

Hello From FosterClub!

Dear Adult Supporter,

On behalf of the Oregon Independent Living Program and the staff of FosterClub, We thank you for wanting to participate in the 2018 Oregon Teen Retreat, June 25th - 28th, 2018.

In the past few years we have made a shift over to a wellbeing focus, and each year we have learned lessons and made changes to better meet our overall retreat objectives. This year our overarching theme is:

“Join us for an amazing Oregon Teen Retreat, where we’ll empower young people to embrace differences and cultivate respect! Our action-packed agenda incorporates team building, stress management, wellness and recreational activities. Participants will leave with new tools for health, a restored sense of self, and an increased capacity to respect others across culture, race, ethnicity, religion, capability, and gender identity and expression. Youth will leave inspired (and ready to inspire) with the courage to STAND OUT!”

After hosting teen retreats for the past several years, we have developed a comprehensive program featuring informational workshops and games, fun educational tools, independent thinking opportunities and time for the youth to make new friends.

The Adult Supporter role at the retreat is pivotal in making this retreat successful. The chaperones will be an integral part of retreat activities. This orientation packet will explain in specific terms the roles and expectations for the adult chaperones.

Please read the content thoroughly. If you have any questions or concerns, please contact us at 503-717-1552 or alternatively reach us by email at [training@fosterclub.com](mailto:training@fosterclub.com).

Sincerely,

FosterClub Staff

# Teen Retreat Adult Supporter Requirements

## **I. Eligibility**

- In order to be an Adult Supporter at Oregon Teen Retreat, you must have an Interest in supporting YOUTH DEVELOPMENT and be over the age of 21.
- You must be willing to participate in a background check.

## **II. Support Retreat Goals**

- Allow the opportunity for youth to gain information that is pertinent to their well-being.
- Create an environment that promotes safe and positive learning, socializing, networking, and thinking.
- Give youth the tools and information, providing alternative means to maintain a healthy mindset and deal with daily stress through wellness activities and thought-provoking workshop sessions.
- Empower youth to question their future, take advantage of their present and not dwell on the past.
- Help youth develop recognition and knowledge of their mental and physical health, and to build and maintain healthy relationships.
- Nurture a safe environment for youth in care to meet other youth in care who share similar experiences and possibly form long-term friendships.

## **III. Approach**

- Feel empowered to support and encourage the goals of youth participants, while being careful not to take over.
- Understand that this is an opportunity for personal growth within these young people and commit to fostering youth's personal and professional growth.
- Remember, during brainstorming sessions, no ideas are bad ideas.
- Be confident in your ability to empower ALL youth participants, not just "high functioning" ones.

## **IV. Roles**

- Support FosterClub's mission, vision & goals
- Create a welcoming environment for all participants
- Be patient and try to understand the challenges that members face and help them use their strengths to overcome those challenges
- Encourage all participants to step up into new roles. Help them overcome fears and challenges preventing them from full participation
- Interact with, engage and support participants and All-Star Youth Leaders during workshops, activities and free time
- Pay attention to dynamics between individuals, work with them to resolve differences and communicate with Staff if you see issues arise
- Help facilitate transitions throughout the day such as meal and activity times
- Supportive adults should be monitoring the whereabouts of the youth they are chaperoning during meal times, free times, announcements, and breaks. If a youth under your supervision is not accounted for during one of these times it will be your responsibility to resolve.
- Support the nurse's efforts to ensure medications are given to youth as prescribed
- Participate in the Adult Supporter Orientation, and nightly debriefs

## **You may also be asked to...**

- Take on additional support tasks such as setting up before activities or snack times, monitoring, etc.
- Volunteer to monitor workshops, wellness or recreation activities

- Volunteer to monitor for stragglers for a short period of time following lights out

## V. Discipline

Any and all infractions of retreat rules by youth attendees must be reported to a retreat coordinator. The retreat coordinators and a disciplinary committee of solution seekers are solely responsible for disciplinary actions.

- Disciplinary action will be determined by a committee of solution seekers, consisting of a FosterClub Staff Member, State Worker: Carrie Vandijk or Rosemary Iavenditti, Young Leader: FosterClub All-Star and/or Level 2, and other involved adults.
- All parties involved will determine whether a committee meeting is necessary and will make the arrangements for that to happen. The sooner an infraction is reported the better.
- The solution seekers will work to determine what happened. All parties involved will help to determine an appropriate resolution. Any decision will be agreed upon by all solution seekers, youth, and adults involved.
- Any individual, acting on his/her own may not remove a youth from Teen Retreat without following this protocol.
- An incident form will be provided and filled out by the appropriate party as determined by the committee.

## VI. Staff Orientation

All staff are **required** to attend the Teen Retreat orientation. Orientation will take place at Camp Arrah Wanna, **June 25th, 2017 @ 3:00 PM**. Please be prompt.

You can access the following documents online at [fosterclub.org](http://fosterclub.org), they will also be printed for your convenience and available at camp.

- Prepare for Retreat
- Rules & Expectations
- Agenda
- Workshop Descriptions

This information will be provided following solidification of volunteers and will be printed off for your convenience and available at camp.

- Activity & Workshop Sign-Up Sheet
- Chaperone / ILP Contact Info
- Youth List and Chaperones

\*\* The schedule for this youth retreat is long and can be both physically and emotionally exhausting for individuals unaccustomed to such events. Breakfast is from 7:15-8:15 am and lights out is by 10:30 pm nightly. Please consider this as you make the decision to volunteer as an Adult Supporter. \*\*

# Oregon Independent Living Program Teen Retreat

## 2018 Adult Application

Teen Retreat Dates: 6/25/18 - 6/28/18

Application Deadline: 6/8/2018

Fax: 503-717-1702 (Fax Applications)

Email: [retreat@fosterclub.com](mailto:retreat@fosterclub.com) (Questions or Scan Applications)

Phone: 503-717-1552 (Questions or Concerns)

### • GENERAL INFORMATION

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Pronoun(s): \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

English Speaker:  Yes  
 No

Email: \_\_\_\_\_

2nd Language: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthday (M/D): \_\_\_\_\_

### • ORGANIZATION INFORMATION

Agency / Organization: \_\_\_\_\_

IL Provider    Caseworker    Foster Parent    Volunteer    Other: \_\_\_\_\_

Background check on file with: \_\_\_\_\_

Background check never performed (required prior to attending Conference)

### • MEDICAL INFORMATION

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

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Medical Needs:  Allergy    Heart    Diabetes    Insect bites    Drug reaction

Epilepsy    Pregnant    Handicap    Other: \_\_\_\_\_

(Please describe special needs on a separate sheet of paper and submit with this application)

• **SPECIAL NEEDS & ACCOMMODATIONS**

Special dietary needs: \_\_\_\_\_  
\_\_\_\_\_

Special needs or accommodations (please describe)\*: \_\_\_\_\_  
\_\_\_\_\_

Please list any limitations in duties we are able to assign to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note that there are cabins/bathrooms specifically set aside for gender non-conforming/trans folks that prefer this option, and if you are requesting this, please indicate that in this section.

• **TRANSPORTATION**

Will you be providing transportation for youth?       NO       YES      (If YES, please complete info below)

Would you mind helping with transportation for youth?       NO       YES      (If YES, please complete info below)

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_      Number of Passengers: \_\_\_\_\_

Auto Insurance Co: \_\_\_\_\_      Policy Number: \_\_\_\_\_

• **RULES, EXPECTATIONS, & REQUIREMENTS**

I have read and agree to abide by the Rules & Expectations. I also agree to hold youth accountable to the Rules & Expectations.

I have read the entire Adult Packet, I agree and have a clear understanding of my Chaperone role at the 2018 Oregon Teen Retreat.

Adult Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Application Deadline: June 8th, 2018**

**Fax:** 503-717-1702 (Fax Applications)

**Email:** [retreat@fosterclub.com](mailto:retreat@fosterclub.com) (Questions or Scan Applications)

**Phone:** 503-717-1552 (Questions or Concerns)

\*A completed application does not mean an automatic scholarship.

## 2018 Oregon Teen Retreat

Scan completed Applications or for Questions please **EMAIL:** [retreat@fosterclub.com](mailto:retreat@fosterclub.com)

# Rules & Expectations

**FAX** Completed Applications to: 503-717-1702

For Questions please **CALL:** 503-717-1552

Your participation in the Oregon Teen Retreat carries the responsibility of representing Oregon teens to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, as well as yourself. Your contribution to the retreat is as important as what you receive from the retreat.

### **\*PLEASE READ AND INITIAL ALL ITEMS & SIGN**

1.	I will attend all parts of the planned program. I will inform those in charge if I am not feeling well or need medical attention and cannot attend the scheduled activity.	<h3 style="text-align: center;"><u>My Rights</u></h3> <p><b>To have what every child needs:</b></p> <ul style="list-style-type: none"> <li>Nutritious food that meets my dietary needs</li> </ul> <p><b>To be safe:</b></p> <ul style="list-style-type: none"> <li>To be treated with respect</li> <li>To be protected from physical, mental, emotional and sexual abuse</li> </ul> <p><b>To be healthy:</b></p> <ul style="list-style-type: none"> <li>To see a nurse if I am sick and request medical attention</li> </ul> <p><b>To learn:</b></p> <ul style="list-style-type: none"> <li>To be provided with age-appropriate educational opportunities to prepare me for adult life</li> <li>To have the opportunity to participate in activities that interest me</li> </ul> <p><b>To be in a place that meets my needs:</b></p> <ul style="list-style-type: none"> <li>To have a curfew and retreat rules that are clear and fair and to have them explained to me from the beginning</li> </ul> <p><b>To make decisions for myself:</b></p> <ul style="list-style-type: none"> <li>To receive respect</li> <li>To determine and express my gender and sexual identity for myself</li> </ul> <p><b>To be informed:</b></p> <ul style="list-style-type: none"> <li>About where I can go for help</li> </ul>
2.	I will observe established hours and be in the designated areas. I understand that there will be areas where I may not be allowed to go.	
3.	I will dress appropriately to the occasion. I will at all times, be courteous and clean, in dress and language, and display good manners. My language will be appropriate and respectful of others. I will not swear.	
4.	I will not leave the assigned program area, at any time, without permission of the person in charge of my county or activity. I will stay for the entire duration of the retreat.	
5.	I will not bring or use alcohol, drugs (except those prescribed by my doctor), fireworks, firearms, pocket knives, or weapons of any kind. If I see anyone breaking this rule I will report it immediately. NOTE: possession or use of marijuana on campus is illegal according to Federal Law.	
6.	I will be responsible for all my personal property.	
7.	I will respect other's personal property and personal space and I will keep my hands to myself.	
8.	Shoplifting, theft or vandalism of public or personal property will not tolerated. I will not be a part of this kind of activity and will report any such activity that I am aware of.	
9.	I will avoid roughness and damage of room furnishings, furniture, equipment, etc. I know that I am responsible for any damage or misconduct.	
10.	I know that the Teen Retreat is to encourage interaction among all members attending, but not exclusively with one person. I know that kissing and other sexual displays of personal affection or harassment distract from the group and are not appropriate behaviors and I will refrain from them.	
11.	If I am underage, I will NOT use tobacco products. If I am of legal age, I will not use tobacco products on camp grounds, and will NOT distribute to minors.	
12.	Walkmans, ipods, cell phones and other electronic devices are not allowed during workshops, recreation time or retreat activities - and I will be asked to put them away.	
<b>I KNOW THAT VIOLATORS MAY EXPECT:</b>		
13.	<ul style="list-style-type: none"> <li>To have the opportunity to explain actions to the solution seekers.</li> <li>A phone call will be made to branch staff and IL leadership noting behavior that is disruptive.</li> <li>Dismissal and being sent home, at branch expense.</li> </ul>	

**I hereby agree and understand the code of conduct and consequences.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Arrah Wanna, Inc. (CAW)

24075 E Arrah Wanna Blvd. | Welches, OR 97067 | P: (503) 622-3189 | F: (503) 622-1229

## **RELEASE OF CLAIMS AND CONSENT**

### **All Activities at CAW-Including but not limited to the High & Low Ropes Challenge Courses, River Tubing, Swimming Pool Use, and Archery Course**

Notice: This is a legally binding agreement. CAW Activities: High and Low Ropes Challenge Courses / River Tubing on the Salmon River / Outdoor Swimming Pool / Archery Course. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Although it is impossible to foresee all possible dangers, some specific risks the participant may encounter while doing the listed activities might include, but are not limited to death, and/or injury from but not limited to slipping, tripping, falling, running, or jumping.

I fully realize that participation in the mentioned activities involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns, and or abrasions or more serious injury. I acknowledge that CAW has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions my result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: pregnancy, have a back, head or neck condition, high blood pressure, and/or a heart condition. I understand that an inhaler for exercise induced Asthma, EpiPen (epinephrine) for severe insect allergies, or any other medication needed for a chronic medical condition should be brought with me to the courses and/or activities.

I understand that I am responsible for behaving in a careful and prudent manner to minimize the risk of injury to myself and others. I also understand that this is a voluntary program and that I should participate to the extent that I feel is appropriate for my own condition and skill level. I understand I will not be permitted to participate if found to be under the influence of non-prescribed drugs or alcohol.

**I waive and release claims by me or on behalf of me, which may incur against CAW, the American Baptist Churches of the Central Pacific Coast, its sponsors, agents, representatives, board members and employees for damages, for negligent property loss, negligent personal injury and negligent emotional distress, which I might sustain and suffer in connection with my participation in all activities & Challenge Courses at CAW.**

CAW has my permission to secure emergency care for me if necessary. I have health care coverage for the cost of any treatment for an injury suffered while participating in any and all activities.

CAW will not take photographs of me while I am on the CAW premises or while I am participating in Activities and/or the Challenge Courses UNLESS I specifically authorize here: \_\_\_\_\_

Yes, photographs of me may be taken while I am on the CAW premises or while participating in Activities and/or the Challenge Courses and such photographs may be used for publicity by CAW. Initials: \_\_\_\_\_

OR

No photographs of me may be taken. Initials: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Guest Group Name: \_\_\_\_\_ Dates of Stay: \_\_\_\_\_

### **Medical Statement:**

I recognize that climbing & swimming can be strenuous endeavors requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in all activities and/or the Challenge Courses and medications I am currently taking:

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

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this/these activity/activities.

\_\_\_\_\_  
Participants Signature Print Name Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years) Print Name Date

**PLEASE NOTE:**

A completed application does not mean an automatic scholarship!

You are solely responsible for your valuables!

**2018 Oregon Teen Retreat**

# Prepare *for* Teen Retreat!

Scan completed Applications or for Questions please **EMAIL:** [retreat@fosterclub.com](mailto:retreat@fosterclub.com)

**FAX** Completed Applications to: 503-717-1702

For Questions please **CALL:** 503-717-1552

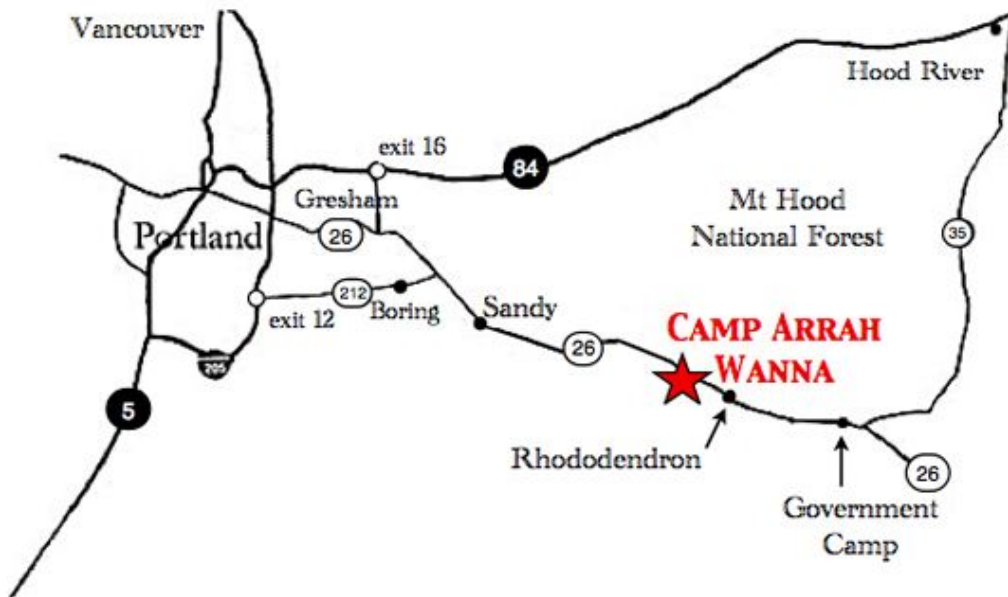
**Please save this sheet and use it to prepare for Teen Retreat.**

**Location:** Camp Arrah Wanna

**Address:** 24075 E Arrah Wanna Blvd, Welches, OR 97067

- For more information about the camp, go to: <http://www.camparrahwanna.org/>

**Directions to Camp:** Arrah Wanna Blvd. is located east of Portland, just feet beyond the 40-mile marker on Hwy 26 in Welches. Look for the "Oregon Realty" and "Pro Hardware" on the corner, turn Right and travel about .5 mile South on Arrah Wanna Blvd. There is a huge rock on the right that say "Camp Arrah Wanna". The office is located straight ahead, near the Main Lodge next to the Bell Tower.



**NOTE:** Please eat before arriving at camp - Dinner will be served at 6:00PM!

Please contact FosterClub for any questions or concerns at [training@fosterclub.com](mailto:training@fosterclub.com) or call 503-717-1552

**WHAT TO BRING:**

- Medical Card
- Medications (in original containers)
- Glasses (or contacts)
- Sleeping Bag
- Extra Blanket
- Pillow
- Towel (Shower)
- Towel (Swimming)
- Washcloths
- Bug Spray
- Sunscreen
- Flashlight
- Water Bottle (Refillable)
- Sunglasses

**CLOTHES:**

- Shirts (no rips or holes)
- Warm Hat
- Gloves or Mittens
- Rainwear (tops and bottoms)
- Long Underwear
- Pants / Shorts
- Sweatshirt or Light Jacket
- Rain / Cold Weather Coat
- Swim Suit / Trunks
- Socks
- Outdoor / Sports Shoes
- Nice Outfit
- Underclothes
- Pajamas
- Closed Toe Shoes
- EXTRAS!!!!

**HYGIENE ITEMS:**

- Toothbrush
- Toothpaste
- Hair Dryer
- Comb / Brush
- Soap
- Shampoo / Conditioner
- Feminine Items
- Deodorant
- Antibacterial Wipes
- Body Lotion
- Contact Lens Solution
- Face Cleanser
- Floss

**OPTIONAL:**

- Camera / Small Mirror