



CAMP SLOANE YMCA

VOLUNTEER WEEKEND INFORMATION



Updated 4/6/26

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CAMP SLOANE YMCA
124 INDIAN MOUNTAIN ROAD
LAKEVILLE, CT 06039
PHONE: 860-435-2557 FAX: 860-435-2599
INFO@CAMPSLOANE.ORG

THANK YOU!

Dear Sloane Family,

Thank you for donating your time to attend our annual Volunteer Weekend. We are so excited another amazing weekend and summer! With your help, we'll be able to get camp ready for what we know is going to be the best summer EVER!

As always, we've got a great group this year and we can't wait to see you all in action! Once again, thank you!

Over the next few pages you'll find some important information regarding the weekend. Please reach out if you have any questions at all.

Let's make it a great start of the season together! #SloaneFamily

See you soon.

Gina, Rhino & Ru



INTERIM CEO
Gina Lucas
gina@campsloane.org



CAMP DIRECTOR
Rhino Merrick
rhino@campsloane.org
860 395 7951



ASSISTANT CAMP DIRECTOR
Ru Foster
ru@campsloane.org
860 593 8841

VOLUNTEER WEEKEND SCHEDULE

FRIDAY

4:00pm Arrive in between 4:00pm and 9:00pm (check in at office)

SATURDAY

8:00am Breakfast in our Dining Hall

9:00am Split into teams to divide and conquer!
Besides setting up tents we will have other jobs available.

12:30pm Lunch is served

1:15pm Group picture at the Blue Chairs!

1:30pm Tasks continue through the afternoon

5:00pm Camp Store is open

5:30pm Optional Dinner (please let us know if you will be staying for dinner)

6:00pm Join us for S'mores

SUNDAY

8:00am Breakfast in our Dining Hall

9:00am A morning of rewarding service to Sloane

12:30pm Lunch is served

1:15pm Group picture at the big blue chairs!

1:30pm Tasks continue through the afternoon

4:00pm Camp Store is open. Depart camp

We will also be hosting our first Open House of the season on Sunday from 12-3pm, so expect to see new camp families around! If you are interested in helping with tours, please speak with Rhino or Ru.



GOOD TO KNOW

We have limited accommodation available at camp, so **please make sure you have indicated on your registration if you require lodging at camp.**

TYPICALLY EACH FAMILY WILL HAVE THEIR OWN ROOM. YOU WILL BE INFORMED IF THIS IS NOT THE CASE.

PRE-ARRIVAL

Please fill in and sign the Volunteer Waiver Form (on pages 6 & 7) and return either via email to ru@campsloane.org or print it out and bring it with you on the day.

ARRIVAL & DEPARTURE

EVERYONE MUST CHECK IN UPON ARRIVAL

If arriving on Friday night, please get to camp by 9PM, and check in at the **Office**

If coming on Saturday or Sunday, please arrive by 9AM, and check in at the **Camp Store**

Departure on Saturday is at 5PM (unless staying for dinner). Departure on Sunday is 4PM

WHAT TO BRING

- Bedding (if staying overnight) – pillow, sheets, sleeping bag.
- Sturdy shoes/boots. Please no sandals or flip flops.
- Rain coat (just in case).
- Layers. It's early May in Connecticut... the weather can turn in an instant!
- Water bottle & snacks (we will provide breakfast, lunch & dinner). **PLEASE NO NUTS.**
- Please bring gloves for the weekend (we will have a limited number available).

TASKS FOR EVERYONE

We've got tasks for all abilities. Please see Rhino or Ru at breakfast if you have a certain preference. Besides putting up the tents we also have painting jobs, setting up the camp store and much more.

STAYING HYDRATED AND DRY

We recommend everyone bringing their water bottle with them when outside. You can fill up your water bottle in the dining hall. We are also going to take the weather as it comes and a little rain only ever hurt the wicked witch of the west. Make sure to dress appropriately.

TICKS

Please make sure you check yourself regularly throughout the day and when you get home.

CAMP STORE

Our store will be open on Saturday from 5–6pm, and again on Sunday from 4–5pm.

This will be the first time the store will be open this season... be the first to get your hands on our new merchandise!

PLEASE NOTE

All volunteers under the age of 18 must be accompanied by an adult. If you have questions about this policy, please email rhino@campsloane.org

VOLUNTEER WAIVER FORM

HEALTH HISTORY

Family Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

In case of emergency while we are at Camp Sloane YMCA, please contact:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____ Relationship to Family: _____

NAMES:					
Date of Birth:					
Do you have any special dietary needs	Y / N	Y / N	Y / N	Y / N	Y / N
Any pre-existing injuries (ankles, knees, back, etc) or medical conditions that might be aggravated by this event?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?	Y / N	Y / N	Y / N	Y / N	Y / N

Please indicate any health history or dietary information, that was marked as yes from the list above, that you feel the Camp Sloane YMCA staff should be aware of:

COVID-19 SPECIFIC STATEMENT

All participants will be required to remain at home if any of the following apply:

1. Your family has traveled to a country that the CDC has issued a Level 2 or 3 travel designation, or to a state listed on the CT travel advisory, in the last 14 days.
2. You have had contact with anyone suspected of having for COVID-19 in the last 14 days, or with anyone known to have COVID-19.
3. You have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath).
4. You have had a fever above 100°F in the past 72 hours.
5. You have tested positive for COVID-19 in the past 14 days.

By signing this waiver, you acknowledge that Camp Sloane YMCA cannot be held responsible for a positive COVID-19 diagnosis of yourself, your child, or another family member as a result of a visit to this facility or from being exposed by someone else who was at Camp Sloane YMCA. As a signer of this waiver you understand that attending Camp Sloane could increase the risk of exposure to COVID-19 and assume this risk willingly.

Cont'd on pg. 7

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

My signature below hereby grants Camp Sloane YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Sloane YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

INFORMED CONSENT/LIABILITY RELEASE

- I am aware and understand that participating in activities while at Camp Sloane involves a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
- I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.
- I authorize the YMCA to have and use photographs, slides and video recordings of the persons named above as needed for its records and public relations programs.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

**If any participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____