



New Participant Retreat - Volunteer Registration Guidelines

To be considered as a Volunteer for a New Participant Retreat you are required to:

1. Be 18 years or older and physically capable of volunteering at a retreat (refer to Health Release Form).
2. Sign-up and participate on an individual basis.
3. Complete Application – fill in all information and sign. Application consists of:
 - Registration Guidelines
 - Registration Form
 - Health Release Form
 - Volunteer Information Form ** Omit this step if you completed the Volunteer Information Form within the past two years.
4. Return the Application with applicable Registration Fee.
5. Agree and understand that Reeling and Healing Midwest may exercise the right and responsibility to deny attendance, restrict participation or request your departure from a retreat at anytime.
6. Review and sign the following Registration & Cancellation Policy:

A completed Application and non-refundable Registration Fee are required to confirm your slot for a retreat. Your application will be reviewed and, if criteria are met and space is available, will be confirmed. Registration fees will be processed at time of attendance confirmation. Confirmation will be made by mail or email. Registration fees are non-refundable for confirmed registrations.

There are three categories of volunteers; Full-time land volunteer, Full-time land/river volunteer, Day-time river volunteer (no overnight accommodations). Roles are assigned based on volunteer's skill set and availability. Ideally, volunteers are competent trout fly fishers and able to participate in land activities. Volunteer openings are limited and filled on a first come/first serve basis. Volunteer is limited to no more than two New Participant Retreats per calendar year.

Please note individuals must meet or surpass the physical restrictions for the specific retreat location.

You are responsible for purchase of a fishing license (if fishing and/or guiding) and transportation to the retreat location. Carpooling is encouraged.

The Cancellation Policy exists due to pre-retreat expenses. Notice of cancellation by a Volunteer must be made in writing and confirmed by Retreat Coordinator. Request for change of date in the same calendar year will be honored, if possible, when received 15-29 days prior to confirmed retreat date. Registrant will be placed on a waiting list for an alternate date if an opening is not available at the time of request. There is no guarantee an alternate date will be available. To cover a portion of expenses incurred, Reeling and Healing Midwest reserves the right to assess a cancellation fee of \$100 for cancellations made 3 days or less prior to the retreat's start date or for failure to attend.

Credit card guarantee required if registering within 14 days of a retreat. Normal credit card processing fees apply.

I have read and understand the registration guidelines above.

| | | | | |
|-----------|--|------|---|---|
| Signature | | Date | / | / |
|-----------|--|------|---|---|



This form must be printed, filled out completely, and returned as described below. Thank You.

2010 New Participant Retreat Registration Form

Contact Information

| | | |
|--------------------|---------|----------|
| Name: | E-Mail: | |
| Street: | | |
| City, State & Zip: | | |
| Hm Ph: | Wk Ph: | Cell Ph: |

Choose Retreat to Attend

| Participant | Volunteer | Retreat Date / Description |
|--|------------------------------------|---|
| | Early/Regular | |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$25/\$30 | July 18-20 – Gates Au Sable Lodge, Grayling MI |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$25/\$30 | July 25-27 – Gates Au Sable Lodge, Grayling MI |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$25/\$30 | August 8-10 – Gates Au Sable Lodge, Grayling MI |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$25/\$30 | August 15-17 – Gates Au Sable Lodge, Grayling MI |
| _____ Which New Participant Retreat date is your first choice? | | |
| <u>Note for Volunteers:</u> Early Registration is available 30 or more days prior to retreat date. Payment due at time of reservation. No more than two New Participant retreats per volunteer, per calendar year, if available. | | |
| <input type="checkbox"/> \$5 | <input type="checkbox"/> \$5 | Processing Fee for Credit Card Payments <u>Only</u> |
| \$ | \$ | Total |

Registration Payment

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or online at www.ReelingandHealingMidwest.org. A \$5.00 processing fee will be added to all credit card payments. Credit card payment and receipt are processed via PayPal. Questions? Phone 616-855-4017.

Paying By Check: Check # _____ (Make payable to Reeling & Healing Midwest)

Pay Using PayPal: Send Payments to info@reelingandhealing.org

Paying By Credit Card: Visa MasterCard AMEX Discover

Credit Card Number: _____ Exp Date: ____ / ____

CVV2 Code (see right): _____

Signature of credit card holder: _____

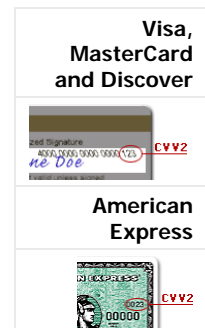
If paying by credit card and the billing address is different than above, please provide:

Name: _____

Street, _____

City, State & Zip: _____

Phone: _____ Email: _____





Volunteer Information & Waiver Form

| Contact Information | |
|----------------------------|--|
| Name | |
| Street Address | |
| City, State & Zip Code | |
| Home Phone/Cell Phone | |
| Work Phone | |
| E-Mail Address | |

| Availability |
|---|
| When are you available for volunteer assignments? |
| |

| Interests | | |
|---|--|--|
| Tell us in which areas you are interested in volunteering | | |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Events | <input type="checkbox"/> River guiding | <input type="checkbox"/> Donation coordination |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Recruiting participants | <input type="checkbox"/> Medical networking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Giving presentations | <input type="checkbox"/> In-kind donation f/u |
| <input type="checkbox"/> Tying Flies | <input type="checkbox"/> Printing | <input type="checkbox"/> Grant writing & f/u |
| <input type="checkbox"/> Retreat coordination | <input type="checkbox"/> Mailing coordination | <input type="checkbox"/> Carpooling participants |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website | <input type="checkbox"/> Other - Describe: |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Database coordination | |

| Special Skills or Qualifications |
|---|
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. What about certifications? CPR, First Aid or other? |
| |

| Previous Volunteer Experience or Cancer Experience |
|---|
| Summarize your previous volunteer and/or cancer experience. |
| |



Reeling & Healing Midwest



Fly Fishing

It is not required, but do you have any previous experience? Please describe:

Do you have your own equipment? YES or NO Will you need to borrow any equipment? YES or NO

If you need waders please list 1) Shoe Size _____ 2) Hip Measurement _____ and 3) Height _____

Other Notations

Do you have any physical restrictions and/or special needs?

Do you have any allergies?

Are you presently taking any medications? If yes, please list:

Birth Date: Month _____ Date: _____

TYPE of Sleeper: LIGHT _____ EARLY RISER _____ HEAVY _____ OTHER _____

What was the date of the last Reeling & Healing Midwest retreat you attended?

Other:

Emergency Contact Information

If we need to contact anyone on your behalf while you are attending the retreat.

Name

Street Address

City, State & Zip Code

Home Phone

Work Phone

Form continued on next page.



Health Release Form – New Participant Retreat

| | | | |
|--|---|---------------------|---|
| Retreat Information | | | |
| Retreat Date | / / | Retreat Location | |
| Attendee Information | | | |
| Full Name | | | |
| Medications | | | |
| Allergies | | | |
| Physical Restrictions and/or Needs | | | |
| Physician Information | | | |
| Dear Physician, | | | |
| The patient named above has applied to attend a ___ One or ___ Two and one-half day retreat as a ___ Participant or ___ Volunteer. The retreat is conducted by Reeling & Healing Midwest, a non-profit organization that provides fly fishing wellness retreats for women recovering from cancer. Attendees are eligible to attend if physically capable to meet the criteria. | | | |
| Please complete, sign and return this form to the address or fax below. If you have any questions, phone 616-855-4017. | | | |
| I acknowledge the named patient is a reasonable candidate to participate/volunteer and meets the criteria checked below. | | | |
| Physician Signature | | Date | / / |
| Print Name & Title | | Phone | |
| Address | | | |
| Physical Requirements and Signature | | | |
| Instruction for Participant or Volunteer: Please check the appropriate box below and initial. | | | |
| <p>___ PARTICIPANT - The retreat includes instruction in fly casting by trained instructors and discussions led by professional facilitators. Participants will need to tolerate at least one hour sitting or standing on level and unlevel ground, on land and in a stream. They must be able to ascend and descend 20 stairs at least three times daily and wade/walk in a stream with stability or assistance. Rest periods are encouraged when needed. The ability to verbally communicate needs is required. Dietary requests will be met if possible, when requests are made in advance.</p> <p>___ VOLUNTEER - A volunteer must tolerate sitting and standing for periods of one to two hours on level and unlevel ground, on dry land and in the stream. They must be capable of ascending and descending 20 steps more than ten times per day and lifting/moving supplies weighing between five to forty pounds. River guides must be able to securely assist and support an individual up to 150 lbs in the river, lift and cast a fly rod and have good verbal and non-verbal communication skills.</p> | | | |
| <input type="checkbox"/> OPT OUT: I acknowledge I am a reasonable candidate to participate as a participant or volunteer at a Reeling & Healing Midwest retreat and have opted to not obtain my physician's authorization. | | | |
| Attendee Signature | | Date | / / |
| Submitting Form | | | |
| One of the following methods may be used to return the completed form: | | | |
| Mail: | Reeling & Healing Midwest c/o Retreat Coordinator (Sero) 1400 N. State Pkwy, #8A, Chicago, IL 60610 | Scan/e-mail: | info@FishOn.org or info@ReelingandHealingMidwest.org |
| | | Fax: | 480-247-4964 |