

Camp No Limits 2010

Dear Volunteer,

We can not thank you enough for your decision to volunteer your time at Camp No Limits this year. We are so happy to have a dedicated group of staff, speakers, and volunteers that are here to make this an unbelievable experience for our campers and their families.

Because we are committed to making this a fun, safe (and organized) camp experience, a schedule will be sent to you as soon as we know who is in attendance. Because of the interest in our camps we have had numerous applications for volunteering and at this time we are requiring board decision and program staff chose our volunteers wisely to best meet our needs for our camps. We appreciate your interest and if you meet our criteria we hope to see you at one of our camps!

If you are chosen to be one of our volunteers you may also be asked to give one of our counselors a break by taking over their groups from time to time, if you are comfortable doing so. Please review your schedule so you will not miss any fun events, and let us know if you have questions. We are still a growing organization and rely on funding and have often asked volunteers to help cover your own food costs and lodging costs and this may or may not be required depending on our funding sources. Please be aware that your volunteer service may cost money unfortunately..we hope that in the near future we will not have to ask volunteers to pay for meals and lodging and if you have ideas or suggestions for reducing costs we would appreciate it! Any donations towards this cost will be greatly appreciated!! We also are not able to provide funds for volunteers to travel to camp.

Again, we can not thank you enough for the gift of your time! Please fill out the following forms and return to Mary:

Volunteer Information Form
Camp No Limits Liability Release Form
Camp No Limits Photo Release Form

Volunteer Information for Camp No Limits 2010

Name: _____

Age: _____

Profession: (therapist, prosthetist, adult amputee, parent, family member, friend) _____

Contact Information:

Street Address:

City, State, Zip _____

Cell Phone: (_____) _____

email: _____

Camp Location(s) attending: CA ME ID FL MO MD

T-shirt size and amount of tees requested to be purchased at camp:

Can you attend all four days or will you be attending part of the camp experience? What is your availability?

What are you willing to do or not willing to do?

Physical Limitations:

Medical concerns that we should be aware of or medications you will be on that we may need to be aware of:

Are you CPR Certified, life guard certified, or hold any other medical or recreational certifications:

Have you ever been convicted or accused of a felony, misdemeanor, or federal offense?

_____ If so what did this involve?

If you have not volunteered in the past we now require a background check submitted and paid for by the volunteer. Can you provide this?

Random drug tests may be required when volunteering in our locations is there any reason you cannot participate in a random drug test?

*Secondary to recent inquiries and given the state of concern with sexual predators involving children we have to be VERY cautious with our volunteer staff. We have the right to "Google search" your name or search on

"MySpace" or other related search engines or websites and find anything related to you or your name. IF we should find anything on the websites or search engines that may be incriminating or not representing "Camp No Limits" name we may chose NOT pick you as a volunteer. IF there is anything you may want to share with us prior to our own search it is recommended that an explanation be in place as we cannot be too cautious when accepting volunteers or family members attending one of our camps. Our volunteers are subject to approval by our board members and any volunteer in question is subject to approval by the board members of the No Limits Limb Loss Foundation. Thank you for your understanding as this is a matter that we have to seriously monitor!

Special Talents that you would like to share or present on:

Why would you like to volunteer?

What would you like to gain from this experience?

We need help with the planning of camps and the administration of camp. Is this something that might of interest to you?

We recommend that you also bring along a memory stick or other form for saving pictures of the weekend as this will be the easiest way to get photos from camp!!! Thank you for your time!!!!!! We will make a decision as soon as possible and IF you are chosen as one of our volunteers we will let you know as soon as possible!! Again

given the high volume of volunteers we cannot accept everyone but we appreciate your interest!

Kindest regards,

Mary Leighton, OTR/L
(Executive Director)
Campnolimits@yahoo.com
207-240-5762

No Limits Limb Loss Foundation
265 Centre Road
Wales, Maine 04280

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Liability Release Form

(Please submit one form per person attending)

Camp Location (circle one): California Maine Idaho Missouri Florida

Name: _____ Date of Birth: ____ / ____ / ____

Legal Guardian(s) if under 18 years of age:

Street Address: _____

City, State, Zip _____

Home phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

I understand that by having myself or my child as a camper, family member or volunteer involved in camp related activities such as hiking, horseback riding, athletic games, camp fires, as well as water activities such as swimming, kayaking, canoeing, fishing, jet skiing, water skiing and boating there is a risk of injury. I understand that if a medical emergency or an injury should occur at Camp No Limits that the No Limits Limb Loss Foundation will deal with the medical emergency as deemed medically necessary and with the protocols defined by the host facilities guidelines. I understand that any medical insurance that my child or myself has will be used and I will not hold Camp No Limits or the host facility responsible for any injuries or accidents that may occur to myself or my child during Camp No Limits 2009.

Signature of Attendee

Date of Signature

**Signature of Parent or Guardian
(if under 18 years of age)**

Date of Signature

**NO LIMITS LIMB LOSS FOUNDATION
2009 Photo Release Form
(one form per person)**

I authorize the No Limits Limb Loss Foundation to take photos and videos for the use of promotional materials, pictures for sponsors, website development for the No Limits Limb Loss Foundation during the 2009 Camp No Limits sessions in California, Maine, Missouri, Florida and Idaho.

Name of Person (please print) _____

Signature of legal guardian (if person is under 18 years of age)

Please return to:

No Limits Limb Loss Foundation
265 Centre Road
Wales, Maine 04280