

Dear Friend,

The Andrew L. Hicks, Jr. Foundation is continuing our summer camp tradition- Camp Lionheart! Over the years, we have made camp available to hundreds of Chester children who have never had the opportunity to experience the Great Outdoors and all of its wonder. Chester is the 3rd most violent city per capita in the US, and many of these children face challenges that include crime, violence, a city ridden with trash and graffiti, unsafe and unstable schools, and many of them are living beneath the poverty line.

Dates: Sunday, August 5th -Thursday, August 9th

<u>Location</u>: Camp Lionheart is at NorthBay in North East, MD, set on the banks of the North East River. The camp is built on Maryland State Park land, which includes a beach, fields, woods, hills and wetlands.

<u>Cabins:</u> The 104 Chester campers (3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> graders) are divided into groups of 8, by gender and age. Each cabin has 3 high school or college Counselors and one Adult Chaperone for the week.

<u>Activities</u>: Together each cabin group enjoys rock climbing, swimming, canoeing, kayaking, mountain biking, high and low ropes courses, zip lines, and a 3-man adventure swing as well as beach campfires at night.

This letter is an invitation, reaching out to adults, to consider a commitment to Camp Lionheart as an Adult Chaperone. Here are a few things we are requesting as you consider this commitment. You must be passionate about sharing God's love with the youth of Chester and seeing godly character development in them. You must also be passionate to see godly character development in the student Counselors and work to instill in them a desire to serve others selflessly. This will be accomplished by both your actions and examples throughout your time as a Chaperone at Camp Lionheart, as you will be asked to walk alongside both the children of Chester and camp Counselors, offering encouragement and hands-on support. Our Foundation is not about preaching to the children, but we do want to show them the love of Jesus through our actions.

### Clearances & other Costs: \$20 Total

- Complete the Child Abuse Clearance and Criminal Background checks, or submit copies of already completed clearances.
- The clearances process is simple; however it does have a 4-6 week turn-around. Directions for how to complete both of these clearances can be found on our website **www.ALHJR.org** under the tab "Get Involved" and "Volunteer".
- All Chaperones need a Foundation STAFF shirt (FEE= \$10 if you don't have one)
- Camp Lionheart t-shirt. (FEE= \$10)
- The Foundation fully covers the \$200 cost of our chaperones, as thanks for your time and talents. However, if you are able to and would be willing to, sending in a contribution of any amount to help cover your cost would be greatly appreciated. This is completely optional and we thank you in advance for simply considering it.

#### Time Required:

- Camp begins for Chaperones at 10am on Sunday, August 5<sup>th</sup> and ends at 4pm on Thursday, August 9<sup>th</sup>.
- Camp participation requires that you commit to the entire 5 days/4 nights so that we can provide the campers with consistency.
- We also ask that you drive yourself, or carpool, to and from camp. This saves us the cost of an additional bus for staff.
- Mandatory Counselor/Chaperone Meeting-Thursday, June 21st 7:00-9:00pm (meeting at the Hicks' home, located at 914 Kenmara Drive in West Chester, PA).

I ask that you pray about this commitment and then contact me as soon as possible if you think you can help out. It is our goal to have all of our commitments by end of May.

Your completed paperwork can be mailed to: Julie Bernard, Program Coordinator P.O. Box 177 Downingtown, PA 19335

We are so grateful for the support we have received from our generous community. Many events have taken place through the years, uniting the community of West Chester with the youth of the City of Chester. You can get a glimpse of this by visiting **www.ALHJR.org** and clicking on the "Accomplishments" tab. We realize all that has been accomplished through the Foundation is only possible through the gracious support of so many. Thank you for considering being part of Andrew's passion.

Sincerely,

Karen C. Hicks Executive Director

### CHAPERONE CHECK LIST

Read the Chaperone Welcome Letter thoroughly.
Read the Chaperone Job Description thoroughly.
Completed and returned the Andrew L. Hicks, Jr. Foundation Camp Lionheart Packet.
☐ Signed ALHjr Foundation Camp Adult Waiver.
$\square$ Completed and returned the Health Information Form.
☐ Completed and returned the Camp Lionheart Adult Guest Liability Consent form.
Completed a Child Abuse Clearance, saved the original formyself and mailed a copy to Niki Goodson.
☐ Completed a Criminal Background Check, save the original for myself and mailed a copy to Niki Goodson.
Mailed in the \$10 fee for a Camp Lionheart and an \$10 for an Andrew L. Hicks, Jr. Foundation t-shirt if needed. Cash or check made payable to Andrew L. Hicks, Jr. Foundation.
<b>OPTIONAL:</b> Mailed in a contribution to help cover the \$200 chaperone fees. Cash or check made payable to <i>Andrew L. Hicks, Ir. Foundation</i> .





# Camp Lionheart 2018 Chaperone Job Description

**General Description**: To supervise the Counselors in my cabin as they identify and meet camper's needs while administering a quality camp program that reflects the core values and initiatives of the Foundation.

#### **Qualifications:**

- Desire and ability to work with children in a camp environment.
- Supervisory and enthusiastic participation in all learning and adventure activities.
- Provide supervision and guidance to children in accordance with the training guidelines set forth by the Foundation and NorthBay.
- Ability to give guidance, encouragement and constructive criticism to Counselors and relate and work with a diverse staff.
- Enthusiasm, honesty, sense of humor, patience and self-control.
- 18 years old or older.

#### Responsibilities:

- Always be an excellent role model for your Campers and Counselors!
- Attend all pre-camp training & all activities scheduled while at camp.
- Set a good example for Counselors and others including cleanliness, punctuality, respect and act as a role model for the Counselors.
- Display and encourage respect for personal property, camp equipment, and facilities.
- Keep personal issues separate from the Campers and Counselors and manage personal time in accordance with camp and Foundation policies.
- Carry out established roles for supervising Campers and Counselors instructing and enforcing safety and emergency procedures and regulations as set forth in the Chaperone training.
- Assist Counselors in supervising all aspects of the campers' day including, but not limited to: morning
  wake-up, cabin clean-up, or unit duties, meal times, rest hour, evening activities, getting ready for bed,
  and after-hour duties as assigned.
- Encourage counselors to participate in all activities with campers.
- Reinforce the expectation that Counselors are participating in activities with Campers to model for and encourage them.
- Work privately with Counselors in order to overcome any behavior or emotional issues that arise during camp within the cabin and at camp.
- The possession and use of tobacco, alcohol and/or drugs is strictly forbidden.
- Have fun and enjoy the experience!

## 2018 Camp Lionheart Chaperone Important Dates

Chaperone Applications Due: ASAP

Mail to: Julie Bernard

P.O. Box 177

Downingtown, PA 19335

Julie @ALHJR.org 1-866-ALHJR10

Mandatory Counselor/Chaperone Mtg: Thursday, June 21<sup>st</sup> 7pm – 9pm

Hicks' home

914 Kenmara Drive West Chester, PA 19380

Camp Lionheart: Report to Camp- Sunday, August 5<sup>th</sup> at 11am

Depart from Camp- Thursday, August 9<sup>th</sup> at 2pm

NorthBay

11 Horseshoe Pont Lane North East, MD 21901

443-967-0500

www.northbayadventure.org

For questions during Camp Lionheart, please call Julie Bernard cell (215) 823-9726.

\*\*\*PLEASE RETAIN FOR YOUR RECORDS\*\*\*

## Andrew L. Hicks, Jr. Foundation Camp Lionheart Waiver Form

1						
the "Chaperone") want to attend Camp Lionheart and participate in activities sponsored by the Andre Hicks, Jr. Foundation. I agree to sign this Consent and Liability Release Form so I can attend camp. I promise the information given on the Health Information Form is complete and accurate as far as I know.						
LIABILITY RELEASE: I understand that participating in some of the activities sponsored by the Andrew L. Hicks, Jr. Foundation at Camp Lionheart, including canoeing, kayaking, boating, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I am willing to participate in all the activities while at NorthBay and agree that I assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree to release the Andrew L. Hicks, Jr. Foundation its employees, agents, and related entities from and again any and all claims, injuries, and liabilities of any kind that happen while I attend camp, doing any active connected in any way to the NorthBay program, or caused by an inappropriate behavior on the part of the Chaperone.						
I hereby release and covenant not to sue the Andrew directors, officers, employees, representatives, agents from any physical injury that may occur to me while p the Andrew L. Hicks, Jr. Foundation.	s, and lessees from any and all claims resulting					
I have read and fully understand the above release/wasubstantial rights by signing this waiver voluntarily.	aiver and fully understand that I have given up					
Chaperone Name (print):	Date:					
Chaperone Signature:	<del></del>					
I hereby grant permission to the Andrew L. Hicks, Jr. F crop, or retouch such photographs. I consent to perm Hicks, Jr. Foundation for any purpose, including educa medium including print and electronic.	it those photographs to be used by the Andrew L.					
Chaperone Signature:	Date:					
I give the Andrew L. Hicks Jr. Foundation Board Member medical attention necessary throughout the day. I un Board Member or Staff member will make every effor necessary.	derstand that an Andrew L. Hicks, Jr. Foundation					
Chaperone Signature	Date:					
***Camp Shirt Size						

### **Camp Lionheart Adult Guest Liability Consent**

Camp Name	Dates at Camp Phone #:		
Printed Name			
Email address			
Emergency contact name_	Phone #		
Medical conditions/concerns you would like there at camp	the NorthBay nursing staff to know about while you are		
As a policy of NorthBay, we require that a Release of Lia represent that I desire to attend a camp and participate in	activities sponsored by NorthBay, LLC ("NorthBay"). end the camp and participate in the activities, I have agreed to		
kayaking, boating, water skiing, hiking, swimming, snort activities, and the ropes course, involve certain risks, incrisks as well as any other risks involved in any activities discharge NorthBay and all of its employees, agents, and entities that might have any liability to or me (the "Relea and liabilities, whether known or unknown, anticipated o me attending camp or being involved in any activity, occ that certain camp activities may include traveling in Nort NorthBay, its employees, agents, and related entities from that happen while the Camper attends camp, doing any activities.	in some of the activities sponsored by NorthBay, including canoeing, keling, tubing, fishing, rock climbing, zip line, sport activities, nature cluding the risk of serious injury. I agree that I shall assume all such sponsored by or involving NorthBay. I also agree to release and representatives, as well as all other persons, corporations, or other sed Parties"), from and against any and all damages, actions, claims, r unanticipated, suspected or unsuspected, relating to or arising from urrence, or event connected in any way to NorthBay. I understand hBay owned and operated passenger vehicles. I also agree to release in and against any and all claims, injuries, and liabilities of any kind ctivity connected in any way to the NorthBay program, or caused by er, NorthBay will be responsible for claims caused by the gross		
	y the right to use, reproduce, and/or distribute photographs, films, ment or approval rights, for use in materials created for promoting		
or illness while I am on camp property, I hereby give per by calling 911 and to provide emergency medical care un responsible for any medical expense occurred while at can needed while at camp. I understand that the Camp is not	as or are unable to make decisions for myself due to a sudden injury mission for NorthBay staff to request emergency medical services atil such time as EMS arrives to assume care. I understand that I amount for emergency transport, hospital treatment or medications responsible to submit any insurance or prescription claims to my		
construction, and enforceability thereof. I agree on behalt NorthBay shall be brought solely in the Circuit Court for agree on behalf of myself and the Camper that the trial w	and obligations of the parties to this Release and the interpretation, f of the Camper and myself that any lawsuit brought against Cecil County, Maryland and, in connection with any such lawsuit, I ill be conducted and determined by the Judge assigned to such trial, e to a jury trial. I further agree to pay any attorney's fees incurred by see.		
<u>PREGNANCY</u> – Adventure activities are NOT RECOM please contact one of our staff members in Administratio	MENDED for women that are pregnant. If you have any questions n.		
I hereby agree that I have read and under	stand the liability statement above		
Signature	Date		



If the guest is under 18 years of age:

Signature of parent/guardian:

### NORTHBAY GUEST HEALTH INFORMATION FORM

Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.

Date:

NorthBay	Group Name:	
	Guest Information	1
Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Email Address:	·	•
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:	•	Home Phone:
My Insurance Company:		Policy Number:
□ Not Currently Insured—	NorthBay reserves the right to subrogation if it is later	determined that personal medical insurance was in place.
	HEALTH HISTOR	RY
List any major medical condi		
List any allergies to medicati	ons:	
	RELEASE OF LIABILITY AND ASSU	MPTIONS OF RISK
purposeful sound programming. Gu signed as a requirement to attend can	est safety and well-being is everyone's concern. As a np.	k management is accompanied with competence, judgment, and policy of NorthBay, we require that a Release of Liability Form be
the Guest to attend the camp and part	np and participate in activities sponsored by NorthBay icipate in the activities, I have agreed to execute this R ealth form is complete and accurate to the best of my k	
snorkeling, tubing, fishing, rock climrisks, including the risk of serious po	bing, zip line, sport activities, nature and acclimatizati	canoeing, kayaking, boating, water skiing, hiking, swimming, on activities, and using the ropes course, involve certain inherent cluding the risk of serious personal injury. I agree I shall assume a NorthBay.
entities that might have any liability	to or me (the "Released Parties"), from and against any ated, suspected or unsuspected, relating to or arising fr	ntatives, as well as all other persons, corporations, or other and all damages, actions, claims, and liabilities, whether known om me attending camp or being involved in any activity,
of the Released Parties. I further agr costs and attorneys' fees, incurred by connected in any way to NorthBay.	ee to indemnify, hold harmless, and defend NorthBay NorthBay that is related to or arise from me attending I hereby grant permission to NorthBay the right to use,	tions, claims, and liabilities arising from or related to the negligence from and against any loss, damage, liability and expense, including camp or being involved in any activity, occurrence, or event reproduce, and/or distribute photographs, films, video-tapes, and ed for purposes of promoting the activities of NorthBay.
thereof. I agree that any lawsuit brou voluntarily waive any right I may ha	ght against any Released Party shall be brought solely	is Release and the interpretation, construction, and enforceability in the Circuit Court for Cecil County, Maryland. I hereby on involving any Released Party. I further agree to pay any
	nt for, and/or order injections, anesthesia, or surgery for	by give permission to the physician selected by the camp director r myself. If something were to happen to me a doctor selected by
	NDING LEGAL CONTRACT, PLEASE	READ IT CAREFULLY BEFORE SIGNING.
Signature of adult guest:		Date:

# PACKING LIST COUNSELORS & CHAPERONES

Bathing Suit (one piece or tankini for women)

Sun screen

Bug spray

Hat/Sunglasses

Shorts, T-shirts, one sweatshirt, one pair of sweatpants and underclothes. (*Be prepared* for hot weather and possibly cool evenings. Dress is casual and should be <u>appropriate</u> for working with children)

Sneakers or comfortable shoes for walking (two pairs; one must be a closed toe shoe) Flip flops for shower

One backpack

2 Towels (one for bathing and one for swimming)

Bedding (pillow, sheets, and light blanket provided. Can bring additional blanket-labeled and in a labeled bag).

Toiletries in a portable container

Stories to read to campers

Rain Gear

Flash light, important!

Watch, important!

Alarm Clock

### Optional:

Musical Instruments

Camera, although we will have a photographer!

If you bring an mp3 player or cell phone for time off, please keep in mind that each cabin has a safe for storage, but we are not responsible for damage or loss. *Valuables are not recommended at camp*.