

May 30, 2025

Dear Volunteers:

Great NEWS!!! And Hallelujah!!!! We will be attending that wonderful Camp Ascca in Jackson Gap, Alabama again this year and I hope to have you as a volunteer. We will be spending our wonderful week of camp at Camp Ascca. **The dates are August 11th through August 15th 2025.** So, let's get those swimming suits out of storage along with those shorts and pack them for some great fun and relaxation at Camp Ascca.

Several people have already verbally committed to helping, but I need a release in writing so I know that you are committed and I can count on you. Please read and sign the enclosed release and mail it back to me as soon as possible.

The State of Georgia requires us to obtain Criminal Background Checks on all volunteers. I need a good copy of your driver's license and the signed form, which is enclosed with this letter. If you can come by the office, staff will be more than happy to make a copy for you. Also, I know that several of you have completed these in the past 2 years but with all things that have been going on in this world today we would be greatly appreciative if you could help us out on this and send this in again so we can start our Camp "2025" off to a good start.

Also, all volunteers are required to submit proof of a negative COVID test during the week prior to the start of camp (test and results must be from 08/03/25 – 08/10/25 – NO EARLIER). Test results can be from a physician or testing center, or even a home test will be accepted. Negative Test results can be emailed, sent via text, or hand delivered to the Retreat Director the morning of camp. **The test results must be a negative to attend camp.**

Orientation is also required and is tentatively scheduled for Sunday, July 27, 2025, from 2:30 – 4:30 p.m. A notice will be mailed to confirm the date. At orientation, you will receive an information packet that includes cabin assignments, activity schedules, and a packing list at orientation.

I SINCERELY HOPE ALL OF YOU WILL TRY YOUR BEST TO GO TO CAMP AGAIN THIS YEAR. It is harder to find male volunteers than female so please call me if you know someone you can recommend.

I look forward to hearing from you. Please don't hesitate to call with any questions OR VOLUNTEER REFERRALS.

Sincerely,

Rhonda Newell, Retreat Director

478-803-1457 (direct line), 478-747-2738 (cell)

Email: rnewell@thearcmacon.org

P.S. Don't forget to indicate your t-shirt size on the Release Form.

The Arc Macon Summer Camp

Camp Dates: Monday-Friday, (August 11-15, 2025)

Program Highlights

Swimming, Boating, Fishing, Crafts, Dance, Talent Show, Movies & Games, Putt-Putt Minute to Win-It w/Prizes, Zip-line, Boat Rides, Water Skiing and Tubing and RELAXATION.

Departure: 9:30 a.m., Monday, (August 11). Leave from The Arc's parking lot. 4664 Sheraton Drive. **Eat breakfast before you come to the office.** We will have lunch as soon as we arrive at camp.

Return: 1:00 p.m., Friday, (August 15). Back to the same location as departure.

Benefits: You will experience a very gratifying and enriching week that will allow you to help and share your life with adults affected by developmental disabilities. At the same time, you will be helping their parents who need and look forward to this week of free time. This experience is sure to give you new insight and respect for the potential and needs of all people with developmental disabilities.

Location: Camp Ascca- Jackson Gap, AL

Expenses: None. Lodging, food, snacks, drinks, and supplies are provided.

Transportation: Chartered bus



Requirements: Volunteers must: (1) pass a criminal background check, which The Arc Macon will cover, (2) be at least 18 years old unless accompanied by an approved adult volunteer, (3) be available for the entire camp week (Monday-Friday) including overnight, (4) have a desire to be a friend and companion (not boss) to adults with a developmental disability.

Food & Lodging: Food is provided and served family style in an air-conditioned dining area. Camp Ascca is a beautiful campsite with modern, clean facilities; a swimming pool, paved walkways, and covered program areas. Each cabin is air-conditioned and has several restroom and shower stalls. Counselors sleep in the same cabin with participants in their group.

Training/Orientation: Volunteers are required to attend a 2-hour training/orientation approximately 2-weeks before the camp week. The training is usually held on a Sunday afternoon. The first hour is spent going over participant's needs, volunteer responsibilities, camp rules, program plans, and cabin assignments. The second hour the participants and/or their parents/caregivers are present to meet volunteers and discuss what to bring, check-in procedures, etc.

Camper Information: Approximately 75-100 participants are expected ranging in age from 18 - 75. They will be grouped by age and sex. The range of disability will vary from mild to moderate. Some campers take medications, which will be kept and dispensed by medical staff. **Participants that have unique medical and/or physical needs will have a personal care attendant with them.**

Responsibilities: (1) Treat all participants and volunteers with dignity, respect, and courtesy, (2) responsibility for 3-4 individuals, (3) take participants to the health lodge as needed and to meals on time, (4) be a *companion (not a boss)* to the participants in your group, (5) help participants, to the degree necessary, take care of their personal needs (*most participants are self-sufficient but may need verbal reminders and encouragement to shower, brush teeth, change clothes, etc.*) and (6) participate and help at all activities (encouraging participation but not forcing it).

Please call for more information: Rhonda Newell, Retreat Director, (office) 478-803-1457
(cell) 478-747-2738 or email @rnewell@thearcmacon.org
The Arc Macon, 4664 Sheraton Drive, Macon Georgia 31210-1322

The Arc Macon - Volunteer/Staff Release
Camp ASCCA – Jackson Gap, AL August 11 - 15, 2025

Name _____

Address _____

City _____ Zip _____

Phone (day) _____ (night) _____ (other) _____

In case of emergency, I request the following person(s) be notified:

Name: _____ Phone: _____

Name: _____ Phone: _____

I agree to abide by the following guidelines while serving as a volunteer for The Arc Macon.

1. To the best of my ability, I will strive to provide a safe and enjoyable environment for the participants in this program at all times.
2. I will immediately report any verbal or physical abuse, inappropriate or aggressive behavior, or dangerous situations (*exhibited by staff or Participants*) to the Program Director.
3. I will read and familiarize myself with the rules, policies/procedures, and participant needs (included in an information packet to be distributed at orientation).
4. I will keep my personal medications at the Health Lodge and go there to take it.
5. I will abide by the policy that all medications (prescription or over-the-counter) are kept and dispensed at the Health Lodge and therefore, will **not** give out medications to the participants, staff, or other volunteers.
6. I will **not** possess or consume any form of alcoholic beverages while serving as a volunteer for The Arc Macon.
7. I will **not** possess any form of illegal drugs/substances or indulge in any form of substance abuse while serving as a volunteer for The Arc Macon.
8. I will **not** leave the program area without the knowledge of the director and will **not**, under any circumstances, leave participants in my care unsupervised.
9. I understand that The Arc carries a blanket accident/sickness insurance policy on every participant and volunteer (*similar to school insurance*). Beyond that coverage, I will **not** hold The Arc Macon, Camp ASCCA, any coordinating agency, or individual liable for accidents, injuries, or illnesses incurred during my association with this program. I further release The Arc Macon and any organization or individual associated with this program from all liability for lost or stolen articles. *****All volunteers are required to submit proof of a negative COVID test during the week prior to the start of camp (test and results must be from 08/03/2025 - 08/10/2025 - NO EARLIER). Home tests are accepted. Proof of negative test results can be emailed, sent via text, or hand delivered to the Retreat Director the morning of camp. The test results must be negative to attend camp.**

Important: Please use the back of this form to explain any health/medical problems that the medical staff should be aware of (diabetes, allergies, etc.). List all medications you take regularly (*prescriptions and/or over-the-counter*). This information could be crucial in case of an accident or illness. For the safety of the campers, we ask that all medications be kept in the Health Lodge. Pack them in a separate bag with your name and you will have full and private access to your medications at all times. Thank you. **I fully understand and agree to abide by the above statements.**

Signature _____

Date Signed _____

Revised 4/23

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the _____ Bibb County Sheriff's Office _____ to conduct an
Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the B.C.S.O to relay that information to _____

The Arc Macon Debi Sharpe
4664 Sheraton Drive
Macon, GA 31210

☐ US Mail ☐ In-Person Pick-Up ☒ Encrypted Email Email Address: dsharpe@thearcmacon.org

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90/180/ _____ (circle one) days from date of signature.

☒ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Date of inquiry: _ _ _ _ Time of inquiry: _____ Operator's initials: _ _
Purpose Code used: {check one)

	Employment (E)- Provides <i>Georgia</i> Criminal History Record Information
<input checked="" type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
	Public Records (P)- Provides <i>Georgia</i> <i>Felony Convictions</i> Only

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.
	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date



PHOTO RELEASE FORM

I hereby grant The Arc Macon the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW), or other form of promotion. I hereby release The Arc Macon and its designees from any and all claims, actions, and liability relating to its use of said photographs.

I understand this release remains effective unless The Arc Macon receives written notice of revocation.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Name (print full name): _____

Date: _____

Signature: _____

Phone: _____

If signing as Guardian, please print full name here: _____

Address: _____

City: _____

State: _____

Zip Code: _____