

## Special Camps



"This is the best week of my whole life"

Dear New Staff Members,

Camp is now accepting applications for its all-volunteer Special Camps for kids & adults with intellectual disabilities. Staff members must be at least 22 years old by June, 2023. We look forward to meeting you and sharing this tremendously rewarding experience with you, as we (the volunteers), receive as much joy, laughter and fulfillment as our campers.

Located approximately 30 minutes West of DeKalb, we rent the White Pines Ranch in Oregon IL. Lots fun for every one! The ranch offers exceptionally clean, dorm camping.

We need adults to serve as volunteer cabin parents/ activity leaders and nurses. As a cabin parent / activity leader you will lead or assist your small group of special needs campers and volunteer teen counselors in activities during the day, and sleep in the dorm with us at night. Our nurses dispense fairly large quantities of medications, tend to minor injuries and play alongside our campers. Nurses have their own separate living area. Activities consist of music, swimming, archery, field games, crafts, yoga, talent shows, horseback lead arounds and trail rides and woodworking. Evenings consist of a variety of fun entertainment and dancing. You do not need to have experience. All volunteers work together with experienced volunteers.

June 4 - 9 for adult campers

June 11 - 16 for kids and young adult campers

June 18 - 23 for adult campers

Please complete and return the enclosed application along with the White Pine Ranch forms to the Winfield address. You will then receive an acceptance packet confirming the dates, time, directions to camp as well as a list of personal items you may wish to pack.

More information is available about Special Camps online @[specialcamps.org](https://specialcamps.org). If I can help answer any questions or tell you more about Special Camps please give me a call.

Sincerely,

Colleen McDonald

President of Special Camps

(630) 690-0944 / [colleen.scamps@icloud.com](mailto:colleen.scamps@icloud.com)

\* Due to COVID, everyone will be required to show photo proof of a negative home COVID test completed day of arrival. For more information about our comprehensive COVID plan, please feel free to give me a call.

Special Camps, 26W684 Lindsey Ave, Winfield, IL 60190 Phone (630) 690-0944

A 501(c)(3) charitable corporation. Endorsed by the Knights of Columbus.

web site @ [specialcamps.org](https://specialcamps.org)

# Staff Application

Applicants must be at least 22 years old by June, 2023

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Street City State Zip Code

E-Mail \_\_\_\_\_ Name Preferred on Name Tag? \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other state? \_\_\_\_ yes \_\_\_\_ no. Do you use any illegal drugs? \_\_\_\_ yes \_\_\_\_ no.

A Yes response to either of the above questions disqualifies you from volunteering for Special Camps for Special Citizens. If you answered Yes, please discontinue filling out the form. If you answered No, please complete the rest of the form. I affirm, under penalty of perjury that the answers to the above questions are truthful.

**By signing this form, I also give consent for a criminal background check to be performed.**

**Drivers License #** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

1. Please **CIRCLE** position preferred, (nurse or activity group leader and cabin parent )
2. Can you swim? \_\_\_\_ yes \_\_\_\_ no
3. Please describe your experience level with horses? \_\_\_\_\_  
\_\_\_\_\_
4. List any special skills or training you may have, i.e. CPR, Life Guard, Nurse, sign language (nurse's please attach certificate) \_\_\_\_\_
5. Describe your experience with individuals who have disabilities: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any physical, mental or medical concerns that we should be aware of? (example: diabetic, bad back, lifting limitations, depression).... \_\_\_\_ yes \_\_\_\_ no If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Will you be taking any medication at camp? \_\_\_\_ yes \_\_\_\_ no



Please indicate the week you prefer to attend camp:

\_\_\_\_\_ Adult Camp June 4 - 9

\_\_\_\_\_ June 18 - 23 Adult Camp

\_\_\_\_\_ Kids and Young Adult Camp June 11 - 16

If the week you prefer is full, are you available to attend camp a different week: \_\_\_ yes \_\_\_ no.

If you are available only part-time, please indicate dates and hours you are available.

Has your driver's license been suspended or revoked in any state for moving violations within the last 5 years? \_\_\_ Yes \_\_\_ No. As a result of a Yes answer, I agree not to serve as a volunteer driver for Special Camps. I affirm, under penalty of perjury, that I have read the above and that the answer to the question is truthful and that I will comply with said restrictions.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

List 2 non-family member, references (name, relationship, phone number, best time to call):

**You must have your own health & accident insurance in place at the time of camp. Please list insurance company and policy numbers.**

Policy issued to: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

We look forward to having you on our all volunteer team. If you have a friend, counselors (9th grade graduate by summer and above) or staff (age 22 and above) who would also like to volunteer or if I can help answer any questions, please give me a call. I look forward to meeting you soon.

- **White Pines Ranch Forms** Must be signed + returned to the Winfield address. If you do not plan on riding a horse while at camp, they still require all waivers be signed.
- Please mail all forms to: Special Camps, 26W684 Lindsey Avenue, Winfield, IL 60190.

Thank you! I look forward to meeting you this summer!



Colleen McDonald  
President of Special Camps

**WEEKEND EMERGENCY INFORMATION AND LIABILITY RELEASE**

LITTLE SISTERS INCORPORATED DBA

**WHITE PINES RANCH, 3581 Pines Rd., Oregon, IL 61061****Phone: 815-732-7923 Fax: 815-732-7924 [www.whitepinesranch.com](http://www.whitepinesranch.com)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Have you been to the ranch before? YES \_\_\_\_\_ NO \_\_\_\_\_

Program Dates \_\_\_\_\_ to \_\_\_\_\_ Troop number or Group Name \_\_\_\_\_

In case of an emergency please contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medication Participant is taking: \_\_\_\_\_

Any known allergies or disabilities? \_\_\_\_\_

Are the participant's immunizations current ☐ Yes ☐ No Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Accident/Medical Insurance Company Name \_\_\_\_\_

Group Number and/or Identification Number \_\_\_\_\_

(We recommend that you obtain a personal accident insurance policy if you do not already have one)

***Activities that you would rather your child not participate in:*****ASSUMPTION OF RISK, FULL RELEASE AND INDEMNITY**

We are cognizant of the inherent dangers of participating in this program. In consideration for allowing the rancher to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, its officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred.

We hold harmless all Program providers from all claims by family, our legal representatives and us. We assure you the rancher is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted releasing all joint tortfeasors.

I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

We give permission to allow photographs or video footage of our child taken at camp to be used in White Pines Ranch's promotional materials. We also give permission to use email information to advertise future ranch activities.

**I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE RANCHER AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.**

\_\_\_\_\_  
(PARENT)\_\_\_\_\_  
(GUARDIAN)

Facsimile or digital signatures shall be sufficient for execution of this document.

The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.



# HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS

This form must be completed by and for each participant

## Little Sisters, Incorporated DBA White Pines Ranch

(STABLE NAME, hereinafter known as "THIS STABLE")

3581 W. Pines Road, Oregon, Illinois 61061

Phone: 815-732-7923 Fax: 815-732-7924

### PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE – In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

RIDER NAME \_\_\_\_\_ AGE (if under 21) \_\_\_\_\_

WEIGHT OVER 240# ☐ YES ☐ NO HORSE RIDING EXPERIENCE ☐ UNDER 10 HRS ☐ OVER 10 HOURS

Does this rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse? ☐ YES ☐ NO If yes, please explain:

### BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estates, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

- C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: **THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMELS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.**

- D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: THIS STABLE chooses its rental horses for calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and THIS STABLE follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 - 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3.5 to 5.5 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.



**PLEASE READ CAREFULLY BEFORE SIGNING**

**BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH**

- E. **RIDERS RESPONSIBILITY – I UNDERSTAND THAT:** Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women not to ride horses, unless permission is given under advice of her physician.

Parent	Rider
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- F. **CONDITIONS OF NATURE – I UNDERSTAND THAT:** THIS STABLE IS **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

Parent	Rider
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- G. **CARRY-ON OBJECTS AND SHARP NOISES – I UNDERSTAND THAT:** Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, purses. **Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse. CELL PHONES ARE NOT ALLOWED AROUND HORSES.**

Parent	Rider
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- H. **SADDLE GIRTHS-NATURAL LOOSENING – I UNDERSTAND THAT:** Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

Parent	Rider
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- I. **ACCIDENT/MEDICAL INSURANCE – I AGREE THAT:** Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses.

Parent	Rider
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My accident/medical insurance company is \_\_\_\_\_  
My policy/group number is \_\_\_\_\_

- J. **PROTECTIVE HEADGEAR OFFERING:** I, for myself and on behalf of my child and/or legal ward, will be offered a SEI CERTIFIED Equestrian Helmet by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided the rider will be responsible for securing the helmet on his/her head at all times.

Parent	Rider
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**ALL WHITE PINES RANCH GUESTS MUST WEAR HELMETS – NO EXCEPTIONS!**

- K. **LIABILITY RELEASE – I AGREE THAT:** in consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or other wise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

Parent	Rider
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All Riders and parents or Legal Guardians must sign below after reading this entire document.

**SIGNER STATEMENT OF AWARENESS**

I/WIL, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WI FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE

SIGNATURE OF RIDER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS IN FULL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Facsimile or digital signatures shall be sufficient for execution of this document.

The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.