



September, 2009

CAMP OUTLOOK – FALL/ WINTER 2009/10

It's that time of year again!! Camp Outlook is now actively seeking potential campers for our Fall/ Winter tripping program. We look to you, as childcare workers, guidance counsellors, schoolteachers, social workers and probation officers for many of our referrals.

We are asking you to forward any referrals for potential campers with whom you are in contact, and whom you believe will benefit from our program. The information on the referral form will help us to schedule the camper appropriately.

In addition to the referral form, we have included camper application packages. These are to be filled out in full by the campers and their parents or guardian and mailed back to Camp Outlook. Please forward these forms to the campers whom you have referred.

Enclosed in this referral package please find the following:

- Information about Camp Outlook (Who we are, our campers, our staff, etc)
- A letter outlining Camp Outlook's policy on camper eligibility
- Referral form for you to complete
- Camper package – for campers and guardians to complete

Thank you very much for taking the time to work with us on helping send campers to Camp Outlook. Without you, this would not be possible. PLEASE feel free to photocopy this material and pass it on to others! Also, if you have any questions do not hesitate to contact us. Let's make sure that 2009/ 2010 is a great camping season!

Thank you again,

Sincerely,

Natasha Koomen and Kate Gapp
Camper Recruitment Co-ordinators 09/10

Important: *This referral package and the camper application form can be downloaded off our website at:*

www.campoutlook.ca

***Please feel free to photocopy the enclosed referral form for youth you feel would benefit from a trip with Camp Outlook**

CAMP OUTLOOK

What is Camp Outlook?

Created in 1970 by a Queen's University Medical student, Camp Outlook is a charitable organization that believes in the benefits of wilderness adventures for youth. Volunteer staff devote their time to youth between 13 and 17 years of age by providing fall and winter trips in the Kingston area, and leading 9 and 15-day canoe trips in Algonquin Park during July and August. The Fall/ Winter trips consist of an overnight at the Queen's Biology Station or Frontenac Park, involving hiking, games, fire-building, and sleeping in our own tarp-shelters! Camp Outlook provides staff and campers with an experiential learning atmosphere that emphasizes communication, cooperation, respect and tolerance – valuable lessons that can be applied throughout one's life.

Who are our campers?

Camp Outlook wishes to provide wilderness camping experiences for youth who could especially benefit from exploring their strengths and skills along with other youth in the outdoors! We are looking for youth who may have difficulty coping with their daily environment, those who are faced with particularly troubled situations, or those who simply could not otherwise afford to go on a wilderness trip. Most campers are referred to us by social agencies such as Big Brothers/Big Sisters, Youth Diversions, Children's Aid Society, high schools and other professionals who work with youth. We believe that Outlook trips help to foster self-confidence in campers by through immersing them in a new, positive environment, and by showing them that they can meet the challenges faced in the wilderness. **Some apprehension about tripping is normal, but it is best not to push adamantly reluctant youths into tripping.**

Who are our staff?

Every year, Camp Outlook employs a dedicated group of enthusiastic volunteers eager and ready to contribute their diverse leadership styles to a successful camp experience. Camp Outlook staff consist mainly of Queen's students, who are trained in first aid and have a genuine passion for outdoor leadership.

Why do we ask campers to be referred?

Camp Outlook staff members have very little opportunity to interact with campers before departing on trip, and thus **rely on you to screen campers whose behavioral problems make them unsuitable for an Outlook trip.** While the isolation and change of environment of an Outlook trip can have a positive effect on the campers, it also means that the campers will be interacting closely in a relatively unstructured setting. Youth who have serious difficulties interacting positively with peers can disrupt the trip to the point where its purpose is defeated and the quality of other the campers' experience is

jeopardized. If you have concerns about a potential camper, please call us before making the referral and also indicate your concerns on the enclosed referral form.

If you have any questions regarding the referral process, or any questions at all about Camp Outlook, please do not hesitate to call the office at **(613) 544-6444** or email at outlook@queensu.ca. We greatly appreciate your cooperation in helping to provide camping opportunities to youth that will greatly benefit from them. *Thank-you for your time and energy.*

COST OF CAMP OUTLOOK

There is no mandatory fee; we do not require parents/guardians/social agencies contribute financially to Camp Outlook. However, we are a completely non-profit organization run by volunteers and we operate on a very limited budget. We run numerous fundraisers throughout the year to raise funds to send kids on trips. Any donations will be greatly appreciated.

Donation information is confidential within the administrative staff and **will not affect the camper's registration or tripping experience.** PLEASE do not hesitate to refer potential campers, regardless of their ability to be financially supported or not. Charitable tax receipts can be issued upon request.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER.



REFERRAL TO CAMP OUTLOOK

Referrers Name: _____

Phone: _____

Email: _____

Organization/ Agency: _____

NAME OF REFERRAL: _____

AGE: _____ **Aprx. Height:** _____

SEX: _____ **Aprx. Weight:** _____

This form should be completed by **the referring agency, organization or school and returned directly to Camp Outlook.** The information provided will be used to schedule campers appropriately, as well to alert us to the needs and potential problems of individual campers. ***This form is not an application,*** and we cannot schedule campers until we receive their application, or have been contacted by them. Please urge them to send in their applications as soon as possible, as well as medical and permission forms, or if possible it would facilitate scheduling if you could arrange to mail us the referral forms and completed applications.

This referral is to be completed with consideration, and maintenance of the limitations illustrated in the letter of camper eligibility Do not hesitate to contact Camp Outlook (613) 544-6444 for additional information about our organization, campers, or trips. We look forwarding to doing our best to accommodate campers old and new.

Why have you referred this young person? (Family problems? Low-income family? Camper lacks social skills? To provide a great outdoor opportunity?):

In what context do you know the camper you are referring?

Please describe the personality and interests of the camper:

Does this camper have any special needs either emotional or medical (e.g. learning disability, ADHD, anger management, etc.):

Referrers Name: _____ **Name of Referral:** _____

REFERRAL FORM CONTINUED

Please outline physical medical problems, if any, that may interfere with the camper's ability to participate in a Camp Outlook trip (e.g. all known allergies, musculoskeletal conditions, asthma, recent injuries etc.):

Does this person have any previous camping experience?

How does this person feel about going on a Camp Outlook trip?*

Enthusiastic? _____ Apprehensive? _____
Reluctant? _____ Other? _____

**Note: It is imperative that the camper chooses to trip with Outlook out of their own desire to do so. In our experience, campers who are opposed to camping with Outlook usually do not benefit from the trip.*

What is the wardship status of this person?

Parent or Guardian _____ Crown _____ Society _____ Other (describe briefly) _____

Any other information you feel relevant and that Camp Outlook should know?

Signed _____ **Dated** _____

- Please find enclosed a donation to Camp Outlook for \$_____.
- Please send me a charitable tax donation receipt

Letter of Eligibility

****VERY IMPORTANT**PLEASE READ CAREFULLY****

~ A Letter to Parents, Guardians, and Others Referring Adolescents ~

The following restrictions are for safety reasons as well as to maximize the benefit and enjoyment of the trip for all participants.

CAMP OUTLOOK reserves the right to evacuate or deny further trips to any camper judged by the Camp Outlook staff to be ill or in poor health, or presenting unacceptable (threatening, negligent, or dangerous) behaviour upon arrival at Camp Outlook, on the way to the Park, or while in the Park, and will be returned home after notification of the parent/guardian as soon as possible.

WE WILL NOT TAKE ANY YOUTH ON A CAMP OUTLOOK TRIP WHO (Without exception):

1. Is not between the **ages of 13 and 17** before their trip. No exceptions will be made to this rule, and no offers to meet children twelve and under for consideration will be accepted.
2. Weighs less than 90 lbs (41 kg), or, if under 5'10" (176 cm), weighs more than 200 lbs (96kg), or any child weighing more than 240 lbs.
3. Has a history of sexually abusive or molesting behaviour toward any other persons, or acting in a sexually aggressive, sexually inappropriate, and/or sexually harassing manner toward other persons, female or male, of any age.
4. Has an explosively violent temper, or a history of violent behaviour involving weapons, or has a history of aggressive behaviour towards those in authority.
5. Is a habitual bed-wetter. Any child who, in the past year, has wet his or her bed more than once in a month, or on consecutive nights, is a habitual bed wetter.
6. Has been hospitalized for asthma in the previous year.
7. Has a severe allergy peanuts or insect stings, such as bee, wasp, or hornet, to the extent that a doctor has prescribed a needle kit to treat for shock if the child is stung.
8. Is an epileptic who has suffered a seizure any time in the last year, or has changed medications within three months of a selected tripping date.
9. Has a history of serious mental health problems and/or psychiatric illness.