



## Camp Artaban Society Work Party General Information Sheet Spring 2016

Thank you for considering coming up to Camp Artaban as a volunteer for a work party! Here is some information that you might find helpful.

### **Boats**

- Water taxis generally leave from Horseshoe Bay or Sunset Marina (in West Vancouver) early on the Saturday morning and return from camp late Sunday afternoon. *Please confirm the precise details for your particular weekend with the work party leader.*
- Water taxis offer a walk-on service, so vehicles must be parked in Horseshoe Bay or at Sunset Marina. The parking costs vary from \$10 - \$20 per day.

### **Food**

- Participants may be asked to bring a portion of a meal to share with the group (organized potluck style). *Please confirm details for your weekend with the work party leader.*
- Please let the work party leader know, as well as indicate on the form below, if you have any food allergies or sensitivities.
- Any volunteers of legal age are permitted to bring alcohol, subject to the rules on page 2 of this document.

### **Things to bring**

- Sleeping bag, pillow, toiletries, towel, flashlight/headlamp, work clothes, work shoes, water bottle, work gloves.

### **Typical Jobs to expect (including but not limited to)**

- Cleaning (windows, walls, ceilings, bathrooms, cabins, cupboards), may involve bleach or other household cleaners
- Moving boats from land to water or vice versa
- Painting
- General tidying (sweeping, raking) inside and outside buildings
- Lawn mowing
- Setting up program areas such as archery, crafts, waterfront
- General maintenance duties/repair.

## Work Party Behaviour Expectations & Agreement

Work parties are necessary for the maintenance and upkeep of Camp Artaban. They are also a great way to be at Camp, to give back to your community and to connect and reconnect with fellow Artabaners. We are so thankful when people volunteer their time to help Camp. It is also important to remember that a work party's main purpose is to improve the site so that we can fulfill our mission statement of "challenging children, youth and adults; spiritually, physically and mentally in a camping context so that they may be brought into a significant relationship with God, and with each other, in a loving community." As a reminder, please read through the following behavioural expectations and sign at the bottom, agreeing to uphold them while at Camp. Thank you.

### Following Directions & Safety Procedures

1. I agree to listen to the leader(s) of the weekend and to follow directions.
2. I agree to follow all safety procedures and guidelines outlined by the work party leader(s).
3. I will not go swimming without the supervision of a lifeguard.
4. I will respect the 12:30am curfew.  
*If you are uncomfortable with any specific tasks, or have any special skills (e.g. welding, carpentry, plumbing), please speak with the work party leader prior to the work party.*

### Alcohol, Drugs & Cigarettes

5. I will not bring, consume, or take in any way any illegal drugs. I will not bring, consume, or take any drugs unless they are prescribed by a doctor or otherwise legitimate for my health, and which are thereby listed on my health form below.
6. If I am under age 19, I will not bring or consume any alcoholic beverages or cigarettes.
7. If I am age 19+, I will not bring any hard liquor whatsoever, and will not bring or consume any more than 6 beers or coolers, or 1 bottle of wine for the weekend.
8. If I am age 19+, I will only drink alcohol in the time and place designated by the work party leaders and I will under no circumstances allow anyone under age 19 access to any alcohol or cigarettes.

Failing to comply with the above expectations will result in me being sent home from Camp and will jeopardize my ability to return.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Medical Form (& Permission Form for Participants Under 19 years of Age.)**

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_

EMERGENCY NAME & PHONE: \_\_\_\_\_

DOCTOR'S NAME & PHONE: \_\_\_\_\_

LIST OF RELEVANT MEDICAL CONDITIONS AND/OR MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided is correct and that the applicant is physically, mentally and emotionally fit to attend camp. I recognize that there is some element of risk in any adventure, sport or activity associated with outdoor activities in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour of the camper during camp, the camper is responsible for any expenses incurred. (It can cost up to \$200 for water taxi to Horseshoe Bay.) I give permission for the camp nurse or health worker to take any measures deemed necessary to maintain the campers' health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or discuss it with me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims.

SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE (IF PARTICIPANT IS A MINOR): \_\_\_\_\_