2026

Dear Counselor:

Enclosed is your application packet. **Please fill it out completely and return it before May 15, 2026**. I'm very excited that you will be attending Camp Roehr 2026 the week of June 6th – 12th, 2026 as a counselor.

After processing your application, you will be receiving a final packet with directions, a list of needed items to bring, arrival/departure time schedule, and camp site information.

If you have any questions, please feel free to call me at (618) 236-2181.

Sincerely,

Camp Director
Epilepsy Foundation of Greater Southern Illinois

Brief Overview

Camp Roehr Mission: To provide a safe, enjoyable, residential camping experience for children with a primary diagnosis of epilepsy, to build self-esteem by promoting self-confidence, competency and social interaction, and to foster independence in a safe environment away from home.

Camp Roehr is a 7 day/6 night residential summer camp for children with epilepsy ages 6 through 17 held at the YMCA Trout Lodge and Camp Lakewood in Potosi, MO. Often children with epilepsy are denied the privilege of attending summer camp because of their epilepsy, but that is not the case at Camp Roehr. Camp is a place where children are able to try new things in an environment that is safe, encouraging, and supportive.

Eligibility and Criteria

Eligibility for selection to attend Camp Roehr is dependent upon completion of all forms, releases, and applications in this packet. All applications are reviewed and counselors are selected by the Camper Selection Committee. Counselors will be notified by either phone or mail of the selection committee's decision no later than May 22nd, 2026.

Should any information completed in this application be found to be falsified previous to and/or during the week of camp, the Epilepsy Foundation of Greater Southern Illinois reserves the right to deny acceptance and/or send the counselor home. (For example, but not limited to: excessive physical limitations, required care that does not reflect our staff ratio, behavior disturbances, etc.)

Application, Deadlines, Submission Information

To apply to participate in Camp Roehr, the volunteer or parent/legal guardian (if under 18 years of age) must complete, sign, and return the Application Packet.

Counselor Application – **All forms below must be signed and returned by May 15, 2026.**

- Part A – Counselor Information Form
- Part B – Emergency Information Form
- Part C – Medical History Form
- Part D – Camp Roehr Consent Forms
  - Background Check
  - Conviction Information Request
- Part E – Camp Roehr Reference Form
- Part F – Counselor Dismissal Policy Form

Original signatures required; applications will **ONLY** be accepted by mail or drop off:

Epilepsy Foundation of Greater Southern Illinois
Attn: Camp Director
3515 North Belt West
Belleville, IL 62226

For questions, concerns, or if you require assistance with the application, contact us by phone (618) 236-2181 or toll free (866) 848-0472.

The Epilepsy Foundation of Greater Southern Illinois provides equal opportunity to qualified persons without regard to race, color, creed, sex, or national origin.

PART A – COUNSELOR INFORMATION

Name: _____
Last First Middle Initial

Position Applied For: _Camp Roehr Volunteer_____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Are you legally entitled to work in the United States? _____

Have you ever been convicted of a crime or been substantiated for abuse or neglect? _____

If Yes, please explain: _____

_____

_____

T-Shirt Size: Youth ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L ☐XL ☐XXL

PART B – EMERGENCY INFORMATION

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Relation to Counselor: _____	Relation to Counselor: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

Physicians

Primary Care	Secondary Care
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Health Insurance

NOTE: Please provide a copy of your insurance card!

Do you have health Insurance? ☐ Yes ☐ No Carrier: _____

Policy Number: _____ Group Number: _____

Policyholder Name: _____ Relation to Counselor: _____

Signature _____ Date _____

PART C – MEDICAL HISTORY

Counselor Name: _____

Allergies

List allergies below, if no allergies or reactions write "None"

Medication Allergies	Foods/Plants/Pollens/Insections

Seizure Summary (If Applicable)

Age diagnosed with epilepsy: _____ Date of Last Seizure: _____

Seizure Type(s) *(Please check all that apply)*

☐ Absence Seizures (Petit Mal) ☐ Atypical Absence ☐ Atonic (Drop Attack) ☐ Simple Partial

☐ Tonic-Clonic (Grand Mal) ☐ Complex Partial (Temporal) ☐ Secondary Generalized

☐ Non-epileptic ☐ Other: _____

How many seizures do you have per month: _____ How long do they last: _____

Description of your typical seizure:

Describe in detail what do your seizures look like: _____

_____

_____

Describe your recovery period after a seizure (i.e. sleepy, confused): _____

_____

Do you have loss of bowel or bladder control during a seizure? ☐ Yes ☐ No

Do you usually get a special warning (aura) before a seizure? ☐ Yes ☐ No If yes, please describe:

_____

Have you had epilepticus or a seizure that lasts longer than 15 minutes? ☐ Yes ☐ No

How Often? _____ Date of last episode: _____

What action did you take? _____

List any identifiable seizure triggers or avoidances: _____

_____

_____

PART D – CAMP ROEHR CONSENTS

Please read and initial to confirm that you have read each section.

Name of Counselor (Print): _____

CAMP AGREEMENT. I understand that I have committed myself to volunteer at Camp Roehr from June 6th – 12th, 2026. **I also understand and agree that I will attend the camp training session on June 6, 2026 at YMCA Trout Lodge. This training is required to attend the camp as a volunteer.** _____ (*Initial*)

POLICY OF ABUSE. Consumers of Epilepsy Foundation of Greater Southern Illinois are to be treated with dignity and respect at all times and under any circumstances. Mistreatment in the form of verbal, mental or physical abuse of any nature will not be tolerated. Any employee/volunteer found guilty of abusing a client in any manner is subject to immediate discharge. Local authorities will be notified immediately, and criminal charges may be filed against any employee/volunteer guilty of such charges. Anyone found guilty of such criminal charges is subject to a fine up to $5,000 and up to three years imprisonment. I hereby state that I have read and do understand the above statement. _____ (*Initial*)

PARTICIPATON CONSENT. **My signature below gives my consent to participate in camp activities at Camp Roehr**. I understand and certify that I may participate in Camp Roehr and its activities at YMCA Trout Lodge and Camp Lakewood, and that my participation is completely voluntary. I have familiarized myself with the programs and activities at Camp Roehr in which I will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, canoeing and team sports such as soccer. I acknowledge that although the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and YMCA Trout Lodge and Camp Lakewood have taken safety measures to minimize the risk of injury to camp participants, EFGSI and YMCA Trout Lodge and Camp Lakewood cannot ensure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents, or injuries. I understand that under Missouri Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities. I recognize the importance of knowing and abiding by the rules, regulations and procedures for Camp Roehr. _____ (*Initial*)

PERMISSION FOR TREATMENT AND TRANSPORT. **My signature below gives my consent to be treated and transported**. The medical history described in the Camp Roehr Counselor Information and Medical History Form is correct to the best of my knowledge. In the event of an accident or injury involving myself, I authorize the Camp Roehr and/or YMCA Trout Lodge and Camp Lakewood directors, counselors, program staff, medical staff, volunteers or other executors to obtain medical treatment for me and to transport if needed. I give permission to the physician selected by EFGSI to order x-rays, routine tests, and treatments; and, in the event of any perceived emergency. I give permission to the physician selected by EFGSI to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me named above. I understand that payment of any medical expenses incurred will be my responsibility.
_____ (*Initial*)

LIABILITY RELEASE. **My signature below releases the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and/or the YMCA Trout Lodge and Camp Lakewood from any and all liabilities**. I, the undersigned, understand that occasionally accidents occur during camp activities, and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risks of camp activities, I nevertheless agree to assume those risks. By signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators, and anyone claiming by, through or under any of them. I HEREBY RELEASE AND FOREVER DISCHARGE THE EPILEPSY FOUNDATION OF GREATER SOUTHERN ILLINOIS AND YMCA TROUT LODGE AND CAMP LAKEWOOD, AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (THE "RELEASED PARTIES") FROM ALL CLAIMS, CAUSES OF ACTION OR DAMAGES ARISING OUT OF ANY INJURY, ILLNESS, OR LOSS OF ANY KIND, THAT MAY BE SUSTAINED BY THE COUNSELOR AT CAMP ROEHR AT YMCA TROUT LODGE AND CAMP LAKEWOOD, WITHOUT REGARD TO THE CAUSE OR CAUSES OF SUCH INJURY, ILLNESS, OR LOSS. EVEN IF SUCH CLAIMS, CAUSES OR ACTION, OR DAMAGES ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASED PARTIES. _____ (*Initial*)

MEDIA RELEASE. I hereby give the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and YMCA Trout Lodge and Camp Lakewood the right to interview and/or take photographs, audio, or audio-visual recordings, which may be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets, brochures, and their websites. The EFGSI and YMCA Trout Lodge and Camp Lakewood shall have the right to use photographs or other images of me in promotional, educational, or fundraising materials. I hereby release the EFGSI and YMCA Trout Lodge and Camp Lakewood from any and all claims arising out of such photography, reproduction, publication of exhibition as is authorized by EFGSI and/or YMCA Trout Lodge and Camp Lakewood. Media release is required to attend Camp Roehr. _____ (*Initial*)

The undersigned acknowledges and agrees to the rules and responsibilities set forth therein.

_____	_____	_____
Printed Name	Signature	Date

PART E – CAMP ROEHR REFERENCE

Instructions: complete top portion.

_____ _____
Name Date

_____ _____
Address Applicant Name

_____ _____
City, State, Zip Code Phone Number

I hereby authorize the above named reference to answer any related questions posed by the Epilepsy Foundation of Greater Southern Illinois.

_____
Applicant Signature

---------- OFFICE USE ONLY ----------

How do you know this person? _____

How many years have you known this person? _____

Would you describe this person as:

Trustworthy	Yes _____	No _____
Dependable	Yes _____	No _____
Kind	Yes _____	No _____
Energetic	Yes _____	No _____
Creative	Yes _____	No _____
Helpful	Yes _____	No _____
Team Oriented	Yes _____	No _____
Friendly	Yes _____	No _____
Courteous	Yes _____	No _____
Cheerful	Yes _____	No _____
Clean	Yes _____	No _____

Would you recommend this person for a volunteer position at Camp Roehr? Yes _____ No _____

Why or why not? _____

_____

_____ _____
Interviewer Signature Date

PART F – COUSELOR DISMISSAL POLICY

Camp Counselors and Volunteers will be terminated from Camp Roehr for any of the following reasons:

1. WILLFULLY INJURING STAFF, VOLUNTEERS OR CAMPERS
2. THREATENING STAFF, VOLUNTEERS, OR CAMPERS
3. NEGLIGENT HARM OR DAMAGE TO STAFF, VOLUNTEERS OR CAMPERS OR THEIR PROPERTY
4. USAGE OF ALCOHOL OR ANY ILLEGAL SUBSTANCE DURING CAMP ROEHR
5. ANY BEHAVIOR DEEMED GROSSLY INAPPROPRIATE FOR CAMP ROEHR.

ALL MEDICATIONS ARE TO BE CHECKED IN ORIGINAL PILL BOTTLES IN LARGE ZIP LOCK BAGS LABELED WITH COMPLETE NAMES AND HELD BY THE CAMP NURSE TO PROTECT THE SAFETY OF ALL INVOLVED.

Campers are to be treated with total dignity and respect at all times!!!

The Epilepsy Foundation of Greater Southern Illinois has a zero tolerance policy for physical or psychological abuse against persons with disabilities. Should abuse occur, immediate action will be taken and authorities notified.

I _____ have never been convicted of a major crime or felony with the exception of traffic violations in which harm was caused to another individual. Furthermore, I have read the above information and will abide by the regulations set forth by the Epilepsy Foundation of Greater Southern Illinois.

_____	_____	_____
Counselor Printed Name	Signature	Date
_____	_____	_____
Witness Printed Name	Signature	Date

CFS 689
Rev 7/2012

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: ____ -- ____ -- ____ Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

_____
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.
OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

_____ _____
Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

618-236-3654 (Submitting Agency Fax Number)
garym@epilepsygsil.org (Submitting Email Address)

Epilepsy Foundation of Greater Southern Illinois (Agency Name)
Gary Miller (Contact Person)
3515 North Belt West (Address)
Belleville, IL 62226 (City/State/Zip)

Print Form