

PLEASE READ!

Hi Everyone,

Nordonia's Winter Retreat is back! The retreat is February 25th- 27th, 2022 at Hiram House Camp in Chagrin Falls, Ohio www.hiramhousecamp.org We're so EXCITED!

We need adults to staff as family group facilitators and workshop presenters.

The workshop schedule will have one session of ATOD workshops and one session of non-ATOD workshops. This way the participants will all attend one session of each. I may ask you to present an ATOD workshop twice, so please mark the form if you are willing to present twice. This is also an opportunity for you to present 2 different workshops!

Along with being a positive role model and the roles mentioned above you will have some additional duties which will be explained **during our staff meeting which you will be contacted via email for the day and time.**

As always please **don't** friend any of the youth staff and youth participants on Facebook, Twitter, Instagram or any other Social Media sites or through text. We ask that you communicate with the youth staff only through email.

If you plan on bringing youth and/or adult participants, I will need the **total registration fee paid by Tuesday, January 25, 2020.** So all payments to our vendors are paid out of our Y2Y account and our vendors are expected to be paid on time. So please understand the importance of receiving the fee prior to the retreat.

As Adult staff there isn't a registration fee for you but I will need your registration and workshop forms by **Friday, January 7, 2022. You're able to find all the Winter Retreat forms on our website at www.nordoniay2y.com under the Annual Retreat tab.**

I need all registration forms by said deadline for logistical reasons, such as tee shirt sizes, family groups, housing assignments and food (the sooner the better)! **Yes, I need forms from everyone and no I don't keep them from the year before. Sorry. ☹️**

Also, everyone needs to fill out the **Nordonia consent/health form.** Adults, if you're bringing students with you, it would be advised for you to also have your **own agency or school's permission health consent form.** **Please do not copy this packet 2 sided OR THE PACKET YOU GIVE TO YOUR MEMBERS because we need to be able to file the registration, consent and health forms individually.**

We're looking forward to seeing all of you and your students.

If you have any questions please feel free to call or email Regina. Here's her info:
Work- 330-908-6124 - 7:30am-2:30pm, Cell- 330-607-3117.
Email: regina.christy@nordoniaschools.org

We can't wait to see you all!
Regina, Zach and Brandon

Nordonia Y2Y Winter Retreat 2022 ADULT STAFF Registration Packet

What: Y2Y Training Retreat

When: Friday, February 25, 2022 (registration) 6:00 pm - 6:30pm
Sunday, February 27, 2022 (departure) 12:30pm

Where: Hiram House Camp
33775 Hiram Trail
Chagrin Falls, Ohio 44022
216-831-5045

**Please mail to: Regina Christy
8006 South Bedford Rd.
Macedonia, OH 44056**

***If you have questions please call Regina Christy at:
330-908-6124 7:30am- 3:00pm.***

**Applications and Workshop Proposals
Are due: *Friday, January 7, 2022***

**You can email me at
regina.christy@nordoniaschools.org**



**Nordonia Y2Y Winter Retreat 2022
ADULT STAFF Registration**

Name _____

Address _____

City/State/Zip _____

(Work) _____ (Cell) _____

Email address _____

County/High School _____

Occupation _____

T-shirt size: S M L XL XXL XXXL

Vegetarian Meal: YES NO

Other Dietary restrictions _____

_____ Male _____ Female

Experience working with High School Students:

Y2Y/Drug-Free Program Experience:

Please indicate which of the following roles you like to be responsible:

Family Group Facilitator: YES NO
Please list experience facilitating small groups.
Workshop Presenter: YES NO

Topic _____

If yes, please give an outline on a separate sheet of paper.

A-Team	YES	NO
Security/ Cabin Monitor	YES	NO
First Aid/Nurse	YES	NO
Care Team (Only licensed social workers/counselors)	YES	NO

To qualify to be on Adult Staff

1. Be 21 years of age
2. Have a genuine interest in supporting teens in their prevention project efforts
3. Have no personal alcohol, tobacco or drug problem (if in recovery, have been for at least one year). **I am not drinking to a drunken state.**
4. Are willing to make the commitment for the entire weekend

I HEREBY RELEASE AND HOLD HARMLESS HIRAM HOUSE, NORDONIA YOUTH TO YOUTH (Y2Y), NORDONIA HIGH SCHOOL AND THE Y2Y STAFF FROM ANY AND ALL LIABILITY I HEREBY RELEASE AND HOLD HARMLESS HIRAM HOUSE CAMP, NORDONIA YOUTH TO YOUTH FROM ANY LOSSES, CLAIMS, EXPENSES, ACTIONS, CAUSES OF ACTION, COST DAMAGES AND OBLIGATIONS (FINANCIALLY OR OTHERWISE) ARISING FROM ANY AND ALL ACTS AND UNFORESEEN CONTINGENCIES THAT RESULT IN INJURY OR DAMAGE TO PROPERTY WHILE PARTICIPATING IN THIS EVENT. I FURTHER UNDERSTAND THAT NORDONIA YOUTH TO YOUTH WILL NOT BE HELD RESPONSIBLE FOR MY NEGLIGENCE INCLUDING, BUT NOT LIMITED TO, HORSEPLAY, FROLICKING AND/OR NONCOMPLIANCE.

SIGNATURE OF STAFF MEMBER

DATE

Photo/Video Release

I understand that pictures and or videos of me may be taken at Y2Y meetings, events, winter retreat and hereby agree and consent to the use of these pictures/videos by Nordonia Youth to Youth for promotional or any other purpose.

Signed _____

Date _____

Nordonia Y2Y Adult Staff/A-team Volunteer Code of Conduct

Youth are at the center of everything Nordonia Y2YI strives to accomplish. Their safety and security, as well as your safety and security as an adult volunteer, is our top priority. To ensure the safety and security of both the youth in this program as well as myself I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my providing services to the youth in Nordonia Y2Y and the youth at the Nordonia Y2Y Winter Retreat.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with youth. *It is expected that at any given time there will be no less than two adults and two youth together.*
- Use positive reinforcement rather than criticism, competition, or comparison when working with youth.
- Refuse to accept expensive gifts from youth or their parents, without prior written approval from the parents or guardian and program coordinators.
- Refrain from giving expensive gifts to youth without prior written approval from the parents or guardian and program coordinators.
- Practice good boundary setting and maintain appropriate boundaries with youth during and outside of Nordonia Y2Y and the Winter Retreat also programming and events.
- Report suspected abuse, self-harm, or harm of others to the program coordinator, administrator, or appropriate supervisor and assist in reporting to appropriate local authority.
- Cooperate fully in any investigation of abuse, self-harm, or harm of others.
- Notify a program coordinator if I feel uncomfortable with a situation involving a youth or a youth is not respecting boundaries I have created.

As a volunteer, I will not:

- Be currently using tobacco products, illicit drugs, or consuming alcohol to a drunk or intoxicated state. *If in recovery, volunteers must be one year into their recovery.*
- Pose any health risk to youth.
- Strike, spank, shake, or slap any youth.
- Humiliate, ridicule, threaten, or degrade any youth.
- Touch a youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates youth.
- Use profanity in the presence of youth.
- Make youth feel uncomfortable or scared.
- Communicate or have personal relationships with youth outside of Nordonia Y2Y or the Nordonia Y2Y Winter Retreat, programming and events.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Nordonia Y2Y Adult Volunteer/A-team Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

I understand that this Nordonia Y2Y Adult/A-team Volunteer Code of Conduct coincides with the Nordonia Hills School District Code of Ethics and one does not supersede the other, I am responsible for knowing and acting with regard to both documents.

Volunteer Printed Name

Volunteer Signature

Date

SCHOOL VOLUNTEERS

The Board of Education recognizes the need to develop a volunteer program to support District instructional programs and extracurricular activities. The purpose of the volunteer program will be to:

1. assist employees in providing more individualization and enrichment of instruction;
2. build an understanding of school programs among interested citizens, thus stimulating widespread involvement in a total education process; and
3. strengthen school/community relations through positive participation.

A volunteer is a person who works on an occasional or regular basis at school sites or other educational facilities to support the efforts of professional personnel. Such an adult volunteer worker will serve in that capacity without compensation or employee benefits of any type, except for liability protection as provided by state law.

Use of volunteers within the District is not to conflict with or replace any regularly authorized personnel allotment.

Volunteers will work with students under the immediate supervision and direction of a school employee.

Volunteers are expected to comply with state and federal laws, as well as all rules and regulations set forth by the District.

Volunteers will be insured for industrial injury/illness and liability under the District insurance program.

VOLUNTEERS

The Board recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the classified staff responsible for the conduct of those programs and activities.

The Superintendent shall be responsible for recruiting community volunteers, reviewing their capabilities, and making appropriate placements. She/he shall not be obligated to make use of volunteers whose abilities are not in accord with District needs.

The Superintendent is to inform each volunteer that she/he:

- a. is required to abide by all state and federal laws, as well as board policies and District guidelines while on duty as a volunteer;
- b. will be covered under the District's liability policy, but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation;
- c. may be required, at any time, to provide a set of the volunteer's fingerprints for the purpose of conducting a criminal records check;
- d. will be asked to sign a form releasing the District of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.

The Superintendent shall also ensure that each volunteer is properly informed of the District's appreciation for his/her time and efforts in assisting in the operation of the schools.

VOLUNTEER RELEASE FORM

I have, _____, offered my services as a volunteer to help the
(Print Volunteer's Name)

Nordonia Hills City School District in the following areas: Nordonia Y2Y Winter Retreat

I agree to abide by all relevant state and federal laws, including, but not limited to O.R.C. §3319.321 and the Family Educational Rights and Privacy Act ("FERPA"), 20 USC 81232g, as well as Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, I have been informed that I may be required at any time to provide a set of fingerprints and successfully pass a BCII criminal records check.

I agree to respect the privacy interests of District students and their families. To that end, I agree not to create student educational records, or otherwise record the educational activities undertaken during the school day, without the prior approval of the District employee serving as my immediate supervisor. I further agree not to disclose student educational records, or discuss or otherwise reveal personally identifiable information about a student, without the prior authorization of the District employee serving as my immediate supervisor.

If, in the judgment of the District Superintendent, I have failed to abide by the terms set forth in this Volunteer Release Form, I understand that I will be immediately relieved from my status as a volunteer and will be precluded from serving as a District volunteer in the future.

Volunteer's Signature _____

District Witness _____

Date _____

**NORDONIA HIGH SCHOOL YOUTH TO YOUTH
CONSENT, MEDICAL, LIABILITY AND INSURANCE FORM**

Name _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable authorize the provision of emergency treatment if you become ill or injured while attending the retreat.

GRANT CONSENT

I hereby grant consent for the following medical care providers and local hospital to be called:

DOCTOR/PHONE _____ **LOCAL HOSPITAL/EMERGENCY/PHONE** _____

DENTIST/PHONE _____ **MEDICAL SPECIALIST/PHONE** _____

I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning my medical history, including medical concerns and or allergies to which physicians should be alerted:

Signature

Date

Emergency Contact's Name _____

Phone _____

Cell Phone _____

HEALTH INSURANCE CO. _____

MEMBER NUMBER _____

GROUP INS. NUMBER _____

DATE OF LAST TENANUS _____

CURRENT PRESCRIPTIONS AND OTC MEDICATIONS: _____

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

IN THE EVENT THAT I EXPERIENCE A MINOR MEDICAL CONDITION, SUCH AS HEADACHE, STOMACH ACHE, MENSTRUAL CRAMPS, OR OTHER COMPLAINTS THAT WOULD NOT REQUIRE MEDICAL ATTENTION, I GIVE MY PERMISSION TO BE GIVEN THE FOLLOWING.

PLEASE PUT INITIALS IN THE SPACE PROVIDED

____ ASPIRIN ____ TYLENOL ____ IBUPROFEN ____ BENADRYL ____ MAALOX ____ OTHER (PLEASE SPECIFY)

MEDICAL

A nurse/EMT will be made available for routine first aid, if needed. Medical care is not available at the retreat. In the unlikely event of a major emergency, an emergency squad will be contacted and/or the participant will be transported to a nearby hospital. Parents or guardians will be notified immediately in the event of illness or an emergency. At registration, please inform the nurse if you are taking medication or have a medical problem. Routine non-controlled prescriptions for a controlled substance will be kept locked in the nurses' station and the teen may obtain medicine for self-administration when needed from the nurse. If you have any questions regarding your child's eligibility due to physical limitations or medical problems, please contact us at least 2 weeks prior to your arrival. The nurse will remain in the administrative office for the first half hour of every meal and at night before dorm check in to be seen for medications.

Hiram House Guidelines for 2021 Overnight Retreats

Below are suggested guidelines for implementation of an overnight retreat or school group to help reduce the spread of Covid-19 at camp. The following information has been gathered from the American Camp Association as well as the CDC. We hope this helps in your planning process.

Participant Drop Off/Pick Up

- When you arrive at camp, everyone should have their temperatures taken and screened for Covid-19 symptoms.
- If parents are dropping off, we ask that they park in the main parking lot and only one member of the family comes to the check in table.
- Please have all other family members stay in your cars until directed by staff.
- Masks are required at all times.
- If anyone has a temperature of 100 or higher they should be asked to return home. Once the fever has been controlled for over 24 hours without medication, the individual is able to return to camp, unless there are additional symptoms.
- If possible, people aged 60+ or those with serious underlying medical conditions should not drop off/pick up children, because they are more at risk for severe illness from COVID-19.

Office Visits

- The camp office is open while your group is here Mon-Fri 8:30am-4:30pm.
- Masks are required inside the office.

Face Masks

- Face Masks should be required at all times except eating and sleeping.

Daily Activities

- Activities should be spaced out as much as possible.
- Plan on small group sizes for break out groups if possible.
- If Hiram House is teaching any classes, we ask that groups be broken out into small groups to accommodate for social distancing.
- Have hand sanitizer available and disinfecting wipes at all your activities and try and locate these activities near restrooms if possible to allow for hand washing as needed.

Living Quarters

- Participants should sleep in every other bunk so to keep a 6 foot distance at bedtime.
- Cabin access should be limited to only individuals who reside in that cabin.
- Avoid sharing common items (cups, bedding, etc.) as well as the sharing of individuals' items with cabin mates.
- Personal belongings should be limited to essential items plus a limited number of non-essential items.
- Participants should keep personal belongings organized and separate from other's belongings.

Meals

- We suggest meals be served either grab n' go or family style and have one person serve meals at each table.
- ACA suggests avoiding buffet style, salad bars, self-service, table, counter food service, and other configurations that require diners to use shared utensils.
- Make sure everyone has washed their hands before eating.
- Encourage diners to maintain physical distancing between themselves and others while eating. Space out tables and chairs and utilize the dining room as much as possible.
- Please designate one person to go up to the serving window for seconds on food. Make sure you wear a mask when walking to the kitchen.
- Wash hands after your meals.
- Do not attend meals if you are sick or experiencing flu-like symptoms. Meals will be provided to you separately.

If your Participant is Sick or has Covid-19

- If someone arrives at camp with a fever of 100 degrees or higher they should be asked to return home.
- Once the fever has been controlled for over 24 hours without medication, they can return to camp, unless there are additional symptoms.
- If someone has been diagnosed with Covid-19, we ask that they stay home and follow all CDC and doctor guidelines about when to return to activities.
- If you have had CLOSE CONTACT with someone infected with Covid-19, we ask that they stay home and quarantine for at least 14 days.
- If someone becomes ill while at camp, your group should inform all families that there has been a positive case at camp.

If you have been Vaccinated

- Per the CDC: If you are vaccinated against COVID-19, you may still be exposed to the virus that causes COVID-19. After exposure, people can be infected with or “carry” the virus that causes COVID-19 but not feel sick or have any symptoms. Experts call this “asymptomatic infection.” For this reason, even after vaccination, we need to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions.
- Masks and social distancing are still recommended.
- If you have been fully vaccinated you do not necessarily have to quarantine following an exposure as long as you meet the following criteria: 1. You are fully vaccinated, with at least 2 weeks since your final dose. 2. Are within 3 months of receiving your final dose. 3. Have remained asymptomatic since the exposure.

Cleaning and Disinfecting (Our Commitment To You)

- Hiram House will be following all CDC and American Camp Association guidelines for cleaning and disinfection.
- Daily camp activities such as archery, canoeing, etc. will be cleaned after each group.
- Bathrooms in the main dining hall will be cleaned during the week.
- High touch surfaces will be cleaned multiple times throughout the day.
- All Camp Staff will be trained on cleaning and disinfection as well as a general Covid-19 guidelines.

Workshop Proposal

Name _____

Address _____

Email _____ Phone _____

Workshop Title _____

Workshop Description: Please briefly describe your workshop. Such as the goals of the workshop and what knowledge the participants will gain. If it is a girl or boy only workshop please note. Please feel free to use a separate piece of paper.

I am willing to present _____once _____twice

Equipment:

Easel/Flip chart _____

LCD Projector and Screen _____

**Please note the camp doesn't have the strongest wi-fi connection.*

Keep This Sheet

Directions to Hiram House Camp
33775 Hiram Trail
Chagrin Falls, Ohio 44022
(216) 831-5045

**Regina Christy cell phone will be on all weekend for emergency calls
330-607-3117

From me-480 take I-271 North to Harvard Road Exit

From Nordonia take I-271 North to Harvard Road Exit

From Columbus and points south take I-71 North to I-271 North
to Harvard Road Exit

Turn East onto Harvard Road (Harvard Road will become Hiram Trail) and continue 3 miles, Hiram House Camp is on the left-hand side of the street.

Keep this Sheet

Please note: You **may only have bottled water** in the sleeping cabins and **ABSOLUTELY NO snacks, candy, food or beverages** in the sleeping cabins!

This is Hiram House Camp and Cuyahoga County's rule!!!!

You must obey this rule!

Winter Camping List

Mask

Boots (if you do not own boots bring an extra pair of shoes or line shoes with plastic bags)

Pants

Sweatshirts

Shirts

Sweat pants

Socks 6 – 8 pairs (warm)

Long johns

Warm coat

Underwear

Hat

Gloves

Scarf

Shoe/Slippers (**you must bring slippers or dry shoes to wear in the sleeping cabin!**)

Shower Shoes (i.e. flip flops to wear in the shower)

Toilettes (i.e. toothpaste, toothbrush, deodorant)

Washcloth and small towel

Sleeping bag

Pillow

Flashlight

Games/Playing cards

Medications if needed (you must check them in with the EMT and/or Regina Christy).

If you have questions please call Regina Christy at 330-908-6124 (work) 7:30am-2:30pm.

**Regina Christy cell phone will be on all weekend for emergency calls

330-607-3117

Y2Y Winter Retreat Schedule

Friday

6:00 - 6:30 p.m. Staff arrival & Check- In
6:45 - 7:30 p.m. Participants Check-in
7:35 - 8:00p.m. General Session **Sweeps**
8:00 - 9:00 p.m. Speaker
9:00-10:00 p.m. Teambuilding **Snack Set-up**
10:10 - 11:15 p.m. Family Groups /Snack
(Logistics Update List for Res. Life)
11:15 - Cabin time & Res. Life Meeting
11:30 p.m. **Youth staff meeting**
12:30 a.m. Lights out

Saturday

7:30 a.m. Rise and shine
8:00 a.m. MS/LE Arrival
8:15 - 8:55 a.m. Breakfast **Sweeps**
8:55 - 9:05 a.m. **General Session Set-up**
9:05 - 9:15 a.m. General Session
9:15 - 10:15 a.m. Workshops
10:20 - 11:20 a.m. Family Group
11:25a.m. - 12:25 p.m. Large Group Presentation
12:20 a.m. - 12:30 p.m. **Set up for lunch**
12:30 - 1:15 p.m. Lunch **Sweeps**
1:15 - 1:25 p.m. **Community Building Set-up**
1:25 - 2:30 p.m. Community Building
2:35 - 3:55 p.m. Family Group & Skit time
4:00 - 5:00 p.m. Workshops
5:00 - 5:30 p.m. Free time **Dinner Set-up**
5:30 - 6:15 p.m. Dinner
**6:20 - 6:35 p.m. General Session &
Speaker Set-up Sweeps**
6:35 - 7:35 p.m. General Session & Speaker
7:40 - 8:40 p.m. Family group
8:45 - 10:00 p.m. Skits
10:00 - 11:45 p.m. The Dance **Sweeps**
11:30 p.m. MS/LE Departure
11:45 p.m. Cabin time
12:45 a.m. Lights out
12:30 a.m. **Youth staff meeting**

Sunday

7:30 a.m. Rise and Shine
8:15 - 8:30 a.m. **Breakfast Set-up**
7:45 - 8:30 a.m. Spiritual Sharing
8:30 - 9:15 a.m. Breakfast **Sweeps**
9:15 - 10:00 a.m. Clean-up time/packing
General Session Set-up
10:05 - 11:05 a.m. Family Groups Everyone
11:10 - 12:15 p.m. General Session and Closing
12:30 p.m. Good-bye
1:30 - 1:45 p.m. Youth Staff departure