

State of West Virginia
OFFICE OF THE ADJUTANT GENERAL

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The Adjutant General

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JFHQ-WV-TAG

18 November 2010

MEMORANDUM FOR SEE DISTRIBUTION

Subject: 21st Annual West Virginia National Guard Kids Kamp

1. The 21st Annual West Virginia National Guard Kids Kamp will be held at Camp Dawson, Kingwood, WV, from Saturday, June 18th through Thursday, June 23rd, 2011. This week long event promises to be educational, productive, and rewarding for our Guard children.
2. This year's Kids Kamp is offered to WV National Guard children between the ages of 9 to 14. We will accept only youth volunteers ages 16 or 17, who have attended the West Virginia National Guard Youth Leaders' Program. We encourage 15-17 year old individuals to apply and attend the West Virginia National Guard Youth Leaders' Program conducted during the same time period by contacting the State Family Youth Program Coordinator at 304-561-6821 or toll free 1-866-986-4326. Due to the overwhelming success of the program, all children within the age brackets are encouraged to apply.
3. The application fee for this year's Kamp is \$85.00 per kamper, \$85.00 per youth volunteer, and \$35.00 for adult volunteers. These fees will cover all expenses such as meals, insurance, Kamp Store and rental costs. Checks will be made payable to "WVNG Kids Kamp", and forwarded with each child's and adult's Kamp application. This year's planned activities will include: forensics, drug awareness program, helicopter display, sporting events, rock wall, pizza party, rifle range, and much more.
4. Attached is an application packet that contains all necessary documents for submittal. **All Kids Kamp Applications must be returned NLT 1 June 2011. Due to construction at Camp Dawson during this time frame, only 100 girls and 100 boys will be accepted, and No Applications will be accepted after 1 June 2011. There will be no late registration.** Parents wishing to send their children to Kids Kamp, **must complete (all information requested) and forward, the initial application, the Health Record forms and rules form.** If these forms are not completed correctly, they will be returned to you for correction, this could jeopardize your child's opportunity to attend Kids Kamp. Guard members and their families desiring to volunteer their services and expertise should complete the Kids Kamp Adult Volunteer Application. A letter of acceptance will be returned to each kamper, youth volunteer and adult volunteer.
5. I have asked Mr. Gary Conley to serve as this year's Kids Kamp Director. Mr. Conley will coordinate with the State Family Readiness Program Coordinator to make this year's Kids Kamp a fun and educational experience for all.
6. This program is a great benefit to all West Virginia National Guard members and their families. This correspondence should receive broad dissemination to Guard members, their families, DA civilians, WVNG State employees and WV National Guard Retirees. Anyone requiring additional information concerning the West Virginia National Guard Kids Kamp or for Youth Leaders you may call 304-561-6449, 304-382-9126 or the toll free number at 1-866-986-4326 or Email: gary.conley@us.army.mil.



ALLEN E. TACKETT
Major General, WVARNG
The Adjutant General

DISTRIBUTION:

Cdr, Land Component
Cdr, Air Component
Director, Joint Staff
Director, Mountaineer Challenge Academy

Full Name: _____

Voluntary History:

Current Employer: _____ Position: _____

Employer Address: _____

Have you ever served as a Kids Kamp Adult Volunteer? ____ Yes ____ No

If so, list position held and year(s): _____

Please list all previous volunteer experience:

Organization	Volunteer Role/Duties	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are not employed by or related to an employee of the West Virginia National Guard, please provide the names, addresses, and phone numbers of two individuals NOT RELATED TO YOU who have knowledge of your character and/or qualifications.

Name	Address	Daytime Phone	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the West Virginia National Guard to contact the references listed above.

I understand that misrepresentation or omission of information requested is just cause for non-selection as an Adult Volunteer.

I waive my right to review these references.

I also understand that I may not be chosen as an Adult Volunteer due to the limited numbers of positions available.

Have you ever been arrested or charged with a crime involving a child? No Yes If yes, please explain on a separate sheet of paper.

Have you ever been asked to resign because of, or been decertified for a sexual offense? No Yes
If yes, provide a description of the case disposition

This application is being signed under penalty of perjury. In addition a false statement rendered by you may result in adverse action up to and including removal from Federal Service.

You must provide the results of a Criminal Background Check/Investigation from the West Virginia Police prior to acceptance as an adult volunteer. Instructions on how to obtain this Criminal Background Check is provided as an attachment.

IF YOU PLAN OR THINK YOU WILL BE ATTENDING KIDS KAMP AS AN ADULT VOLUNTEER, THEN CALL OR EMAIL ME SO I CAN SEND YOU THE REQUIRED INFORMATION TO HAVE A CRIMINAL BACKGROUND/INVESTIGATION COMPLETED. YOU CANNOT BE INVOLVED IN KIDS KAMP WITHOUT THE INVESTIGATION. IT TAKES 3 TO 4 WEEKS TO COMPLETE THE INVESTIGATION.

Adult Volunteer Signature: _____ Date: _____

Full Name: _____

Release of Liability

State of West Virginia
County of Kanawha

This release of liability is made this _____ day of _____, 20_____, by _____, an Adult Volunteer potential participant in the West Virginia National Kids Kamp (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the Adjutant General's Department State of West Virginia, the United States of Defense, the Kids Kamp program and any other federal or state government entities or corporate sponsors thereof (all collectively referred to hereafter as " West Virginia National Guard") from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said _____ (← Adult Volunteer's Name), (hereinafter referred to as "Applicant") desires the use of services, grounds facilities and/or equipment of the West Virginia National Guard for participation in the Kids Kamp does hereby state that:

In consideration of the mutual advantages, benefits and purpose to be achieved thereby; the use of said grounds, facility or equipment for the purpose and activities described is hereby approved, conditioned upon the applicant releasing the West Virginia National Guard and its agents, servants, employees, volunteers, soldiers and airmen of and from any and all claims, demands, action causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any person or property arising out of the described activity or any other activities relating thereto conducted by Applicant or en route to and from these activities.

The undersigned Applicant understands and agrees that there are certain risks attendant to these activities by signing this agreement expressly authorizes travel to and from various activities in West Virginia National Guard vehicles. The Applicant individually and on behalf of the minor child hereby expressly and voluntarily assumes all risks and hazards of injury to the minor child and his or her property resulting from participation in Kids Kamp to the full extent allowable under federal and state law. In the event of accident or injury, the West Virginia National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the West Virginia National Guard from liability for same.

I understand that my liability for property damage and personal injuries caused by my child is the same as required by state and federal laws.

Applicant understands the above terms and conditions and acknowledges that it has carefully read the above statement and willingly complies with the terms and conditions thereof, understanding that it voluntarily assumes all risks and hazards of injury to Applicant resulting from participation in the described activities.

Adult Volunteer Signature (REQUIRED)

Date

Photographic Release

State of West Virginia
County of Kanawha

I hereby authorize the Adjutant Generals Department, State of West Virginia, the United States Department of Defense, the Kids Kamp program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred as "West Virginia National Guard") to utilize photographs of myself for promotional purposes. I hereby waive any monetary or other rights that I might have to inspect and/or approve the finished product of the advertising, promotions, or news copy and consent to its use in whatever way the West Virginia National Guard deems appropriate. I hereby consent to the release of said photographs to broadcast and print media such as non-governmental newspapers and publications, television, cable, or radio stations. I understand that the rights and title to the released information shall remain with the West Virginia National Guard or the recipient.

Adult Volunteer Signature (REQUIRED)

Date

NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1, 2011. NO LATE REGISTRATION WILL BE ACCEPTED. IF APPLICATION, MEDICAL FORM, AND CODE OF CONDUCT STATEMENT DOES NOT HAVE ALL AREAS COMPLETED WHEN RECEIVED, THEN YOUR APPLICATION WILL BE RETURNED.

Please mail your Application, Medical Form, Code of Conduct Statement, and check/money order to:

West Virginia National Guard, ATTN: Kids Kamp, 1703 Coonskin Drive, Charleston, WV 25311

Cost: \$35 Due to skyrocketing food costs volunteers will be asked to contribute \$35 for Meals. Individuals will be required to pay for 1 night of room cost at Camp Dawson Billeting upon check-in.

Make checks payable to: WVNG Kids Kamp

Questions? Contact: Gary Conley at 304-561-6449 or 304-382-9126, Email: gary.conley@us.army.mil

Full Name: _____

PERSONAL HISTORY:

- 1. Are you under a physician's care now? _____ Yes _____ No
If yes, explain: _____

- 2. Have you ever been medically advised not to participate in any kind of sports? _____ Yes _____ No
If yes, explain: _____

- 3. Have you been medically excused from physical education? _____ Yes _____ No
If yes, explain: _____

- 4. Have you
 - a. Ever been unconscious after an injury? _____ Yes _____ No
 - b. Ever had a fracture or dislocation? _____ Yes _____ No
 - c. Ever had any surgery? _____ Yes _____ No
 - d. Within the last year, had to stay in a hospital overnight? _____ Yes _____ No
 - e. Ever experienced frequent chest pains or palpitations? _____ Yes _____ No
 - f. Ever experienced high blood pressure? _____ Yes _____ No

- 5. Have you ever
 - a. Had a history of fainting with exercise? _____ Yes _____ No
 - b. Had a history of tiredness/fatigue? _____ Yes _____ No
 - c. Had or have any allergies, including bee stings, hives, asthma? _____ Yes _____ No
If yes, explain: _____

 - d. Had or have any food allergies? _____ Yes _____ No
List all food allergies _____

 - e. Had a family history of sudden unexplained death under age 40? _____ Yes _____ No
 - f. Had a history of being a heat casualty? _____ Yes _____ No

- 6. Do you have any worries about your health or think that there may be any reason why you cannot participate in sport activities? _____ Yes _____ No
If yes, explain: _____

- 7. Do you have any physical limitations or need assistance with any activities of daily living? _____ Yes _____ No
If yes, List any physical limitations: _____

Full Name: _____

PERSONAL HISTORY:

- 8.. Have you been designated as a "special needs person or defined as having "Attention Deficit Disorder? _____ Yes _____ No
- 9. Do you have any history of depression? _____ Yes _____ No
If yes, explain: _____
- 10. Do you have any history of aggression? _____ Yes _____ No
If yes, explain: _____
- 11. Date of last **tetanus** shot: (must be completed mm/dd/yy): _____
- 12. Are you allergic to any medications? _____ Yes _____ No
If yes, list and explain: _____

- 13. Have you had a history of any of the following?. _____ Yes _____ No
If yes, list and explain: _____

CHECK ALL THAT APPLY

- Heart Disease Breathing Problems Seizures Headaches
- Cancer Ear Infections Asthma Diabetes
- Hyperactivity Mental Illness Surgeries Fainting

PLEASE EXPLAIN ALL YES ANSWERS OR CONCERNS YOU MAY HAVE IN RELATIONS TO KIDS KAMP.

MEDICAL RELEASE:

In case of an emergency, I hereby authorize Kids Kamp and/or accompanying counselors to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical card is my responsibility or that of my child's health insurer.

Parent/Guardian/Volunteer Signature (**REQUIRED**)

Date



West Virginia National Guard

Kids Kamp

Camp Dawson June 18 - 23 June 2011

CODE OF CONDUCT

REQUIRED FOR ALL KAMPERS
YOUTH VOLUNTEERS AND ADULTS

CODE OF CONDUCT

To ensure that the Kids Kamp is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

1. I will be courteous and respectful towards others at all1 times.
2. I agree to value and respect others' ideas regardless of whether they are not the same as my own.
3. I agree to respect authority and comply with the requests of the Kids Kamp leadership, volunteers, and other members of the Kids Kamp Staff.
4. I will take full responsibility for any damage to personal or public property due to my actions.
5. I will actively participate in all activities and meals during the Kamp.
6. I will dress appropriately at all times.
7. I will not use alcohol, tobacco, drugs, or engage in any behavior that is disrespectful to other Kampers or Staff.
8. I will have a signed health statement, parents signature, and emergency info on forms.
9. I will give all medicine to the Kamp Nurse during registration.
10. I understand that I will not be permitted to leave kamp, unless approved by the Kamp Director.
11. I understand that Kids Kamp will not be responsible for articles brought to Kamp. This includes jewelry, cameras, radios, etc. I will not be allowed to have CD players, Cell Phone, or IPods.
12. I understand that I will not need money while at Kids Kamp. A Kamp Bank Account will be used to deposit your child's money for the Kamp Store at registration. The Kamp Store will be open all week for the convenience of the kampers.
13. I understand that visitors are not allowed in kamp. Parents, if you must come to Kamp, you must contact the Kamp Director. Kamp has a tight schedule and we must be able to control who comes and goes. Anyone entering or leaving kamp must sign in and out with the Kamp Director.
14. I will not haze fellows kampers.
15. I will follow all health and safety regulations of the Kamp. Kampers will be required to wear shoes at all times.
16. I will stay within the kamp boundaries at all times while at kamp.
17. I understand the Lost and Found items must be claimed at the State Family Readiness House in Charleston within two weeks after Kamp. Unclaimed property will be donated to charity.

I understand that the consequences for violation of these rules could cause me to be removed from activities, a phone call to my parent, or dismissal from the Kamp.

I understand that if I am not able to remain in good standing during the Kamp and with the commitments set forth above, I will be required to leave.

I have discussed the Kamp Code of Conduct with my child and feel he/she understands the rules. I understand that if my child is required to leave the Kamp I will be required to pickup them up within a reasonable amount of time and Kids Kamp fees will be forfeited.

Parent/Guardian Signature: _____ **Date:** _____

My parent/guardian has discussed the Code of Conduct with me and I understand I must follow the Code of Conduct while at Kamp.

Kamper/Youth Volunteer/Adult Volunteer Signature: _____ **Date:** _____