

CAMP VIVA 2019
NEW DAY VOLUNTEERS
c/o Family Services of Westchester
20 South Broadway
Yonkers, NY 10701
Barbara Catena
(914) 964-6767 ext. 126
Fax (914) 294-0478

March 19, 2019

Dear Camp VIVA Day Volunteer,

Thank you for expressing an interest in, and agreeing to serve as a day volunteer at Camp VIVA. This August marks our 25th year of camp and we are so grateful for all our amazing volunteers who have made that possible. The mission of Camp VIVA is to provide respite and fun through a weeklong, sleepaway summer camp for individuals who are living with HIV/AIDS, their care-partners and families who reside in Westchester County and The Bronx. We hope that you are able to become a part of the fantastic group of volunteers that ensures camp happens every year.

The Camp VIVA session is **Sunday, August 18th – Saturday, August 24th**, with day volunteers who are presenting a program or helping with behind-the-scenes preparations scheduled to be on campus on the day or days between **Tuesday and Friday, August 20 – 23**. Programming on Wednesday, August 21st will be limited to the morning because of the Carnival scheduled that afternoon.

Camp VIVA does not provide overnight accommodations for day volunteers, but we will feed you lunch! Those helping with the Carnival preparations and cleanup or presenting in the morning are welcome to attend the Carnival and have fun.

Please complete and return the information form to help us to prepare for your time with us at Camp VIVA. Your completed information form should be returned to Barbara Catena via email to bcatena@fsw.org.

If you have any questions regarding this information form, please feel free to contact me at (914) 882-1153 or at johnecolon@yahoo.com.

Look forward to working with you!!!

John

John E. Colón
Day Volunteer Coordinator
johnecolon@yahoo.com
(914) 882-1153

CAMP VIVA 2019
NEW DAY VOLUNTEER INFORMATION FORM
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20 South Broadway
Yonkers, NY 10701
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The Camp Viva session is **Sunday, August 18th – Saturday, August 24th** and day volunteers who are presenting a program or helping with behind the scenes preparations, are scheduled to be on campus on the day or days between **Tuesday and Friday, August 20th – 23rd**. Programming on Wednesday, August 21st will be limited to the morning because of the Carnival scheduled for that afternoon.

Camp VIVA does not provide overnight accommodations for day volunteers, but we will feed you lunch! Camp Viva takes place at the Ramapo Anchorage for Children campground in Rhinebeck, NY.

CONTACT INFORMATION:

Name: _____

Current Address: _____

Phone (with area code):

Home: _____ Mobile: _____

Email: _____

ACTIVITY INFORMATION

I am serving solely as a Day Volunteer for the Carnival. If so, you need not complete the section below.

Please include the title and brief description of your presentation(s)/seminar(s)/workshop(s).

Most of our day volunteers make presentations to our adult campers. Do you have a presentation for campers ages 3 to 18? If not, you may proceed to the next paragraph. If so, please share the title and brief description of your presentation(s)/seminar(s)/workshop(s) for this age group with specific information on the age range.

Each Camp VIVA activity period lasts fifty minutes. It is possible to do a double activity period of an hour and fifty minutes with a brief break, if necessary, during the double period. How much time do you require to make an effective presentation/seminar/workshop? _____ Yes, I prefer a double period.

What is the optimum number of participants for your presentation/seminar/workshop? _____

(We will try to honor this number but cannot guarantee we will be able to match this optimum number, since participation is ultimately based on camper interest.)

Is there any other information that you would like to include that might be helpful?

PLEASE READ CAREFULLY BEFORE SIGNING:

Family Services of Westchester and Camp VIVA engage Day Volunteers regardless of race, creed, color, religion, gender, national origin, disability, marital status, sexual orientation, gender identity or expression, or veteran status.

I agree to uphold the rules and philosophy of Camp VIVA. I understand that drugs and alcohol are strictly prohibited at all Camp VIVA functions and activities.

Signature: _____

Date: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

(Name/Relationship to you)

(Contact Number)

**Family Services of Westchester
Camp VIVA
CONFIDENTIALITY AGREEMENT**

All volunteers must strictly observe confidentiality in safeguarding the personal information of ALL CAMPERS and other volunteers. Personal information may be made available to Camp VIVA staff who have a valid need to know such information but may not be released to, or discussed with, others without the written consent of the camper or volunteer in question. Files containing such information will be kept secure and will only be accessible to the staff charged with their supervision and maintenance. Failure to comply with the confidentiality requirements will result in termination of the volunteer's services.

I have read and fully understand Camp Viva's policy regarding confidentiality. I understand that maintaining confidentiality is vital under New York State 27-F HIV Confidentiality Law.

Name: _____

Signature: _____

Date: _____

VOLUNTARY PUBLICITY RELEASE

*I understand that if I make the decision **not** to sign this release it will **not** disqualify me from serving as a day volunteer and that Camp VIVA will comply with my wishes.*

Of my own free will, I hereby give permission to Family Services of Westchester to use, without compensation, my name, photograph and/or any public information I have provided for use in their public relations and/or fundraising efforts.

I realize that my photograph and/or personal information may be used by Family Service of Westchester and may appear, from time to time, in various newspapers, magazines or other news media. I may also be mentioned as someone who sponsors and endorses Camp VIVA and/or Family Services of Westchester.

Name: _____

Signature: _____

Date: _____