



VOLUNTEER INFORMATION PACKET

Please complete and return **ALL**
camp forms, **printed single-sided**

No later than May 15th

Celiac Strong Camp Inc.
4010 Dean Rd., Marion, NY 14505

We appreciate your willingness to volunteer. Thank you so much for your generosity.

Please read and initial each:

_____ I understand that if I do not attend the camp, I will be billed and responsible for reimbursing Celiac Strong Camp Inc. for incurred costs of \$25. The cabins, bathrooms, and camp are all rustic. There is a lot of walking and no air conditioning available. We all must maintain a positive attitude.

_____ I have completed all pages of this volunteer packet and will return it by deadline above to Celiac Strong Camp Inc., 4010 Dean Rd, Marion, NY 14505. Please print these forms single sided.

_____ If this is my first-year volunteering, I have sent out two reference applications. These will need to be completed by and returned directly from your references to Celiac Strong Camp Inc. by May 31st.

_____ I will or have completed the online application and background check with **averity.com**.

_____ I will or have taken the online child safety program through our link at **Averity**.

_____ I will attend the volunteer orientation on the first day of camp promptly by 9:30 am, check-in begins at 9:00 am.

FOR ADULT VOLUNTEER:

EMERGENCY RELEASE STATEMENTS: In an emergency, should it happen that I, (Print your Name) _____, am incapable and the person named as my emergency contact cannot be reached promptly, I give my permission for the person in authority to take any emergency measures and provide any transportation deemed appropriate. My emergency contact will be notified as soon as possible.

Signature of Volunteer: _____ Date _____

(Print your Name) _____

Adult Volunteer
Celiac Strong Camp Inc.

This Waiver and Release of Liability is a legal document, and all its terms are important. PLEASE READ IT CAREFULLY.

(Print your Name) _____

ACKNOWLEDGMENTS: On behalf of myself, COVID-19 is an illness that can affect the lungs, airways, and circulatory system, among other things. COVID-19 is caused by the coronavirus. To stop or slow the spread of the virus, the Centers for Disease Control and Prevention recommend staying home as much as possible and limiting face-to-face contact with others. My signature below acknowledges my understanding that there is a risk that I, camp participant, (Your Initials) _____ may be exposed to the coronavirus as a result of my participation in any activities provided, arranged, organized, or in any way associated or connected with Celiac Strong Camp Inc. and Camp Cherith of Western New York and my agreement to release Celiac Strong Camp Inc. and Camp Cherith of Western New York from liability in the event I, (Your Initials) _____ am exposed to the coronavirus as a result of my participation in any activities.

Celiac Strong Camp Inc. and our respective heirs, assigns, personal representatives, and estates, I understand, acknowledge, and agree as follows:

- (1) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread from person-to-person contact.
- (2) Federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures.
- (3) Celiac Strong Camp Inc. has implemented preventative measures to reduce the spread of COVID-19. Despite these preventative measures, Celiac Strong Camp Inc. cannot guarantee that I, (Your Initials) _____ or any other youth or adult camper, volunteer, or visitor (each a "Patron") will not become infected with COVID-19, and there are risks inherent in entering Celiac Strong Camp and participating in the activities, (such activities to include swimming, camping, dining, campfires, and other related or sponsored activities) and inherent risks related to COVID-19 infection and transmission;
- (4) Entry into Celiac Strong Camp Inc. and participation in the activities could increase the risk of contracting COVID-19 for myself, (Your Initials) _____ and those Patrons with whom we may come in contact.
- (5) The risk of becoming exposed to or infected by COVID-19 at Celiac Strong Camp Inc. or in connection with the activities may result from the actions, omissions, or negligence of myself, (Your Initials) _____ and/or others, including without limitation camp, volunteers, directors, agents, representatives, Patrons, or any others present at camp or at such activities.
- (6) When I, (Your Initials) _____, enter Celiac Strong Camp Inc. or attend activities, I, (Your Initials) _____ am doing so voluntarily, for purposes of participating in events or activities for my (Your Initials) _____ personal benefit. The value of such benefit to enter camp and participate in the activities, is sufficient consideration for my voluntary execution of, and compliance with, this Waiver and Release of Liability.
- (7) I, (Your Initials) _____, voluntarily and knowingly assume the risk that I, (named above) may be exposed to or infected by COVID-19 by entering into Celiac Strong Camp Inc. or participating in the activities, and that such exposure or infection may result in personal injury, illness, disability and death;

and I, (named above), acknowledge and agree that, with respect to COVID-19, camp cannot and does not accept any (and expressly disclaims all) responsibility for my, (named above) , safety and well-being while I, (named above) , (or my camp participant) am at Celiac Strong Camp Inc. or otherwise engaged in any activity.

(8) I for myself, (Your Initials) _____ acknowledge and agree that, with respect to COVID-19, Celiac Strong Camp Inc. cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I, (Your initials) _____ am at Celiac Strong Camp Inc. or otherwise engaged in any activity.

ASSUMPTION OF RISK: I, (named above), hereby acknowledge, accept, and agree that I, (named above), may be exposed to the coronavirus because of our participation in the activities. I, (named above) , and on behalf of my camp participant) hereby assume all risk, dangers (including personal injury, illness, disability and death), and responsibility for any losses or damages, whether caused in whole or in part by the negligence or conduct of Celiac Strong Camp Inc, its volunteers, or any other person or entity acting in any capacity on its behalf (collectively referred to herein as the “Releasees”), that may arise. I, on behalf of myself and as legal guardian of any camp participant, understand that I am releasing, discharging, and waiving any claims or actions that I, (Your initials) _____, may have presently or in the future have for the negligent act or other conduct of the Releasees.

RELEASE: I, _____, am giving this Waiver and Release of Liability to the Releasees. I, (named above), agree entering Celiac Strong Camp Inc. and our participation in any activities is in all respects voluntary. In consideration of Celiac Strong Camp Inc. permitting me, (named above), to enter into Celiac Strong Camp Inc. and Camp Cherith to participate in the activities, I, (named above) hereby voluntarily release, discharge, hold harmless, and covenant not to sue the Releasees, on behalf of myself and my camp participant for any and all claims or liabilities arising out of any negligence, fault, breach of contract, or any other act or omission which is in any way related to COVID-19 or any claim for illness, injury, disability, death, emotional injury, or damages of any nature in any kind in connection with (named above) entering into Celiac Strong Camp Inc. or participation in the activities or otherwise related to COVID-19. I understand that my agreement in this regard binds me, my camp participant and our respective heirs, assigns, personal representatives, and estates.

Adult Volunteer
Celiac Strong Camp Inc.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT, AGREE THAT IT IS MY INTENTION TO RELIEVE CAMP FROM ANY LIABILITY FOR PERSONAL INJURY, ILLNESS, DISABILITY OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE RELATED TO COVID-19. I FULLY RECOGNIZE AND UNDERSTAND THAT IF I, (Print your Name), _____, AM EXPOSED TO THE CORONAVIRUS, I AM GIVING UP MY (AND MY CAMP PARTICIPANT'S) RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST CELIAC STRONG CAMP INC. FOR ANY INJURY, ILLNESS, DISABILITY, DEATH, EMOTIONAL INJURY OR DAMAGE RELATED TO THAT EXPOSURE. I, (Print your Name), _____, EXPRESSLY ASSUME ALL RISKS. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS ON BEHALF OF MYSELF AND MY CAMP PARTICIPANT. I agree that if any portion of this Waiver and Release of Liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect. As parent or legal guardian of a camp participant under 18 years of age, I have read and voluntarily agreed that said minor may enter Camp and participate in the activities, and I sign this Waiver and Release of Liability on their behalf and represent that I am the camp participant, (Your initials) _____. I have read this Waiver and Release of Liability and am bound by it whether I have read it. I also agree to all the rules that Celiac Strong Camp Inc. may set concerning the activities as specifically necessitated by COVID-19.

Signature of Volunteer: _____ Date _____

(Print your Name) _____

Adult Volunteer

Celiac Strong Camp Inc.

NOTICE – BACKGROUND INVESTIGATION

In connection with your volunteer engagement with [Celiac Strong Camp Inc.] (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteer purposes. These reports may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends, or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-877-319-5587. For information about Protect Youth Sports privacy practices, see www.protectyouthsports.com. The scope of this notice and below authorization is not limited to the present and, if you are selected, will continue throughout the course of your employment and/or your volunteer assignments and allow the Company to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I, (Print your Name) _____, hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my Volunteer engagement, if applicable.

Signature of Volunteer: _____ Date _____

Last Four Digits of SSN: _____

Adult Volunteer
Celiac Strong Camp Inc.

Zero Tolerance Policy

For the safety of all people at camp, Celiac Strong Camp Inc. cannot and will not tolerate any behaviors listed below.

- Smoking (allowed only for adults in designated area), drinking alcohol and/or the use or possession of illegal substances
- Leaving sleeping areas during lights out for other than using the lavatory facility
- Possession of any weapons or anything intended to be used as a weapon and/or all physical violence
- Behavior that places myself or others in an unsafe situation
- Bullying, harassing, or intimidating other campers and volunteers
- Speaking poorly of camp volunteers or campers
- Criticizing Celiac Strong Camp Inc., camp volunteers or campers
- Dressing in a manner inappropriate for a family camp atmosphere; no revealing, political or vulgar language apparel.

I understand that the above-listed behaviors will require me to leave camp immediately and there will be no refunds. Camp will not be responsible for any hotel or travel costs or costs of any kind.

Signature of Volunteer: _____ Date _____

(Print your Name) _____

Photograph/Media Permission

I give permission for photographs and media of myself, (Print your Name), _____, recorded during Celiac Strong Camp Inc. to be used for the purposes of representing Celiac Strong Camp Inc. Promotional materials include, but are not limited to, brochures, digital presentations, videos, websites used for celiac organizations representing Celiac Strong Camp Inc. Individual's names will NOT be listed, shown, associated with, or publicized in any way.

Signature of Volunteer: _____ Date _____

(Print your Name) _____

Adult Volunteer
Celiac Strong Camp Inc.

Release of (Hold Harmless Agreement) Liability and Assumption of Risk Agreement.

I, (Print your Name) _____, by signing below, agree: Release of (Hold Harmless Agreement) Liability and Assumption of Risk Agreement:

1. The risk of injury from the activities involved in this program, Celiac Strong Camp, Inc., is sufficient, including the potential for permanent paralysis and death, and while rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and.
2. I, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Celiac Strong Camp Inc., its officers, officials, agents and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Signature of Volunteer: _____ Date _____

(Print your Name) _____

Volunteer Contract only if restrictions are necessary to enforce.

I (Print your Name), _____, will properly wear a face mask for the duration of Celiac Strong Summer Camp Inc. I am aware that I am required to always wear a face mask except when outside social distancing, eating, drinking, in the cabin which I reside in for the duration of camp, or during activities which the face mask can get wet such as at the pool.

I also agree to enforce the COVID-19 protocols put in place by the CDC and Celiac Strong Camp Inc. for the duration of Celiac Strong Summer Camp Inc.

Signature of Volunteer Date

These forms must be completed to be eligible for attendance at camp. The completed forms must be returned and postmarked by May 15th to maintain your reservation at camp. Failure to do so will result in no admission and please remember, the registration fee is not refundable. It is very important to return these completed forms by the due date. Thank you in advance for your understanding as well as your cooperation. We are looking forward to seeing you at Celiac Strong Camp!!

REQUEST FOR CELIAC STRONG CAMP INC. VOLUNTEER REFERENCE



DEAR APPLICANT: Please complete the following information for each provided reference. We will require two references, one reference per form. No references from relatives will be accepted.

Volunteer's Name: _____

I hereby give Celiac Strong Camp Inc. permission to check my personal and professional references.

Signature of Volunteer: _____ Date _____

TO THE INDIVIDUAL PREPARING THIS REFERENCE:

The above-named applicant has applied for a position at Celiac Strong Camp Inc. We are seeking people with experience who can work safely with children and in a positive manner with all staff and children. It is important that they enjoy working with children, work well with others and have a real love for rustic outdoor living and are flexible to changing situations. We would appreciate your careful and honest input when analyzing the applicant completing this reference to assist us in selecting appropriate applicants for this camp. Due to the time sensitive nature of this camp, please return this completed confidential reference request directly to Celiac Strong Camp Inc. within one week. **THANK YOU FOR YOUR TIME AND HONESTY.**

Please have your reference mail the completed form, in confidence, directly to: Sabrina DeVos, Celiac Strong Camp Inc., 4010 Dean Rd., Marion, NY 14505

1. How long and in what capacity have you known the applicant? _____

2. Please rate the applicant's maturity level to:	Poor (1)	(2)	Acceptable (3)	Outstanding (4)	(5)
• Be responsible for children in a camp setting	_____	_____	_____	_____	_____
• Have a good relationship with co-workers	_____	_____	_____	_____	_____
• Assume responsibility for carrying out delegated duties	_____	_____	_____	_____	_____
• Accept ongoing guidance and supervision	_____	_____	_____	_____	_____
• Flexible enough to accept changing conditions And assignments	_____	_____	_____	_____	_____
• Maintain energy and enthusiasm for long time periods	_____	_____	_____	_____	_____
• Make responsible decisions in emergency situations	_____	_____	_____	_____	_____
• Willingness to perform any camp related tasks	_____	_____	_____	_____	_____
• Demonstrates a positive attitude	_____	_____	_____	_____	_____

COMMENTS: _____

3. Does the applicant have patience working with children? Yes ___ No ___

COMMENTS: _____

4. Does the applicant have the ability to adapt to outdoor camp living settings? Yes ___ No ___

COMMENTS: _____

5. Do you know of any religious, cultural, or racial prejudice this applicant might have that would limit the ability to work with the children and staff? Yes ___ No ___

COMMENTS: _____

Applicant: _____

6. In your opinion, do you think the applicant has any physical or emotional conditions that would limit the ability to carry out camp activities, work with children and staff? Yes ___ No ___

COMMENTS: _____

7. In your opinion, do you think the applicant is physically and emotionally able to enjoy actively being in an outdoor rustic setting? Yes ___ No ___

COMMENTS: _____

8. Please rate the applicant on the following:	Poor (1)	(2)	Acceptable (3)	(4)	Outstanding (5)
Ability to have a good relationship with people	_____	_____	_____	_____	_____
Adapt to new situations	_____	_____	_____	_____	_____
Accept suggestions and corrections	_____	_____	_____	_____	_____
Tolerate other's ideas and or needs	_____	_____	_____	_____	_____
Possess conflict resolution skills	_____	_____	_____	_____	_____
Maintain a positive behavior towards peers / children	_____	_____	_____	_____	_____
Is a team player	_____	_____	_____	_____	_____
Ability to cope with multiple tasks	_____	_____	_____	_____	_____
Has a sense of humor	_____	_____	_____	_____	_____
Ability to accept rules and guidelines	_____	_____	_____	_____	_____

COMMENTS: _____

9. Overall, would you recommend the applicant to be a volunteer at camp? Yes ___ No ___

COMMENTS: _____

10. Is applicant's character one that will provide a positive influence to the children and staff? Yes ___ No ___

COMMENTS: _____

11. Additional Comments: _____

I have answered the above questions to the best of my knowledge. I am in no way related to the applicant.

Signature: _____ Date: _____

Your name: _____

Company: _____ Position: _____

Phone number: () - Email: _____

Relationship to Applicant: _____

Thank you and thank you for supplying us with your candid and concise reference. It is imperative and much appreciated for the safety and the wonderful camp experience we wish to provide to our campers as well as to our volunteers.

**Please mail, in confidence, directly to:
Sabrina DeVos, Celiac Strong Camp Inc., 4010 Dean Rd., Marion, NY 14505**

REQUEST FOR CELIAC STRONG CAMP INC. VOLUNTEER REFERENCE



DEAR APPLICANT: Please complete the following information for each provided reference. We will require two references, one reference per form. No references from relatives will be accepted.

Volunteer's Name: _____

I hereby give Celiac Strong Camp Inc. permission to check my personal and professional references.

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• Be responsible for children in a camp setting	_____	_____	_____	_____	_____
• Have a good relationship with co-workers	_____	_____	_____	_____	_____
• Assume responsibility for carrying out delegated duties	_____	_____	_____	_____	_____
• Accept ongoing guidance and supervision	_____	_____	_____	_____	_____
• Flexible enough to accept changing conditions And assignments	_____	_____	_____	_____	_____
• Maintain energy and enthusiasm for long time periods	_____	_____	_____	_____	_____
• Make responsible decisions in emergency situations	_____	_____	_____	_____	_____
• Willingness to perform any camp related tasks	_____	_____	_____	_____	_____
• Demonstrates a positive attitude	_____	_____	_____	_____	_____

COMMENTS: _____

3. Does applicant have patience working with children? Yes ___ No ___

COMMENTS: _____

4. Does the applicant have the ability to adapt to outdoor camp living settings? Yes ___ No ___

COMMENTS: _____

5. Do you know of any religious, cultural, or racial prejudice this applicant might have that would limit the ability to work with the children and staff? Yes ___ No ___

COMMENTS: _____

Applicant: _____

6. In your opinion, do you think the applicant has any physical or emotional conditions that would limit the ability to carry out camp activities, work with children and staff? Yes ___ No ___

COMMENTS: _____

7. In your opinion, do you think the applicant is physically and emotionally able to enjoy actively being in an outdoor rustic setting? Yes ___ No ___

COMMENTS: _____

8. Please rate the applicant on the following:	Poor (1)	(2)	Acceptable (3)	(4)	Outstanding (5)
Ability to have a good relationship with people	_____	_____	_____	_____	_____
Adapt to new situations	_____	_____	_____	_____	_____
Accept suggestions and corrections	_____	_____	_____	_____	_____
Tolerate other's ideas and or needs	_____	_____	_____	_____	_____
Possess conflict resolution skills	_____	_____	_____	_____	_____
Maintain a positive behavior towards peers / children	_____	_____	_____	_____	_____
Is a team player	_____	_____	_____	_____	_____
Ability to cope with multiple tasks	_____	_____	_____	_____	_____
Has a sense of humor	_____	_____	_____	_____	_____
Ability to accept rules and guidelines	_____	_____	_____	_____	_____

COMMENTS: _____

9. Overall, would you recommend the applicant to be a volunteer at camp? Yes ___ No ___

COMMENTS: _____

10. Is applicant's character one that will provide a positive influence on the children and staff? Yes ___ No ___

COMMENTS: _____

11. Additional Comments: _____

I have answered the above questions to the best of my knowledge. I am in no way related to the applicant.

Signature: _____ Date: _____

Your name: _____

Company: _____ Position: _____

Phone number: () - Email: _____

Relationship to Applicant: _____

Thank you and thank you for supplying us with your candid and concise reference. It is imperative and much appreciated for the safety and the wonderful camp experience we wish to provide for our campers as well as for our volunteers.

**Please have your reference mail the completed form, in confidence, directly to:
Sabrina DeVos, Celiac Strong Camp Inc., 4010 Dean Rd., Marion, NY 14505**

PLEASE KEEP THIS FOR YOUR REFERENCE – DO NOT RETURN TO US.

This camp is run strictly by volunteers, and we thank you so much for volunteering. We realize that you are taking time off from work and appreciate your generosity in joining us on behalf of the campers. Welcome or welcome back.

Volunteers Only: There will be a training session on **August 8,** prior to the start of camp. Please bring your campers with you. Training starts promptly at 9:30 am, so you may begin arrival about 9:00 am, lunch will be provided.

Camper / Volunteer Packets: This packet is part of the registration process and must be returned by May 15th. If the deadline is not met, the camper or the volunteer may lose their spot and the fee is non-refundable. In addition, volunteers will be asked to complete a background check and an online child safety training. Thank you in advance for your understanding & for your cooperation.

Check-in will be **Thursday, August 8, 2023,** at 2:30 PM, Volunteers at 9:00 AM
Check-out will be **Sunday, August 11, 2023,** by 1:00 PM

Celiac Strong Camp Inc. will be held at Camp Cherith in Hunt, NY

*****Location of Camp:

Camp is held at Camp Cherith, located at 9534 Short Tract Rd, Hunt, NY 14846.

If using your GPS, please use these Coordinates: 42.565545° -77.998064°

Pets: No pets are permitted on the property. If you bring your pet, even during registration, do not take your pet out of the vehicle. No pets will be allowed on the camp property. We love our pets, please either leave them at home or say goodbye at your vehicles. Do not leave your pets locked in a hot vehicle for the safety of the animals.

Thank you for volunteering & assisting in making this camp a success. Bring on the smiles. We are looking forward to sharing smiles & having a wonderful camp experience together.

Please save our phone numbers in your contact list.....

www.CeliacStrongCamp.org

CeliacStrongCamp@gmail.com

Christina M. McGlynn 585.230.0363

Daneille Tracy 315.729.7466

Sabrina DeVos 585.230.0514

For directions, please contact Kevin McGlynn at 585.200.7040

Suggested ADULT Packing List – PLEASE KEEP THIS FOR YOUR REFERENCE – DO NOT RETURN TO US.

We highly recommend labeling participant's items with your first and last name using a laundry marker, taping a list of "things the participant brought" in your suitcase for reference when packing so nothing gets left behind and do not forget your medications.

- Pillow, mattress cover, twin size sheet, sleeping bag and/or a blanket. It does get cold at night.
- Bath and beach towel
- Water bottle
- Traveling Coffee Cup– for tea or coffee, for the adults only.
- Water shoes (optional), can be worn at waterfront when fishing or in showers)
- Toiletries (shampoo, soap, deodorant, brush, toothbrush/toothpaste, feminine products, etc.) and something to carry their toiletries in, their towel and their clothes to the bathhouse.
- Shower shoes – water shoes or flip flops (flip flops can only be worn for showering or cabin purposes, not around camp)
- Laundry bag
- Sunscreen and bug spray (to be used outside, not in any buildings)
- Raincoat/ poncho and rain boots
- Long pants (sweatpants or jeans for nighttime)
- Sneakers (suggest two pairs because one could get wet) – only closed toed shoes allowed to be worn at camp – no flip flops or open toed shoes! Flip flops may only be worn in the showers. Lots of walking at camp.
- Swimsuit
- Pre-addressed and stamped envelopes, pen & stationary if they would like to write home
- Sweatshirt
- Appropriate clothing during time of stay – jeans / shorts / T-shirts / undies / socks / etc. Think school dress code.
- Flashlight with batteries
- Adults only may bring cell phones
- If applicable: Medication in labeled bottles only, all meds, even over the counter meds to be kept at the nurse's station
- Sunglasses & hat
- Backpack
- An extension cord and a power strip for your cabin (outlets are at hard-to-reach places and sometimes there is only one outlet in the cabin)
- Optional: Camera - no pictures taken inside the bathroom, cabins, or any other changing areas.
- Optional: A fan for your cabin
- Optional: Props for skits

DO NOT bring:

- Food, gum, candy, snacks... it attracts wildlife.
- iPod, radio, handheld game, CD player, DVD player, video games or electronics.
- Pets, not even at check-in – they will need to stay in your vehicle.
- Weapons (including pocketknives).
- Anything valuable you could lose – you can lock it in your car.
Camp is not responsible for lost or damaged items.