



**P.O. Box 2944
Reno, NV 89505**

Thank you for volunteering to be a part of Camp Solace 2010. We look forward to an exciting and fun-filled time! Your commitment to this four-day camp provides a fun, safe, supportive outdoor experience for children grieving the loss of a loved one.

We want to make sure this will be a positive experience for the children and you, the volunteer. Our goal is to create a safe environment where children feel comfortable sharing and expressing their grief with other grieving children. We also want to help children find safe and healthy ways to deal with grief.

Prior to camp, please complete the attached volunteer application. Kindly return all paperwork to The Solace Tree by Friday, August 6. We look forward to seeing you there!

Sincerely, Monica Gonzalez,
Your Camp Solace 2010 Director



Frequently Asked Questions:

What can I expect at camp?

We will be staying at Kings Beach, Lake Tahoe, Nevada. We'll be outside a lot - exploring the pine forests and playing amidst the rocks, dirt, and the beach and waters of Lake Tahoe. The main lodge is the center of indoor activities and there is both indoor and outdoor dining available. Modern bathroom facilities and a first aid cabin round out a blend of comfort and camping.

What do I need to do to prepare?

Come packed and ready to have fun! We will meet (TBA) Thursday, September 9 for volunteer training. We will go over camp guidelines, camper assignments, and activities scheduled for the weekend. Please remember to bring an item to share (i.e. picture, memento, object of sentimental value). We are asking children attending camp to do the same. Not sure what else to bring? The suggested camp packing list is also attached for your convenience.

What will we be doing?

Camp days are full of fun and interactive activities, as well as opportunities to honor and remember deceased family members. Some activities include: Kayaking & Canoeing, Nature Exploration, Camp Fires, Memory Boats, Arts & Crafts, Challenge Games, and a labyrinth. During camp we can play Frisbee, Ping Pong, sit near the water, read, make jewelry, or learn about plants and critters, as well as share names or stories of those we've loved and lost and explore who we are each becoming in the process of grieving. We will have fun and we will support one another.

Who will be the staff at camp?

We believe that a camp is only as good as its staff. Our team includes individuals (like you) with specialized grief training/experience and activity leaders with zillions of fun, creative activities up their sleeves!

What is the camp's philosophy?

At Camp Solace, our philosophy is simple: we are here to make new friends, share our stories, honor memories, and have fun! With support, respect, and patience, we are able to grow together and create new memories that will last a lifetime!

Who do I contact if I have questions about camp?

You may contact Katie Anderson or Suzanne McManmon if you have any questions. We are available via e-mail to help you with any camp concerns or needs.

Katie Anderson: katheria@unr.nevada.edu

Suzanne McManmon: sdbbartoncindi@hotmail.com



**CAMP SOLACE 2010
SUPPLIES YOU NEED TO BRING:**

Appropriate Camp CLOTHING: It can be very warm in the afternoon and very cold in the mornings and evenings at camp, so bring clothing suitable for both temperatures.

Sweater, sweatshirt and/or warm jacket
Warm sleepwear
Sturdy tennis shoes
Sandals or water shoes for the lake
Underclothing for 3 days
Hat (especially those sun sensitive)
Shirts, pants, shorts for 3 days
Don't forget socks!
Bathing suit and cover-up (optional)
Flashlight

BEDDING: Each child will have their own bunk in a cabin that sleeps up to 13. Each cabin has its own toilet, sink and electricity.

Sleeping bag or bedroll
Quilt or extra blanket (it can get chilly at night!)
Pillow

TOILET ACCESSORIES: There are separate shower houses for boys and girls, which include 4 showers stalls, 4 toilet stalls and 4 sinks. And for those of you who can't leave home without them, electricity for your blow dryers and curling irons.

Towels: two towels per person: one for bathing/showering and a beach towel for water activities.
Washcloth-Please bring a Ziploc bag for washcloth.
Soap
Shampoo
Brush/comb
Toothbrush and toothpaste
Sanitary needs



**2010 CAMP SOLACE
REGISTRATION FORM**

Return to: The Solace Tree, P.O. Box 2944, Reno, NV 89505

Volunteer Name _____ Birth Date _____ Age _____ M / F

T-Shirt size: **ADULT** S M L XL XXL

Phone _____

Address _____
Street/P.O. City State Zip

_____ Email Home Phone Cell Work

In case of emergency notify: _____
Name/Phone

Have you attended a bereavement camp? Yes No

If so, when? _____

What would be helpful for us to know about your own experience(s) with loss ?

Have there been any losses or major transitions in your life recently?

Have you had past counseling/group experience? If yes, please explain.

What are your hopes/goals for your participation in camp?

What are some of your strengths and interests?

Please list any other special considerations, needs or requests:

Last Tetanus Shot: _____

Medications: _____

Are there any activities you may not be able to participate in while at camp? ___ Yes ___ No

If yes, please explain: _____

Physician's Name: _____ Phone Number: _____

to the best of my knowledge, the above information is correct and accurate.

Signature of Volunteer/ Date



**CAMP SOLACE 2010
WAIVER AND RELEASE OF LIABILITY, CONSENT TO NECESSARY MEDICAL
TREATMENT AND AUTHORIZATION FOR USE OF PHOTOGRAPH**

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1. **Consent to necessary medical treatment,** I _____ maintain that I am in satisfactory condition and may engage in all usual camp activities as they have been explained to me. At any time that I am on the Camp Solace premises, I, the undersigned, hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, camp director and/or his or her designee to hospitalize and/or secure other emergency treatment for me, if necessary. I, the undersigned, hereby acknowledge that my use of the facilities, premises, or equipment of Camp Solace is permissive and is subject to the terms of this release.
 2. **Authorization for use of photo.** I hereby authorize Camp Solace and Solace Tree Inc. to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Solace that contains my likeness.
 3. **Release and waiver of liability and indemnity agreement.** I further agree to identify, protect, defend and hold harmless Camp Solace and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claims, or liability caused by or arising out of my use of, presence at or trip to or from property on or about the Camp or belonging to Camp Solace or Solace Tree Inc. and any attorney's fees and/or costs arising out of this agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Solace or Solace Tree Inc. for any injuries or property damages which may arise while I am on the Camp Solace premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage suffered by me caused by or arising out of negligence of Camp Solace, Solace Tree Inc., or their directors, officers, employees, volunteers and/or agents.

Signature

Date

Printed Name

Phone numbers (including area code) HOME

WORK

CELL

**CAMP SOLACE 2010
AUTHORIZATION FOR THIRD PARTY TO CONSENT
TO TREATMENT OF PERSON LACKING CAPACITY TO CONSENT**

I _____ hereby authorize the staff of Camp Solace as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific, diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Family Code Section 6910.

Signature

Date

MEDICALLY RELEVANT INFORMATION *(please print)*

Name

M/F

Date of Birth

Age

Allergies to drugs or food

Special dietary needs

Conditions for which minor is currently being treated

Current medications

Restrictions on activities

Primary Care Physician *(name and number)*

Insurance Company and Identification Number

IN CASE OF EMERGENCY CONTACT

Name

Address

Phone numbers *(include area code)* Home

Work

Cell