



**CAMP SMILING F.A.C.E.S**  
(Fishing, Arts-n-Crafts, and Equestrian Skills)

**Volunteer Cover Sheet**

Camp Smiling F.A.C.E.S. is a unique opportunity for children with special needs to experience day camp. Volunteers must be 16 yrs. and older. All volunteers will have the opportunity to earn up to 20 community service hours.

WCCH Camp Smiling F.A.C.E.S. will be held on **June 2-5, 2025**. The camp will be from 8:00 a.m. - 11:00 a.m. **Camp volunteers are needed from 7:00 a.m. – 12 p.m.** to help set up, assist with campers, work in one of the camp activity areas and clean up every day. We are asking volunteers to park behind the barn in the provided space. We also need a copy of volunteer's ID or driver's license.

We will be working in an area with horses. **EVERYONE must wear closed toe shoes (no flip-flops or slip on shoes of any kind); these are for safety purposes.**

Remember, we will be working in the heat, and water will be provided for everyone. You should dress appropriately for the summer weather (No short shorts, no bare midriffs or low cut shirts).

With the help of volunteers and support from our community, we are able to make camp happen for these children. We thank everyone for their help and support; it is greatly appreciated by our staff and campers!

**Volunteer applications and Camp T-shirt order forms are due by April 29, 2025.**

Please return applications ASAP. You can drop them off at WCCH Therapeutic Riding Center, or fax to 337-625-5722.

**You must attend one of the mandatory volunteer training sessions.** You may choose from **Wednesday, May 28 from 5:00 p.m. – 5:30 p.m.** (tentatively) or **Thursday, May 29 from 5:00 p.m. – 5:30 p.m.** (tentatively). An additional training for WCCH employees will take place on Friday, May 30 (11:00 am – 11:30 am). If you will not be able to make it, please let us know. This training is to assure camp running smoothly. **Please make sure you provide a good contact number and email.**

If you have any questions, please feel free to contact us at 337-625-3972.

Thank you,  
WCCH Therapeutic Riding Center  
Campers and Staff



CAMP SMILING F.A.C.E.S  
(Fishing, Arts-n-Crafts, and Equestrian Skills)

## Volunteer Application

Camp Smiling FACES will take place at West Calcasieu Cameron Hospital's Therapeutic Riding Center the week of **June 2-5, 2025** from 8:00 a.m. - 11 a.m. **(All volunteers must be here at 7:00 a.m. – 12 p.m.)**. Fifteen to twenty special needs children from the ages of 4 years old to 12 years old with specific requirements will participate in 4 areas of fun (horseback riding, fishing, arts-n-crafts, and games). On the final day, the campers and volunteers will participate in a skit for their family, an awards ceremony, and celebration. Camp purpose: To provide a positive experience for special needs children in an outdoor environment.

### Personal Information

Name \_\_\_\_\_ Age (16 & Up) \_\_\_\_\_ Sex **F** **M**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Do you have experience with the following?

Horses ☐ YES ☐ NO Special needs children ☐ YES ☐ NO  
Fishing ☐ YES ☐ NO First Aid / Medical ☐ YES ☐ NO  
Crafts ☐ YES ☐ NO Other \_\_\_\_\_  
If yes, specify: \_\_\_\_\_

### Please check those areas you are interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Side walking/mounting in riding area | <input type="checkbox"/> Arts-n-crafts area   |
| <input type="checkbox"/> Transportation of campers            | <input type="checkbox"/> Fishing area         |
| <input type="checkbox"/> Medical personnel                    | <input type="checkbox"/> Group of campers     |
| <input type="checkbox"/> Food / Snack                         | <input type="checkbox"/> Skit / Socialization |
| <input type="checkbox"/> Set up / Clean up                    | <input type="checkbox"/> Others: _____        |

### Please check below the days you would be available to volunteer:

**Camp is Monday - Thursday 7 a.m. – 12 p.m. Volunteers are needed every day all week!!**

☐ Monday, June 2 ☐ Tuesday, June 3 ☐ Wednesday, June 4 ☐ Thursday, June 5

\*Have you ever been convicted of a crime or plead no contest to or are under investigation for an unlawful act of placed on probation for any reason? (Other than minor traffic violations)

☐ YES ☐ NO Explain: \_\_\_\_\_

\*You may be required to perform heavy team lifting and vast amounts of walking. Describe any physical limitations that may require adaptations or modifications of these requirements:

\_\_\_\_\_



**WCCH Therapeutic Riding Center**  
**REGISTRATION AND RELEASE FORM**  
(Volunteers)

**REGISTRATION**

Volunteer Name: \_\_\_\_\_ Date of Birth (16 yrs & Older): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address/Phone (If different from above): \_\_\_\_\_  
School/Institution Presently attending: \_\_\_\_\_  
In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIABILITY RELEASE**

\_\_\_\_\_ (Volunteer's name) would like to participate in the West Calcasieu Cameron Hospital's Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefit to myself/my son/my daughter/my ward is greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against West Calcasieu Cameron Hospital's Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Therapeutic Riding Program.

\_\_\_\_\_  
Date Signature of Volunteer, Parent or Guardian

**PHOTO RELEASE**

I hereby consent to and authorize the use and reproduction by West Calcasieu Cameron Hospital's Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of myself/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

\_\_\_\_\_  
Date Signature of Volunteer, Parent or Guardian



## WCCH Therapeutic Riding Center VOLUNTEER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize West Calcasieu Cameron Hospital to secure and retain medical treatment and transportation if needed.

Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### CONSENT PLAN

This is authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

\_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Date Volunteer, Parent or Guardian

### NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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\_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Date Volunteer, Parent of Guardian

# Volunteer T-Shirt Order Form

Please return volunteer application form, T-Shirt Order form and money for shirts together.  
Volunteers will be given one t-shirt at no cost for camp. We ask that volunteers wear the shirt every day for camp, so if you want to order additional shirts, you may.

## T-Shirt Orders Due 04/29/2025

Volunteer's Name: \_\_\_\_\_

Please indicate the size of shirt you would like for yourself.

### YOUTH SIZES

Small (8) \_\_\_\_\_ Medium (10-12) \_\_\_\_\_ Large (14-16) \_\_\_\_\_

### ADULT SIZES

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

### ADULT LARGER SIZES

2XL \_\_\_\_\_ 3XL \_\_\_\_\_

## Extra Camp Smiling F.A.C.E.S. T-Shirt:

If you would like any extra T-Shirts for you or your family, please indicate how many and the sizes you would like.

### YOUTH SIZES \$15.00

Small (8) \_\_\_\_\_ Medium (10-12) \_\_\_\_\_ Large (14-16) \_\_\_\_\_  
(Please indicate number of each size)                      =(Total) \$ \_\_\_\_\_

### ADULT SIZES \$17.00

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_  
(Please indicate number of each size)                      =(Total) \$ \_\_\_\_\_

### ADULT LARGER SIZES \$20.00

2XL \_\_\_\_\_ 3XL \_\_\_\_\_  
(Please indicate number of each size)                      =(Total) \$ \_\_\_\_\_

(Cash, Check, or Money Order -- Payable to WCCH in Memo - Camp T-Shirt)

Mail Checks to:

### WCCH

Attn: Camp Smiling F.A.C.E.S.

886 Landry Lane

Sulphur, LA 70663

Ph: (337) 625-3972

Fax: (337) 625-5722

Total Enclosed \$ \_\_\_\_\_