The Arc Macon Summer Camp

Camp Dates: Monday-Friday, **(August 10-14, 2026)**

Program Highlights

Swimming, Boating, Fishing, Crafts, Dance, Talent Show, Movies & Games, Putt-Putt
Bingo w/Prizes, Archery, Zip-line, Boat Rides, Tubing and RELAXATION.

Departure: 9:30 a.m., Monday, (August 10). Leave from The Arc Macon parking lot.
4664 Sheraton Drive. ***Eat breakfast before you come.*** We will have lunch as soon as we arrive at camp.

Return: 1:00 p.m., Friday, (August 14). Back to the same location as departure.

Benefits: You will experience a very gratifying and enriching week that will allow you to help and share your life with adults affected by developmental disabilities. At the same time, you will be helping their parents who need and look forward to this week of free time. This experience is sure to give you new insight and respect for the potential and needs of all people with developmental disabilities.

Location: Camp Ascca – Jackson Gap, AL

Expenses: None. Lodging, food, snacks, drinks, and supplies are provided.

Transportation: Chartered bus

Requirements: Volunteers must: (1) pass a criminal background check, which The Arc Macon will pay, (2) be at least 18 years old unless accompanied by an approved adult volunteer, (3) be available for the entire camp week (Monday-Friday) including overnight, (4) have a desire to be a friend and companion (not boss) to adults affected by developmental disability.

Food & Lodging: Food is provided and served family style in an air-conditioned dining area. Camp Ascca is a beautiful campsite with modern, clean facilities, a swimming pool, paved walkways, and covered program areas. Each cabin is air-conditioned and has several rest room and shower stalls. Counselors sleep in the same cabin with participants in their group.

Training/Orientation: Volunteers are required to attend a 2-hour training/orientation approximately 2-weeks before the camp week. The training is usually held on a Sunday afternoon. The first hour is spent going over participant's needs, volunteer responsibilities, camp rules, program plans, and cabin assignments. The second hour the participants and/or their parents/caregivers are present to meet volunteers and discuss what to bring, check-in procedures, etc.

Camper Information: Approximately 75-100 participants are expected ranging in age from 18 – 75. They will be grouped by age and sex. The range of mental disability will vary from mild to moderate. Some campers take medications, which will be kept and dispensed by medical staff. Participants that have unique medical and/or physical needs will have a personal care attendant with them.

Responsibilities: (1) Treat *all* participants and volunteers with dignity, respect, and courtesy, (2) responsibility for 3-4 individuals, (3) take participants to the health lodge as needed and to meals on time, (4) be a *companion (not a boss)* to the participants in your group, (5) help participants, to the degree necessary, take care of their personal needs *(most participants are self-sufficient but may need verbal reminders and encouragement to shower, brush teeth, change clothes, etc.)* and (6) participate and help at *all* activities (encouraging participation but *not* forcing it).

Please call for more information: Rhonda Newell, Retreat Director, (office) 478-803-1457
(cell) 478-747-2738 or email @ rnewell@thearcmacon.org
The Arc Macon, 4664 Sheraton Drive, Macon Georgia 31210-1322

Tee-shirt Size:

The Arc Macon - Volunteer/Staff Release
Camp ASCCA – Jackson Gap, AL August 10-14, 2026

Name _____

Address_____

City_____ Zip _____

Phone (day) _____ (night) _____ (other) _____

In case of emergency, I request the following person(s) be notified:

Name: _____ Phone: _____

Name: _____ Phone: _____

I agree to abide by the following guidelines while serving as a volunteer for The Arc Macon.

1. To the best of my ability, I will strive to provide a safe and enjoyable environment for the consumers in this program at all times.

2. I will immediately report any verbal or physical abuse, inappropriate or aggressive behavior, or dangerous situations *(exhibited by staff or consumers)* to the Program Director.

3. I will read and familiarize myself with the rules, policies/procedures, and consumer needs (included in an information packet to be distributed at orientation).

4. I will keep my personal medications at the Health Lodge and go there to take it.

5. I will abide by the policy that all medications (prescription or over-the-counter) are kept and dispensed at the Health Lodge and therefore, will **not** give out medications to the consumers, staff, or other volunteers.

6. I will **not** possess or consume any form of alcoholic beverages while serving as a volunteer for The Arc Macon.

7. I will **not** possess any form of illegal drugs/substances or indulge in any form of substance abuse while serving as a volunteer for The Arc Macon.

8. I will **not** leave the program area without the knowledge of the director and will **not**, under any circumstances, leave participants in my care unsupervised.

9. I understand that The Arc carries a blanket accident/sickness insurance policy on every consumer and volunteer *(similar to school insurance)*. Beyond that coverage, I will **not** hold The Arc Macon, Camp ASCCA, any coordinating agency, or individual liable for accidents, injuries, or illnesses incurred during my association with this program. I further release The Arc Macon and any organization or individual associated with this program from all liability for lost or stolen articles. ***If vaccinated for COVID, please provide a copy of vaccination card. Note, CDC guidelines must be followed for all camp attendees. Camp Volunteers' acceptance will not be based on COVID vaccination status. All volunteers are required to submit proof of a negative COVID test during the week prior to the start of camp (test and results must be from 08/03/2026 - 08/09/2026 - **NO EARLIER**). Home tests are accepted. Proo of negative test results can be emailed, sent via text, or hand delivered to the Retreat Director the morning of camp. **The test results must be negative to attend camp.**

Important: Please use the back of this form to explain any health/medical problems that the medical staff should be aware of (diabetes, allergies, etc.). List all medications you take regularly *(prescriptions and/or over-the-counter)*. This information could be crucial in case of an accident or illness. For the safety of the campers, we ask that all medications be kept in the Health Lodge. Pack them in a separate bag with your name and you will have full and private access to your medications at all times. Thank you. **I fully understand and agree to abide by the above statements.**

Signature _____ Date Signed _____

Revised 4/23

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the BIBB COUNTY SHERIFF'S OFFICE to conduct an
Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the B.C.S.O to relay that information to The Arc Macon Debi Sharpe via:
4664Sheraton Drive
Macon, GA 31210

☐ US Mail ☐ In-Person Pick-Up ☒ Encrypted Email Email Address: dsharpe@thearcmacon.org

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90/180/_____(circle one) days from date of signature.

☒ I,_____give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

_____ _____
Signature Date

Date of inquiry:_____Time of inquiry:_____Operator's initials: _____
Purpose Code used: (check one)

	Employment (E) – Provides ***Georgia*** Criminal History Record Information
X	**Employment with Mentally Disabled (M) -** Provides ***Georgia*** Criminal History Record Information
	Employment with Elder Care (N) - Provides ***Georgia*** Criminal History Record Information
	Employment with Children (W) - Provides ***Georgia*** Criminal History Record Information
	Public Records (P) – Provides ***Georgia Felony Convictions*** Only

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The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

_____ _____
Agency Designee Signature and Title Date

The Arc
Macon

PHOTO RELEASE FORM

I hereby grant The Arc Macon the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW), or other form of promotion. I hereby release The Arc Macon and its designees from any and all claims, actions, and liability relating to its use of said photographs.

I understand this release remains effective unless The Arc Macon receives written notice of revocation.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Name (print full name): _____ Date: _____

Signature: _____ Phone: _____

If signing as Guardian, please print full name here:_____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

The Arc Macon, 4664 Sheraton Drive, Macon, GA. 31210-1322 Phone: 478-477-7764 Fax: 478-477-8824

Name-Based Criminal History Record Information Consent/Inquiry From

I hereby give consent for the **BIBB COUNTY SHERIFF OFFICE** to conduct an inquiry and receive
Criminal Justice Agency
any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the B.C.S.O. to relay that information to Requesting Entity:

The Arc Macon, Inc - Debi Sharpe via:
4664 Sheraton Drive
Macon, GA 31210

____ US Mail ____ In-Person Pick-Up **X** Encrypted Email Address: **dsharpe@thearcmacon.org**

Full Name (Print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for **N/A** days from date of signature.

I, _____ give consent to the above named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____
Attorney for Individual (Purpose Codes E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's initials: _____

Purpose Code used: (Check all that apply)

	Employment (E) – Provides **Georgia** Criminal History Record Information
X	**Employment with Mentally Disabled (M)** – Provides **Georgia** Criminal History Record Information
	Employment with Elder Care (N) – Provides **Georgia** Criminal History Record Information
	Employment with Children (W) – Provides **Georgia** Criminal History Record Information
	Public Records (P) – Provides **Georgia Felony Convictions** Only
	Personal Copy (U) – Includes Restricted and Sealed arrests (not to be used for employment)
	Civilian Criminal Justice (J) – State and III Info Received
	Sworn Criminal Justice Employment (Z) – State and III Info received

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available
	Georgia CHRI attached/released
	No NCIC/GCIC Warrant results available
	Possible NCIC/GCIC Warrant. Contact Agency Listed Below
Wanting Agency Name:	
Agency Telephone:	

_____ _____
Agency Designee Signature and Title Date