allow access to any communication distributed or transmitted by The Woodlands Foundation.

I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.

X _____ DATE ____/____/____
SIGNATURE OF VOLUNTER OR GAURDIAN OF VOLUNTEER (If younger than 18 years old)

Applicant's Statement

I certify that no charges against me in other states would prohibit my selection as a volunteer.

I certify that the answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision. I understand that this application is not and is not intended to be a contract for employment.

In the event that I am asked to volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Woodlands Foundation.

I hereby assume all risk associated with participating in volunteer and recreational activities and use of the facilities and amenities at the Woodlands. I agree to hold harmless and indemnify the Woodlands Foundation, Inc., and its employees, and do hereby release and forever discharge Woodlands Foundation, Inc. and its employees from all liability, causes of action, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with my participation in any activity while at the Woodlands.

I agree that my assignees, heirs, distributees, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release the Woodlands Foundation, Inc. from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

If my volunteer service includes driving an automobile, I acknowledge that I have a valid driver's license and an automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. I agree to notify the Woodlands Foundation, Inc. if the status of my license or insurance changes.

Volunteer Signature

Date

Parent/Guardian Signature (if age 18 or under)

Date

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or presence of non-job-related medical condition or disability.

WOODLANDS

PERMISSION TO RELEASE MINOR VOLUNTEER

I, _____, as parent/legal guardian of _____ (a minor volunteer at The Woodlands), hereby permit said minor volunteer to be released to the care of the following individuals for purposes of transportation or release at the end of the programming day. I understand that the participant/minor participant will not be released to anyone not appearing on this list and this list cannot be modified by phone, email, or any other electronic or oral means of communication.

The staff of The Woodlands does not require individuals to show identification upon pick up but reserves the right to do so. While it is not the responsibility of the staff of the Woodlands to determine the suitability or fitness of anyone authorized to pick up participant/minor participants, The Woodlands reserves the right to deny release of any participant/minor participant to an individual who cannot prove their identity if asked to produce such proof or to anyone who in the sole judgment of the Woodlands staff, appears to pose a risk to the safety of the participant/minor participant for any reason.

1. _____

Name	Phone	Relationship to Participant
------	-------	-----------------------------
2. _____

Name	Phone	Relationship to Participant
------	-------	-----------------------------
3. _____

Name	Phone	Relationship to Participant
------	-------	-----------------------------
4. _____

Name	Phone	Relationship to Participant
------	-------	-----------------------------
5. _____

Name	Phone	Relationship to Participant
------	-------	-----------------------------

Print Name of Participant and Parent/Legal Guardian	Phone Number of responsible Parent/Legal Guardian
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<i>Signature of Participant/Parent/Legal Guardian</i>	Date
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WOODLANDS FOUNDATION

Permission to use Photo and Likeness

The Woodlands is an accredited American Camp Association® member.



I give permission and consent for _____ (insert participant's name) to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by The Woodlands and the American Camp Association® and its agents, to illustrate and promote

the camp experience, _____ (insert participant's name) and its camp programs, or the American Camp Association.

While participating in The Woodlands' programs I hereby give my/my child's consent for allowing photographs, videotapes, voice recording, or likenesses to be recorded, saved, and used by The Woodlands at a later time for educational, instructional or promotional purposes. I waive the right to inspect publications or media of any kind which include me/my child's photographs, videotape, voice recording, or likeness prior to their release for educational or promotional purposes. This includes but is not limited to use in email, direct mailing and social media such as Facebook®, YouTube®, Instagram®, and Twitter®. I understand that if I decline this consent I/my child will be excluded from participating in some programs at The Woodlands that by their nature involve recording, photographing, or videotaping the activity and sharing it at a later date for educational, instructional, or promotional purposes and selectively excluding any one participant is impossible.

Signature: Volunteer/Parent/Legal Guardian

Date

ZIP LINE PARTICIPANT AGREEMENT

WOODLANDS

ADAPTIVE ZIP LINE TOUR

PARTICIPANT AGREEMENT, RELEASE, WAIVER, AND ACKNOWLEDGEMENT OF RISK

In consideration of _____ (Participant) being permitted to voluntarily participate in the activities of the Woodlands Adaptive Zip Line Tour (hereinafter referred to as the "Zip Line Tour"), I/my child hereby agree to release and discharge the Woodlands, its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in the Zip Line Tour. This agreement shall be binding upon me/my child, our successors, representatives, heirs, executors, assigns, and transferees. On behalf of myself/my child, I fully understand the following:

I acknowledge that the Zip Line Tour involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself/my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Collision with other participants, injuries on take-off and landing towers, collision with walls or other fixed objects, falling down from heights of up to 20 feet, my own equipment failure or the failure of others' equipment, my own or others' negligence; objects or conditions on the landing surface that may cause me to fall, broken bones, sprains, head, neck and back injuries; abrasions; and bruises. Furthermore, the Zip Line Tour is an activity that is highly physical and it is suggested that participants check with their doctor before attempting this activity.

I expressly agree to accept and assume all of the risks associated with participation in this activity.

My participation in this activity is purely voluntary, and I elect to participate in it in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Woodlands Foundation from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Woodlands Zip Line Tour's equipment or facilities, including such claims which allege negligent acts or omissions of employees operating the Zip Line Tour or anyone associated with the Woodlands, its agents, officers, principals, employees and volunteers .

Should the Woodlands or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, or defend against claims made related to my/my child's participation in the Zip Line Tour, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage **I/my child** may cause or suffer while participating, and I agree to bear the costs of such injury or damage to myself/my child or others. I further certify that I have no known medical or physical conditions which could interfere with my safety in participating in this activity, and I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition as well as by any condition that is unknown to me at the time of my participation.

I agree that all claims, interpretation, or application of law arising out of this agreement, release and waiver will be interpreted under the laws of the Commonwealth of Pennsylvania.

8. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

ZIP LINE PARTICIPANT AGREEMENT CONTINUED

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the Woodlands, the Zip Line Tour, or anyone responsible for its operation. I have had sufficient opportunity to read this entire document, understand its contents, and agree to be bound by its terms.

Signature of Participant

Print Name

Address City State ZIP

Phone with area code () _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) ("Minor") being permitted by the Woodlands to participate in the activities of the Zip Line Tour and to use its equipment and facilities, I agree to be bound by the terms of this Agreement, Release and Waiver.

Parent or Guardian Print Name Date

BEHAVIOR GUIDELINES

1. Conduct:

Peer Volunteers are expected to demonstrate proper conversation, language and adult behavior at all times. Personal relationships between other Peer Volunteers and staff should never interfere with the responsibilities to clients and participation in activities. All volunteer members are expected to use sound judgment, flexibility, and respect while working at Woodlands.

2. Socialization/participation:

All Peer Volunteers are expected to be social and engage with fellow volunteers, staff, families, and participants. They are also expected to be engaged with participants during activities at programs.

3. Sign-in and Out:

All Peer Volunteers must sign in and out with the Program Coordinator

4. Confidential information:

Confidentiality concerning Woodlands participants, volunteers, and staff shall be maintained at all times.

5. Parking:

All Peer Volunteers must park in the Meditation Center gravel parking lot.

6. Volunteer call off/cancelation policy:

If the peer volunteer is unable attend for their shift, they must alert the Program Coordinator. On Monday-Friday at 9-5PM, please call the Retreat office (724-935-5470). On the weekends or after business hours, please call Leadership (724-816-7587).

7. Volunteer medications:

Under no circumstances should a volunteer's medication be stored on their person. If medication is needed during a weekend retreat, day program, or summer camp then the medication can either be stored in their car or in the Healthcare building.

8. Camper medications:

Peer Volunteers are not permitted to distribute medication to campers under any circumstances.

9. One on one with the camper:

Peer Volunteers may not be alone with any participant at any time.

10. Transfers and Personal Care:

Do not provide personal care, counsel participants, or perform any general counselor responsibilities unless cleared to do so by the Director of Programs or the Program Manager. Also, do not assist with physical transfers of participants unless cleared to do so by the Director of Programs or the Program Manager.

11. Equipment:

Peer Volunteers are not to use any motorized equipment, company vehicles, or participants' motorized wheelchairs

12. Clean up after programs and activities:

Peer Volunteers are expected to assist in the cleaning and upkeep of the facility after each activity.

BEHAVIOR GUIDELINES CONTINUED

13. Dress Code:

Peer Volunteers are expected to dress in weather appropriate clothing. If Peer Volunteers have Woodlands clothing, please wear it. Peer Volunteers are not permitted to wear any of the following clothing/apparel: Low cut tops, shorts that are shorter than fingertip length (with arms on either side of the body), cut offs (this includes shorts and shirts with the arms cut out), any apparel with alcohol/tobacco logos, violent depictions, or humor in bad taste is not permitted to be worn. Peer Volunteers are expected to dress in a manner that does not prevent them from completing all of their job responsibilities with ease. Piercings and tattoos must be covered.

14. Footwear:

Peer Volunteers must wear closed toe shoes at all times during camp. (During swim times, staff are permitted to wear closed toe water shoes.)

15. Swimwear:

If Peer Volunteers are assigned to swim with the participants, one piece swimsuits are required. A t-shirt or shorts over their bathing suit is also permitted. A tankini is permitted as long as it is a full top with a regular bottom. Gentlemen are not permitted to wear speedos.

16. Cell Phones:

Participants and staff are not permitted to use cell phones during activities or meal time. We understand that many volunteer may need to have their cell phones on them while volunteering but we ask that Peer Volunteers keep this in mind while on campus.

17. Snacks:

Personal snacks are never eaten in front of participants. Snacks can be stored in the Dining Hall.

18. Leaving Campus during a scheduled shift:

During your scheduled volunteer shift, you are not permitted to leave campus unless you first tell the Program Coordinator or the Staffing and Volunteer Coordinator.

19. Dining Hall:

Peer Volunteers are not permitted to feed campers under any circumstances. Also, only authorized personnel are allowed in the kitchen. This includes Coordinators and Management. If you need to retrieve something from the kitchen, do so by asking authorized personnel to retrieve it for you. Do not cross contaminate, and be mindful of signs on food such as "Gluten Free," "Dairy Free," "Vegetarian", etc. if you are ever unsure, please ask!

20. Gifts:

The purchase of food, soda, candy or other gifts for participants is prohibited. Receiving any type of gift from participants is also prohibited.

BEHAVIOR GUIDELINES CONTINUED

As a Woodlands Peer Volunteer, you are expected to:

1. **USE COMMON SENSE.** Act responsibly for the safety of all the participants, staff members, and fellow volunteers.
2. **BE KNOWLEDGEABLE OF THE PROGRAM.** Provide assistance to the participants as needed throughout the summer and always ask for guidance from staff when you are unsure.
3. **REMAIN PATIENT.** Interact enthusiastically and treat all participants with dignity at all times.
4. **RESPECT.** Treat participants, parents, staff and other Peer Volunteers with respect for each person regardless of their ability level, needs, or communication skills.
5. **WORK COOPERATIVELY WITH ALL WOODLANDS TEAM MEMBERS.** Peer Volunteers work cohesively to assist staff and campers while at the Woodlands.
6. **BE FLEXIBLE.** Programs often need to be adapted and altered throughout the summer. Peer Volunteers must be willing to work and meet challenges spontaneously for the benefit of the program and its participants.
7. **HAVE FUN!!!!** Enjoy every opportunity you have here at the Woodlands!

 FIRST NAME

LAST NAME

TODAY'S DATE: ____ / ____ / ____

 SIGNATURE

DATE

 PARENT SIGNATURE

DATE

Mail or Email fully completed form to:

Clarissa Amond
 Staffing and Volunteer Coordinator
 The Woodlands
 134 Shenot Rd.
 Wexford, PA 15090
 camond@woodlandsfoundation.org

**COMITMENT FORM**

Please review the following schedule to be prepared to attend each session during the seasons you will be participating in the **BLOOM Peer Program**.

 I AM PARTICIPATING AS SUMMER 2019 CAMP BLOOM PEER:

SUNDAY, AUGUST 4, 2019
 MONDAY, AUGUST 5, 2019
 TUESDAY, AUGUST 6, 2019
 WEDNESDAY, AUGUST 7, 2019
 THURSDAY, AUGUST 8, 2019
 FRIDAY, AUGUST 9, 2019

 I AM PARTICIPATING AS FALL RETREAT SEASON 2019:

SATURDAY, SEPTEMBER 21, 2019
 SATURDAY, OCTOBER 5, 2019
 SATURDAY, OCTOBER 26, 2019
 SATURDAY, NOVEMBER 9, 2019
 SATURDAY, NOVEMBER 23, 2019
 SATURDAY, DECEMBER 7, 2019 *FIELD TRIP*
 SATURDAY, DECEMBER 14, 2019

- I am available to attend **all** 2019 SUMMER BLOOM dates.
 I am available to attend **all** 2019 FALL RETREAT SEASON dates.

I am **unavailable** for the following dates within the season I will be participating in the BLOOM Peer program.
 My conflicts are as follows: _____

FIRST NAME: _____ LAST NAME: _____ MI _____

TODAY'S DATE: ____/____/____

PLEASE CHECK SHRIT SIZE: S M L XL XXL 3XL 4XL