

# LVL PWA CAMP OUT APPLICATION — PLEASE PRINT CLEARLY — USE BLACK INK

Please check all that apply:

- First Time at TCC       Camper  
 PWA/HIV+                       Volunteer

First Timers, how did you hear about the camp out? \_\_\_\_\_

Your \$25 contribution\* helps cover the cost of the camp out. *(please check one)*

- I am enclosing my contribution: \$\_\_\_\_\_.  
 I will bring a contribution with me to the camp out: \$\_\_\_\_\_.  
 I am unable to contribute at this time.

TCC DOES NOT ALLOW FIREARMS, PETS,\* NONPRESCRIPTION DRUGS OR ANY ILLEGAL SUBSTANCE ON THE PROPERTY.  
*\*Members of TCC may bring a pet if they have a Dog & Cat Permit.*

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

*Needed For Application Confirmation*

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

*For Your Name Tag*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone Contact: \_\_\_\_\_

- I am a volunteer and plan to arrive on Thursday to help set up and work on any special projects at the campground  
 I am a volunteer and plan to stay over on Sunday to help with the clean up so volunteers can leave by Noon on Monday.

Camping

- I will bring an RV [Size \_\_\_\_\_]

Equipment

- I need a tent  
 I need a sleeping bag  
 I need an air mattress

Transportation

- I need a ride \* ..... Indicate date & time you can leave: \_\_\_\_\_ ]  
 I can provide a ride for \_\_\_\_\_ people \* ..... Indicate date & time you can leave: \_\_\_\_\_ ]

*\* If you have lined up your own ride or riders, do not check*

Accommodations

- I wish to stay in the bunkhouse *(based on health needs, then first come, first serve)*  
 I need to stay in the bunkhouse for the following reason(s) \_\_\_\_\_

*Requesting space in the bunkhouse puts you on the waiting list; it does not guarantee space.  
 Bunkhouse assignments cannot be made until just before the camp out.*

**September 17-19, 2010**

YOU MUST SUBMIT YOUR APPLICATION BEFORE SEPTEMBER 3, 2010

IF YOU DO NOT FURNISH AN EMAIL ADDRESS FOR CONFIRMATION, IT MAY TAKE UP TO TWO WEEKS TO RECEIVE YOUR CONFIRMATION BY U. S. MAIL.

SEND YOUR COMPLETED MEDICAL AND CONFIDENTIALITY FORMS WITH YOUR APPLICATION.

**PWA/HIV+ CAMPERS OR VOLUNTEERS, PLEASE READ AND SIGN:**

I certify that I have a diagnosis of HIV/AIDS. I may be living on a limited income, which prevents me from going camping without a program such as the LVL PWA Camp Out. I am 21 years of age or older. I further certify that I am physically and medically able to attend a camp out in a moderately developed area. I will bring any medications that I may need to the Camp Out.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL CAMPERS AND VOLUNTEERS PLEASE READ AND SIGN:**

I agree to follow all the rules of LVL PWA Camp Outs and the Texas Conference of Clubs. I will hold blameless PWA Holiday Charities, the Texas Conference of Clubs and any members and officials of said corporations or organizations. I will hold blameless any volunteers and members of all organizations for any loss or damages to my person or property. I am 21 years or older. LVL PWA Camp Outs reserves the right to reject any application for any reason it judges proper.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

\* PLEASE MAKE CHECK PAYABLE TO:  
 LVL PWA CAMP OUT  
 WRITE CAMP OUT IN  
 THE MEMO SECTION

FOR MORE INFORMATION      JOHN SZEWCZYK  
 LVL PWA COORDINATOR  
 TEX4EVER@HOTMAIL.COM  
 713-529-6615

MAIL TO:      LVL PWA CAMP OUT  
 3620 LONDON LANE  
 RICHLAND HILLS, TX 76118-5133  
 ROBERT@LVL PWA.COM

# Medical Information

## Your Health and Safety Are a Major Concern

Many of us are aware of how suddenly a medical crisis can arise. Anytime you travel it is a good idea to carry your basic medical information with you in case you need to visit an emergency room. We have volunteers trained with medical and First Aid backgrounds that serve as emergency First Aid responders.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic or Medical Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Allergic to:

Medications: specify: \_\_\_\_\_

Foods: specify: \_\_\_\_\_

Bee, wasp or insect stings/bites: specify: \_\_\_\_\_

Are you taking:  Anticoagulants or anti-platelets such as Plavix, Aspirin

- Do you have:
- Asthma — COPD
  - Diabetes
  - Epilepsy/Seizures
  - High Blood Pressure

Please list any recent significant medical occurrences, treatments or hospitalization:

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Please list the medications you are taking. Include the dosage and amount taken:

Medication	Dosage	Amount & When
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



# LVL PWA CAMPOUTS

## HIV-AIDS Status and Confidentiality

The LVL PWA Campouts are for people living with HIV-AIDS. There is a mix of HIV positive and negative individuals who may be campers, volunteers, partners of or friends of campers who are living with HIV-AIDS.

Many campers are open about their HIV-AIDS status at the LVL PWA Campouts because LVL PWA provides an acceptable environment where there is no discrimination because of their sexual orientation or HIV-AIDS status. This does not mean that they are open about this information back in their communities. Some individuals may wish to, or may need to, keep their sexual orientation and HIV-AIDS status confidential for personal and professional reasons. We need to respect these needs. We must respect each other's privacy back in our respective communities. Be aware of this if you see an LVL PWA camper at a store, in public or at a social gathering. In addition, we have a legal right to privacy about all our medical matters.

## Confidentiality Agreement

As a participant of the LVL PWA Campouts I understand that while attending the event I may learn certain facts about individuals that are confidential. The information may include, but not limited to: HIV status, medical conditions, treatments, finances, living arrangements, sexual orientation, legal matters and personal matters related to character, professional competence, employment and physical or mental health.

I agree not to reveal any information of a personal or confidential nature to anyone not affiliated with the LVL PWA Campouts without specific written consent of the individual to whom such information belongs.

I further agree not to reveal any information of a personal and confidential nature after the campout has ended and I return to my community.

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Print Name

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Date

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Signature

## Volunteer Sign Up Sheet

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Name

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Date

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Email address

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Phone

Please check all that apply:

### Availability

- I can arrive on Thursday
- I will be available Friday through Sunday during the camp out
- I can stay until Monday noon.

### Start Up [Thursday & Friday]

- Mowing grass
- Weed eating
- Help set up registration area
- Raking leaves, hauling them to the fire pit
- Picking up small tree debris, hauling it to the fire pit

### Registration Assistance

- Give land site tours to new campers (be a returning camper)
- Help campers set up tents (be a tent camper, puzzle solver)
- Parking attendant (ability to ask people and direct people to park to maximize parking in the field)
- Traffic attendant (ability to get people to go into tenting area, unload vehicles, and return to parking field prior to setting up their camp so tenting area doesn't become congested)

### Daily [Thursday, Friday, Saturday & Sunday]

#### Kitchen Help

- Wash dishes
- Eating area clean up
- Food prep duties
- Food Server

#### Housekeeping

- Mop bathroom
- Mop Showers
- Trash collection and haul to dumpster

### Shut Down [Sunday & Monday]

- Clean and scrub bathroom
- Clean and scrub showers
- Clean and disinfect kitchen
- Sweep and straighten up pole barn and dressing room
- Clean, dust, collect linen, in the bunkhouse
- Do laundry from the bunkhouse, put in washer/dryer and fold and return to bunkhouse
- Do laundry from the kitchen, put in washer/dryer and fold and return to kitchen
- Final trash run

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Name

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Date

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Email address

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Phone

Please check all that apply

Project Work

- I can use a chainsaw
- I can use a weed eater
- I can work with electricity
- I can work with plumbing
- I am familiar with construction
- I have experience working on trees
- I can operate heavy equipment
- I can help with heavy lifting