June 2022

Dear NCCJ ANYTOWN Counselors, Senior Counselors, Advisors, and Medical Volunteers:

Congratulations and welcome! I am excited to have you join the 2022 NCCJ ANYTOWN team! You have been selected from a large pool of very qualified applicants. I am eager for you to be a part of the wonderful NCCJ ANYTOWN community that all of us will build in the coming year.

I also want to thank you for dedicating your time and energy to NCCJ ANYTOWN. I understand that you may have set aside other obligations to volunteer your time for NCCJ ANYTOWN and I appreciate this commitment.

**NCCJ ANYTOWN**

**ANYTOWN Dates:** Sunday, August 7 – Friday, August 12

**Camp Location:** Camp Wightman  
207 Coal Pit Hill Road  
Griswold, CT 06351

**Acceptance Packet Due**  
Friday, June 17

**Team Training**  
Sunday, June 26 and Monday, June 27  
9:00am - 6:00pm  
NCCJ Office  
820A Prospect Hill Road  
Windsor, CT  06095

Everyone must attend the Team Training in its entirety. Please contact me immediately if for any reason you cannot make all or part of the training.

**Information Packet:** Attached is a packet containing paperwork that needs to be completed and returned to NCCJ. It also contains information that will help you prepare for NCCJ ANYTOWN. Please fill out this paperwork and return to NCCJ via email, fax or mail by **June 17, 2022**

I cannot wait to work with each of you! If there are any hesitations or concerns, please contact me by email (cgray@nccj.org) or cell phone (339.927.3752).

Best,

Christina Gray  
Director of NCCJ ANYTOWN
“FORMS I NEED TO FILL OUT AND RETURN” CHECKLIST

Please return all forms by Friday, June 17 to NCCJ via email (Cgray@nccj.org), fax, or mail. Documents must filled out completely and signed by you (and a parent/guardian if you are under 18) unless otherwise noted.

- CONTACT INFORMATION
- VOLUNTEER GUIDELINES AND CONTRACT
- CONSENT FORM
- LAST MINUTE CANCELLATION FEE POLICY
- COVID PROCEDURES AND POLICIES
- NCCJ WAIVER OF LIABILITY
- NCCJ PUBLICITY WAIVER
- BACKGROUND CHECK CONSENT FORM (Only required if you are/will be 18 or over by August 12, 2022.)
- PREVENTION AND REPORTING POLICIES
- EMERGENCY CONTACT, FAMILY PHYSICIAN & MEDICAL INFORMATION

***Note – Please staple your forms so they don’t get lost or mixed up.

OTHER THINGS FOR YOU IN THIS PACKET
- WHAT TO BRING AND NOT BRING

QUESTIONS? PLEASE CALL NCCJ ANYTOWN DIRECTOR AT (339) 927.3752

PLEASE KEEP THESE FIRST TWO PAGES, THEY DO NOT NEED TO BE TURNED IN.
CONTACT INFORMATION & PAYMENT FORM

Please print legibly!

YOUR NAME: _______________________________________                          BIRTHDATE:_____________

YOUR CELL PHONE NUMBER: ____________________   YOUR EMAIL: ______________________

PARENT/GUARDIAN NAME (if under 18): _______________________________

PARENTS CELL NUMBER: ______________________     PARENTS EMAIL: _____________________________

NCCJ ANYTOWN Team members are volunteers at NCCJ ANYTOWN. However, we provided stipends as an acknowledgement of your valuable time, energy, and skill. This stipend is also meant to offset any personal expenses (including travel, hotels, mileage, etc.) incurred during your volunteer role.

In the event NCCJ is able to secure additional funding, we may award an addition $200 one time bonus to volunteers.

<table>
<thead>
<tr>
<th>Volunteer Positions</th>
<th>Stipend</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year (or returning after 4 years) Counselor, Senior Counselor, or Advisor</td>
<td>$400</td>
<td>$200</td>
</tr>
<tr>
<td>Returning (within 3 years) Counselor, Senior Counselor, or Advisor</td>
<td>$600</td>
<td>$200</td>
</tr>
<tr>
<td>Returning (within 3 years) Counselor, Senior Counselor, or Advisor with Training Responsibilities beyond your typical job description.</td>
<td>$800</td>
<td>$200</td>
</tr>
<tr>
<td>First Year (or returning after 4 years) licensed Nurse/ Social Worker/Therapist</td>
<td>$1,000</td>
<td>$200</td>
</tr>
<tr>
<td>Returning (within 3 years) licensed Nurse/ Social Worker/Therapist</td>
<td>$1,200</td>
<td>$200</td>
</tr>
</tbody>
</table>

I, the undersigned, have read and agree to all of the above.

Volunteer Name (print): __________________     Parent/Guardian Name (if under 18): __________________

Volunteer Signature: ___________________________ Parent/Guardian Signature: __________________________

Date: ____________     Date: ____________
VOLUNTEER GUIDELINES AND CONTRACT:

Please read ALL of the following guidelines and sign below.

As an NCCJ ANYTOWN Volunteer for the year 2022-2023, I agree to the following:

1) I will attend NCCJ ANYTOWN Team Training from the beginning to the end and participate in all of the activities to the best of my ability.

2) I will attend NCCJ ANYTOWN from the beginning to the end and participate in all of the programs to the best of my ability.

3) While at NCCJ ANYTOWN I will abide by all of the NCCJ ANYTOWN and Camp Wightman rules.

4) I will remember NCCJ ANYTOWN is primarily for Delegates, and will prioritize Delegates’ participation and learning before mine in workshops, dialogue groups, skits, and other NCCJ activities.

5) I will not bring or use any illegal drugs or alcohol at camp.

6) I will report all counseling concerns to NCCJ ANYTOWN Director(s), including suspicion or knowledge of child abuse, attempted suicide or attempts to harm others. (Mandatory Reporting Rule)

7) While at NCCJ ANYTOWN if I am aware of any Delegates and/or Volunteers who are not following the NCCJ ANYTOWN or The Hemlock Center rules or behavior guidelines, I understand that I am required to immediately report this to the NCCJ ANYTOWN Director(s), (i.e. NCCJ ANYTOWN non-negotiables).

8) I will not engage or become involved in a romantic or intimate relationship with any of the Volunteers or Delegates while at camp.

9) I will not host any event (e.g. parties, reunions, etc.) for Delegates or Volunteers in association with NCCJ programming without the consent of NCCJ.

10) I will not duplicate/use NCCJ ANYTOWN program exercises at non-NCCJ events without the express written consent of NCCJ. I understand that the material used by the NCCJ is trademarked and unauthorized use can result in legal action.

11) After NCCJ ANYTOWN has ended, I will participate in the development of all follow-up activities to the best of my ability. This includes but is not limited to attending your schools Action/Diversity Club meetings (about two per month), helping to carry out the action plans we will create at NCCJ ANYTOWN and attending Youth Action Coalition (YAC) meetings as much as possible.

12) I will help the Director(s) of NCCJ ANYTOWN to recruit other friends/relatives for the next summer 2020 Regional NCCJ ANYTOWN. This will include posting flyers, attending informational meetings, encouraging peers that I believe would benefit from the program to apply and recruitment by word of mouth.
13) I will honestly represent my NCCJ ANYTOWN experience and take what I learn at NCCJ ANYTOWN back to my school, community and friends to the best of my ability.

14) I will support my fellow NCCJ ANYTOWN friends with their action projects even if I cannot be involved in planning them.

15) I will try my best to understand, and practice the Values of NCCJ ANYTOWN as described in the “Team Manual.”

16) I will use the opportunity given to me to attend NCCJ ANYTOWN as best as I can and learn as much as I can so that I may be a positive influence in creating a fantastic NCCJ ANYTOWN community.

17) I will treat all Delegates with respect, and I understand that I am a role-model to the Delegates at NCCJ ANYTOWN and will be aware of my words and actions and how they impact other people around me. I will lead by example.

18) I will communicate my concerns with the Advisors and/or the Directors in a timely manner.

19) I will productively and non-violently (verbal or physical) deal with any issues that may arise between me and another member of the NCCJ ANYTOWN community so as to maintain the integrity of NCCJ ANYTOWN. If I cannot, I will ask an Advisor or the Directors for help.

20) I will have a positive attitude and trust the process of NCCJ ANYTOWN.

21) I understand that being Volunteer at NCCJ ANYTOWN is an emotionally and physically challenging commitment and that I will communicate with the Advisors and/or the Directors if I am feeling overwhelmed or unsupported. I will ask for help when I need it.

22) I will not reveal the learning or anything about the process from each workshop to the Delegates until after the workshops have been conducted so as to give each Delegate a chance to process the workshop individually.

23) I understand that violating any of these rules can result in immediate dismissal from the program.

I, the undersigned, have read and agree to all of the above.

Volunter Name (print): _____________________    Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: ________________________    Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
CONSENT FORM

Please read all parts of this consent form and sign where indicated.

1. I understand that the NCCJ ANYTOWN program is an intense human relations program that deals with a variety of topics that offer an opportunity for the delegate to grow and learn from. These topics will include prejudice, stereotypes, oppression, discrimination, violence, racism, sexism, sexual orientation, socio-economic class, family issues, interpersonal relationships, communication, individual and collective power and youth empowerment.

2. I understand that the Delegates who participate in activities centered around these topics often find them to be emotionally challenging. These emotions often come out in feelings of confusion, anger, happiness, sadness, pain, frustration, hope, disappointment, and excitement. Knowing this, I understand that my child has no known emotional or mental disabilities that would interfere with their participation in activities. I further vouch for my child’s ability to handle this subject matter in a mature manner. If my child does have a disability, I will contact the NCCJ ANYTOWN Director in writing by July 3, 2022 at cgray@nccj.org and inform them of the condition and any special needs.

3. I understand that although NCCJ of CT/WMA has taken enough precaution to provide proper organization, supervision, instruction, training, staffing, and equipment for each activity, it is impossible for NCCJ of CT/WMA to guarantee absolute safety. I further understand that each participant shares the responsibility for safety during all activities and I assume that responsibility for my child. I waive any claim that may arise against the Board of Directors of NCCJ of CT/WMA and/or its employees, agents, or volunteers.

4. I understand that if the NCCJ ANYTOWN Director(s) must send my child home for any reason, I agree to leave to pick up my child within one hour of the call (unless other arrangements are made with the NCCJ ANYTOWN Director(s)). I understand that my child may be sent home for any reason, including but not limited to; sexual harassment, sexual relations, violence, concealing weapon/drugs or generally creating an unsafe environment for other participants. I further understand that I may be called at any time during the program to arrange for my child’s transportation home and that I will be responsible for all costs associated with such transportation.

5. I have read and understand all the enclosed documents in this packet.

Volunteer Name (print): _____________________    Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: ________________________ Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
LAST MINUTE CANCELLATION FEE POLICY

I understand that by signing this contract and turning in my acceptance packet I am making a commitment to attend all of the NCCJ ANYTOWN (August 7-12, 2022), in its entirety. If I cannot attend one day of NCCJ, need to arrive late, or need to leave early, I understand I cannot attend NCCJ ANYTOWN this summer. I further understand that cancelling last minute means that someone else does not get the opportunity and my spot at NCCJ ANYTOWN.

Therefore, if I cancel after Sunday, July 3, 2022 and/or do not show up for the bus on August 7, 2022, I understand I will:

1) Not receive my stipend, and
2) Be billed $100 for cancelling last minute and agree to pay that $100 to the NCCJ.

I understand that if I cannot attend because I test positive for COVID 19, I will not received my stipend but will not be charge the $100 cancelation fee.

A credit card number is necessary in case of last minute cancellation. The credit card will not be charged without notification in advance.

☐ Mastercard or Visa #: _____ - _____ - _____ - _____  Expiration date __ / __

Name on card: ______________________________
Billing address: ___________________________________________________________________

☐ I do not have a credit or debit card and will contact NCCJ for alternate arrangements.

I, the undersigned, have read the Last-Minute Cancellation Fee Policy and agree to all of the above.

Volunteer Name (print): _____________________  Parent/Guardian Name (if under 18): _________________
Volunteer Signature: ________________________  Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
COVID PRECAUTIONS AND PROTOCOLS

NCCJ follows current Federal and State COVID regulations and utilizes the CDC guidelines with regard to its COVID protocols.

Precautions

- Please do not attend the NCCJ training if you are feeling ill or are feverish.
- Before boarding the bus NCCJ ANYTOWN Delegates, Volunteer, and Advisors must already be wearing a mask and have their temperature checked by an NCCJ Volunteer.

Crowd Pass

- NCCJ may be using the system CrowdPass and will inform participants if this is the case.

Vaccination

- Vaccination is not required but each person’s vaccination status will be collected to help inform our decisions on additional Covid Protocols. This and all medical information is confidential.

Covid Tests

- NCCJ may require a negative Covid test.

Handwashing

- Required before every meals and encouraged throughout the day

Hand sanitizing

- Required before and after holding hands for songs or activities; encourage through the day.

Masks

- Mask wearing is optional.

Meals

- Masks will not be required during meals.

NCCJ reserves the right to change any of these protocols should conditions change.

I have read and understand all the protocols listed above.

Volunteer Name (print): _____________________ Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: ________________________ Parent/Guardian Signature: ________________________
Date: ____________ Date: ____________
RELEASE AND WAIVER OF LIABILITY ("RELEASE")

I ______________________________, understand and acknowledge that I may participate in activities, trips and programs sponsored by NCCJ ANYTOWN and/or the NCCJ involving direct, indirect and inherent risk of injury to person or property, and that I assume full responsibility for all such risk. I certify that I am qualified, in good health, and in proper physical condition to participate in such activities, trips and programs, and that I have no condition, illness or abnormality which might subject me to undue personal risk by engaging in such activities, trips and programs. In consideration of services rendered and benefits conferred by NCCJ ANYTOWN and/or NCCJ, and as a condition of enrolling in NCCJ ANYTOWN, I hereby give this Release; confirm that I am authorized to do so; and hereby release, waive, covenant not to sue, and agree to hold harmless and indemnify NCCJ ANYTOWN and NCCJ and their members, agents, directors, board members, administrators, volunteers, officers, employees, staff, and assigns (the "Releasees") from any and all liabilities, claims, demands, causes of action and/or suits for damages and/or losses (including but not limited to physical injury and property damage), that I may sustain as a result of any accident or occurrence resulting from participation in any NCCJ ANYTOWN and/or NCCJ sponsored activity, trip or program, or from my use of the premises and facilities of NCCJ ANYTOWN and/or NCCJ.

I further agree that if, despite this Release, I or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, losses, liabilities, damages and/or costs that may incur as a result of such claim. I certify that I have read this Release, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release and waiver of all liability to the greatest extent allowed by law. I agree that if any portion of this Release is held to be illegal, invalid or unenforceable under law, the balance, notwithstanding, shall continue in full force and effect.

Volunteer Name (print): _____________________    Parent/Guardian Name (if under 18): _________________
Volunteer Signature: ________________________ Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
PUBLICITY WAIVER

NCCJ may pictures, audio and/or video recordings during programming for use when training and for publicity purposes.

This letter acknowledges that you have consented to NCCJ, and affiliated media sources, to use your voice, image and likeness for training and promotional purposes. You agree to irrevocably and unconditionally release NCCJ and its related entities from all right or claim related to or stemming from such use, including, but not limited to, claims under right of publicity and right of privacy laws.

You represent and warrant to NCCJ that you acknowledge that this waiver is voluntary and NCCJ is not obligated to provide you with any specific compensation for use of your voice, image and likeness for training and promotional purposes. You acknowledge that this waiver is applied to NCCJ ANYTOWN and all future NCCJ programs that your child participates in.

I understand that NCCJ or the media may use my likeness, voice or image for training, news, and/or publicity purposes:

Volunteer Name (print): _____________________    Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: ________________________    Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
BACKGROUND CHECK

NCCJ conducts background checks on all delegates, volunteers, and employees who are or will be over 18 years of age by the last day of NCCJ ANYTOWN (August 12, 2022).

To complete the background check, please use this link below. Click “apply” as a volunteer and provide the requested information.

NCCJ Background Check Link: https://nccjwindsor.quickapp.pro/

☐ I have completed the online background check form.

I, the undersigned, have read the Last-Minute Cancellation Fee Policy and agree to all of the above.

Volunteer Name (print): _____________________   Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: _________________________   Parent/Guardian Signature: _________________________
Date: ____________   Date: ____________
NCCJ ANYTOWN VOLUNTEER ACKNOWLEDGEMENT

I have received a copy of the Policies & Procedures for the Prevention and Reporting of Physical and Sexual Abuse which includes the threat of hurting oneself and/or others as outlined by NCCJ pages 17-21 of this acceptance packet. I have read and understand all procedures outlined in this policy for the prevention and reporting of sexual, physical and/or emotional abuse. I agree to inform the NCCJ ANYTOWN Director(s) IMMEDIATELY in the event that there are ANY concerns regarding the safety of participants, volunteers, or staff involved with NCCJ ANYTOWN.

Volunteer Name (print): _____________________    Parent/Guardian Name (if under 18): _____________________
Volunteer Signature: ________________________    Parent/Guardian Signature: ________________________
Date: ____________     Date: ____________
EMERGENCY CONTACT, FAMILY PHYSICIAN & MEDICAL INFORMATION

(Please type or print clearly. It is crucial that you complete all requested information.)

Volunteer’s Full Name: ______________________________________________________________

Primary Emergency Contact Person Name and Relationship to Delegate: _______________________

Primary Emergency Contact Person Phone Number: _______________________________________
(daytime, evening, cell, etc.)

Secondary Emergency Contact Person Name and Relationship to Delegate: _______________________  

Secondary Emergency Contact Person Phone Number: _______________________________________
(daytime, evening, cell, etc.)

Family Physician Name: ______________________________________________________________

Family Physician Phone: ______________________________________________________________
(daytime, evening, cell, etc.)

Date of last tetanus shot: ________________________________

Does you have any physical disability? YES  NO  
If yes, do you require any special accommodations (i.e. restricted activities, asthma, hearing, visual, etc.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Does you have any psychological, developmental, emotional, or learning disability? YES  NO  
If yes, do you require any special accommodations (i.e. fidgeting toys, large print, review of directions,  
schedule, additional check – in’s, etc.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you ever had surgery or serious injuries? YES  NO  
If Yes, please list, including dates.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please offer any necessary health information that is not included on the form.
__________________________________________________________________________________________
INSURANCE INFORMATION

Volunteers should have their own healthcare insurance. Please complete the following information regarding your insurance coverage.

Name of Insurance: ___________________________ Name of Policy Holder: ___________________________

Policy Number: ___________________________ Group Number: ___________________________

Policy Holder Signature: __________________________________________________________

EMERGENCY RELEASE

In the event of any accident or illness which requires emergency medical care, I give my permission, if I cannot be reached, to the attending licensed physician to order or administer medication, anesthesia, or surgical procedure as deemed necessary for the health and safety of the delegate for whom I am responsible, named on page 1 of this form. Below, I have provided my name and telephone number so that I may be notified immediately if an emergency situation arises.

Volunteer Name (print): ___________________________ Parent/Guardian Name (if under 18): ___________________________
Volunteer Signature: ___________________________ Parent/Guardian Signature: ___________________________
Date: ____________ Date: ____________

ON THE NEXT PAGE, PLEASE FILL OUT A MEDICAL AUTHORIZATION FORM FOR EACH MEDICATION YOUR STUDENT WILL NEED DURING THEIR STAY AT NCCJ ANYTOWN. THIS INCLUDES ANY OVER-THE-COUNTER AND SELF-ADMINISTERED MEDICATION. PLEASE DUPLICATE THE NEXT PAGE IF NECESSARY.
Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations.

Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child’s name, name of medication, directions for medication’s administration, and date of the prescription.

**Authorized Prescriber’s Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

<table>
<thead>
<tr>
<th>Medication Name/Generic Name of Drug</th>
<th>Controlled Drug?</th>
<th>Condition for which drug is being administered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES/NO</td>
<td></td>
</tr>
</tbody>
</table>

Specific Instructions for Medication Administration

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Method/Route</th>
<th>Time of Administration</th>
<th>If PRN, frequency</th>
</tr>
</thead>
</table>

Medication shall be administered: Start Date: _____/_____/_____ End Date: _____/_____/_____

Relevant Side Effects of Medication

None Expected

Explain any allergies, reaction to/negative interaction with food or drugs:

Plan of Management for Side Effects

Prescriber’s Name/Title

Phone Number (_____) __________

Prescriber’s Address

Prescriber’s Signature

Date _____/_____/_____

School Nurse Signature (if applicable)

Medication will only be dispensed by a licensed medical professional. No other volunteers, NCCJ employee, or delegates may dispense medication (of any kind, prescription or over the counter) to themselves, delegates, volunteers, and/or NCCJ employees.
Parent/Guardian Authorization (required if under 18):

☐ I request that medication be administered to my child/student as described and directed above.

☐ I hereby request that the above ordered medication be administered by school, childcare and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, childcare nurse or camp nurse necessary to ensure the safe administration of this medication.

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For childcare only)

Parent/Guardian Signature_________________________ Relationship______________ Date ____/____/____

Parent /Guardian’s Address
____________________________________________ Town___________________ State______
Home Phone ___________________ Work Phone ___________________ Cell Phone ___________________

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student’s parent or guardian or eligible student.

Prescriber’s authorization for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature    Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature    Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature    Date

***********************************************************************************************************

Today’s Date ___________
Printed Name of Individual Receiving Written Authorization and Medication ______________________
Title/Position ____________________ Signature (in ink or electronic) ____________________________

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v).
NCCJ Policies & Procedures for the Prevention and Reporting of Physical and Sexual Abuse which includes the threat of hurting oneself and/or others.

PURPOSE

It is the purpose of the members, volunteers, and staff of National Conference for Community and Justice of Connecticut & Western Massachusetts, Inc. (NCCJ) to provide a safe and secure environment for the youth and adults who we employ, support, and/or mentor. We do this to encourage all staff and volunteers affiliated with the NCCJ to grow and develop as professionals and individuals committed to social justice education and change.

A safe and secure environment includes a formal, written policy to help prevent the occurrence of sexual abuse. The following policy and procedures are for the protection of our youth, employees, volunteers, and our entire NCCJ family in Connecticut and Western Massachusetts.

SCOPE

This policy shall apply to all current and future Team members, compensated and/or volunteer, adult and/or youth, who work with, educate, train, support, act as role models to, and mentor young people in NCCJ or affiliated programming and events.

DEFINITIONS

1. For the purpose of this policy the following definitions shall apply:
2. The terms “young person” “youth” and “minor” shall be defined as any individual under the age of eighteen (18) (or individuals with developmental disabilities whose intellectual and/or emotional capacity is equivalent to that of a minor).
3. “Adult” shall be defined as any individual at least eighteen (18) years of age.
4. “Staff” shall be defined as any adult or young person who is employed by NCCJ.
5. “Volunteers” shall be defined as any adult or young person who serves as a volunteer, consultant, and/or person given the responsibility of working with minors.
6. “Youth Volunteer” shall be defined as any person under the age of eighteen (18) working with minors.
7. “Child Abuse” shall be defined as verbal, physical, emotional or sexual abuse of a young person.
8. “Background Verification Report” (BVR) is the procedure used by the NCCJ to check the background of volunteers for criminal activity.

WHAT IS CHILD SEXUAL ABUSE?

Child sexual abuse is defined as “any sexual activity with a child - whether in the home by a caretaker, in the workplace, in a school setting, in a residential program or camp setting, or in any other setting (including on the street, internet, phone communication, etc.), by a person known or unknown to the child. The abuser may be an adult, an adolescent, or another child, provided the child is four years older than the victim.”

Child sexual abuse may be violent or non-violent. All child sexual abuse is an exploitation of a child’s vulnerability and powerlessness in which the abuser is fully responsible for the action.

Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready.
Child sexual abuse includes behaviors that involve touching and non-touching aspects.

**MANDATED REPORTING**

Every person at NCCJ ANYTOWN has the right to be free of verbal, physical and/or sexual harm. Every adult at NCCJ ANYTOWN is a mandated reporter which means they are required to break confidentiality and must contact the Director(s) immediately if a:

1. Delegate or volunteer poses immediate or implied threat to themselves.
2. Delegate or volunteer expresses intent or threat to harm another delegate, employee, volunteer, etc.
3. Delegate or volunteer is being victimized by physical, emotional or sexual abuse.

All adults as NCCJ must complete the online free Mandated reporting and send the certificate of completion to the Camp Director(s).

**VOLUNTEER AND WORKER ENLISTMENT**

1. Whether a paid employee or a volunteer, each person desiring to work with minors, will also be required to complete an application which is specifically designed for peoples who will be working with minors.
2. After an application is received, prior employment and volunteer service and personal references will be checked. It is suggested that, at a minimum, personal references be telephoned and a written memorandum be made of the contents of those telephone conversations, and that prior employment and volunteer service references be contacted in writing.
3. Any prospective volunteer or worker that has prior incidents of sexual misconduct or child abuse will not be allowed to be a team member at NCCJ ANYTOWN.
4. Criminal background checks will be performed on each applicant over the age of 18 after the applicant has signed the authorization/waiver/indemnity for, and prior to being enlisted as a volunteer. (Only Directors of the NCCJ will have access to the criminal background check report.)
5. Standard interview questions will be developed and used in personal interviews with volunteer applicants, after reviewing the applications of the applicant, checking all references, and receiving a criminal background check report. These interview sheets will be filled out with the results of the interview and kept in their file, as well as the reference checks and the applications. (Criminal background check reports are not allowed to be kept more than thirty (30) days after receipt.) A separate file will be maintained permanently on each volunteer or worker, whether paid or a volunteer.
6. When an employee or volunteer is engaged to work with minors, they will be photographed and the picture(s) will be kept in the person’s file. Photographs will be updated every 2 years or as deemed necessary.
7. At the applicant's request, the NCCJ will allow the applicant to review his/her criminal history record transcript at the NCCJ office, but in no event shall the NCCJ allow the applicant to retain and/or copy his/her transcript.

**SPECIFIC ACTS AND OMISSIONS IN VIOLATION OF THE POLICY**
The following acts of omissions are violations of this Policy and will not be tolerated or accepted during any activity or program and are to be immediately reported to the designated Camp Director(s) or other appropriate person(s) after the safety of the child, children, youth or minor involved has been assured.

- Any direct observations or evidence of sexual activity in the presence of or in association with a minor.
- Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor.
- Sexual advances or sexual activity of any kind between any person and a minor.
- Infliction or physically abusive behavior or bodily injury to a minor.
- Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of the NCCJ.
- Mental or emotional injury to a minor.
- The presence or possession of obscene or pornographic materials at any function of NCCJ.
- The presence, possession, or being under the influence of any illegal or illicit drugs.
- The consumption of or being under the influence of illegal or illicit drugs or alcohol while leading or participating in a function for minors at NCCJ.

**VOLUNTEER SUPERVISION**

1. The NCCJ requires a reasonable ratio of adult volunteers to be maintained in each situation involving the supervision of young people.

2. The NCCJ Programs Manager or Director of Programs will supervise on an ongoing basis and make unannounced visits into classes or other program sites from time to time. (If they are not already present at the site.)

**OCCASIONAL VOLUNTEERS**

1. For those who only volunteer occasionally must go through the entire volunteer screening process. There are to be no exceptions for anyone to go through the complete process.

2. Teenagers under eighteen (18) wanting to serve as volunteers in any capacity with activities, studies, or programs for youth will also need to complete the volunteer screening process and go through the training. The only step in the process they are exempt from is the criminal background check.

**SUPERVISION OF VOLUNTEERS**

1. Parental permission shall be obtained in advance for involvement in NCCJ sponsored programs, activities or whenever an adult might be spending time alone with a young person in an unsupervised situation.

2. All people, paid and/or volunteer who work with minors will be educated on the NCCJ’s policies and procedures concerning this matter.

**CHILD ABUSE PREVENTION REPORTING STEPS**
Any person having cause to believe that a child’s physical or mental health or welfare has been or may be adversely affected by abuse or neglect shall report the person’s belief in accordance with this procedure. Non-accusatory reports (reports that identify the victim of abuse or neglect whether or not the person responsible for the abuse or neglect is known) shall be made to President and CEO, Associate Director of Programs, or Programs Manager at the NCCJ at (860)683-1039 or the local or state law enforcement agency by calling 911.

1. Fully comply with the child abuse reporting statute.
2. The NCCJ will immediately contact the insurance company to report the occurrence, and should contact its attorney.
3. In instances where child abuse is confirmed and a member of the NCCJ paid or volunteer person is the perpetrator, the President and CEO, Director of Programs and Programs Manager will be advised.
4. This procedure is not only required as a condition of your job or volunteer position, but is also required by law.
5. Upon the first suspicion of an instance of child abuse, the following steps should be taken immediately:
   a. Do not treat the suspicion as frivolous.
   b. Commence the investigation immediately, and conclude it as soon as possible.
      i. It is the policy of the NCCJ that any incident must be immediately reported immediately to Camp Director(s), who will handle the reporting with the appropriate parties. If a sponsor or volunteer of minors suspects a case of child abuse, they are required by law to report his/her suspicions within 24 hours first to the Department of Children and Families. Only one report needs to be made per incident and that will be handled by NCCJ.
      ii. The Employee listed above receiving the initial report will be responsible for confirming the facts reported and the condition of the child, on the same day on which the first report was made.
      iii. Data concerning the child, name, address and other pertinent information will be obtained through discussions with the initial reporter and other Volunteers. The name and address of the person responsible for the care of the child, if available, will be obtained.
      iv. After the information is secured, the Camp Director will contact the Department for Children and Families. In the event that the Programs Manager is unable to file the report, the Associate Director of Programs or President and CEO is responsible for filing with the Department for Children and Families.
   c. Maintain confidentiality of the investigation as much as possible. Emphasize confidentiality of the victim and any accused.
      i. On the same day that the case is first reported verbally to (local reporting agency), the report will be documented on a Child Abuse Report Form. A copy of this form must be sent within five (5) days to (state agency if applicable).
   d. Cooperate fully with law enforcement officials.
   e. Suspend any accused from the performance of duties involving children until the investigation has been completed.
   f. Inform the victim and the victim’s family of the steps that are being taken, and continue to keep them advised of the status of the investigations. If child abuse is confirmed, ask the victim and the victim’s family what action they would like to take in the matter, and fully cooperate to address their request with the bounds of a legal and prudent response (NCCJ’s legal counsel should assist in this determination).
   g. In instances where child abuse is confirmed, the NCCJ will immediately dismiss the volunteer or
worker from that position.

h. In instances where the evidence is inconclusive, the NCCJ must take action depending on the strength of the evidence available and after consideration of the victim's family's request.

i. The President and CEO, Director of Programs, and Programs Manager will inform NCCJ employees and board members of the investigation as needed, with respect to matters which are not confidential. The determination of need as well as which individuals to inform will be made by the President and CEO.

3. The President and CEO of NCCJ is the only person authorized to speak with the media and will handle all communication so that the NCCJ can emphasize through the media to the public the NCCJ's position on child abuse, its concern for the victim, and the extensive steps the NCCJ is taking to address the present occurrence and to reduce the risk and provide a safe environment for other children.

Every allegation of sexual offense or molestation will be investigated promptly and thoroughly by officials and reported to the NCCJ’s insurance company immediately. If such allegation is factual, the relationship with the volunteer or worker should be terminated.

INSURANCE

The NCCJ shall obtain a sufficient level of liability insurance coverage to cover child abuse and sexual misconduct claims. If available, the NCCJ should have the levels of coverage which are required for limited immunity.

CONCLUSION

There is legal reason for creating safety policies, but there's a deeper, more significant reason - to protect youth. Policies are only printed expressions of the value placed on young people. If the only reason for safety policies is to protect the organization, we are doing a disservice to the youth and the adults that we educate and advocate for.

Some individuals believe that our organization is too small or that we "know" everyone that comes to volunteer with the NCCJ and therefore we have nothing to worry about. We hope that this is the case. However, it's much easier to make plans and develop safety policies as a means of prevention, rather than wait until they are needed as a reaction to an abuse case.
WHAT TO BRING

Please bring comfortable, casual clothing for indoor and outdoor activities – T-shirts, jeans, shorts, sandals, sneakers. New England weather is unpredictable so come prepared with warm and cool clothing.

The cabins will have mattresses but no pillows or linens. Delegates should bring their own towels, pillows, sheets, and blankets/sleeping bags. Put your name on everything you bring, including your suitcase, duffle bag, or backpack. There are no washers or dryers, so bring enough clothes to last six days/five nights. The cabins have electricity, so you can bring hair dryers and irons if you will need them.

Bring:

- Jeans, shorts, t-shirts
- Pajamas
- Socks & Undergarments
- Sweatshirt and/or light jacket (it does get cold at night, bring layers)
- Bathing suit
- Raincoat and/or umbrella
- Sneakers, hiking boots, rugged sandals/Tevas, or other sturdy, comfortable shoes (no heels)
- Shower shoes (flip-flops work well)
- Bedding: pillow, sheets, blanket(s), sleeping bag
- Towels (for bathing and swimming), facecloth, handtowel
- Toiletries (toothbrush, toothpaste, soap, shampoo, lotion, deodorant, tampons/pads, razor, etc.)
- FLASHLIGHT with extra batteries
- Bug Repellent, Sun block, sunglasses, hats
- Camera (digital and/or film) – you will not have your phone
- Wristwatch – you will not have your phone – so a way to keep time
- Prescription medications (in the original container). Please bring a five (5) day supply. The nurse will collect your prescription medication at the start of camp and distribute it to you as needed.
- Self-care items (essential oils, journal, yoga mat, favorite book, musical instruments, poetry, coloring book and color pencils/markers, etc.)
- Clothing, music, religious artifacts, crafts, stories, or poems that reflect your ethnic, cultural, religious and/or personal identity (these will be used during Culture Night).

Do NOT Bring

- Laptops, tablet, smart watches, IPods or other electronic devices or devices that connect to the internet. These will be collected the first day of camp and stored in a safe place. These items will be returned to you at the end of camp.
- Over the counter medication. The nurse will have a first aid kit with various over the counter medication and will distribute it as needed.
- Illegal Drugs or Alcohol
- Weapons. Weapons of any kind are not allowed at NCCJ ANYTOWN.
INFORMATION FOR YOUR PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION AT CAMP WIGHTMAN

Please do not expect phone calls from your child. Part of the NCCJ ANYTOWN experience is living in the moment and in the community we create there. This means that it is important to leave the rest of the world and our worries about it where they are while at NCCJ ANYTOWN. For this reason, delegates will only be allowed to call home if there is an emergency (or an intense case of homesickness).

If there is an emergency and you need to contact someone during the program, please call the Camp Office at: (860)-376-2179 and tell them you are trying to contact someone with the NCCJ ANYTOWN group.

The NCCJ ANYTOWN leadership will have a cell phone and will check messages left on it on a regular basis (at least three times a day). The emergency contact number is 203.512.2022. You may text if it is easier.

This cell phone is the best way to get a message to a delegate, volunteers, or NCCJ employees, however in the event of an emergency or if you need to contact someone immediately please call Camp Wightman contact number listed above. They will come get us while we are in the middle of workshops/activities when Directors cannot check their messages.

CAMP SITE INFORMATION

NCCJ ANYTOWN is located at Camp Wightman in Griswold, CT. Located on Billings Lake in southeastern Connecticut, facilities include 250+ acres with a beach, recreational spaces and endless walking trails. This is the place to be in the middle of summer! Lifeguards will be on duty for all water activities. To learn more about the camp, go to: www.campwightman.org/ or contact our office at 860-683-1039.

It is always nice to get mail from loved ones while away at camp. If you would like to mail something to a delegate, please address it to:

Delegate’s Name
NCCJ ANYTOWN c/o Camp Wightman
207 Coal Pit Hill Rd
Griswold, CT 06351

If you choose to mail something, please be sure it will arrive by Wednesday, August 10, 2022.
CULTURE NIGHT

The last night of NCCJ ANYTOWN is Culture Night. Culture Night is a time for Delegates and volunteers to come together, celebrating our identities and cultures. This is also the only time parents, guardians, friends, and mentors are invited to join the NCCJ ANYTOWN community. This year, NCCJ ANYTOWN Culture Night will take place on Thursday, August 11 at 7:00 PM at Camp Wightman.

Everyone at NCCJ ANYTOWN (Delegates and volunteers alike) will be in a Culture Group representing their ethnic and cultural heritage. Each group will spend time dialoguing with one another about what it’s like to be a member of both the racial identity and culture group that they have chosen to participate in. Each group will also spend time putting together a presentation to perform at Culture Night. The presentations usually share with the audience about the culture and celebrate it at the same time. They have been known to incorporate song, dance, poetry, skits, and a variety of other mediums.

NCCJ ANYTOWNers also have the opportunity to form and join other Culture Groups. The following are some examples of Culture Groups that have been formed in the past NCCJ ANYTOWNs: Jewish, Women, Men, Punk, Hip-Hop, and Gay/Lesbian/Bisexual/Transgender, sports, artists, etc. Anybody can join any of the groups either as a person who has the identity represented or as someone who is an ally to people who have the identity.

Culture Night is the only time delegates can invite non-NCCJ ANYTOWNers into our community. Many times NCCJ ANYTOWNers decide to invite family members or close friends to Culture Night to celebrate with them. Other times NCCJ ANYTOWNers decide not to invite anybody for various reasons. The decision to invite people to Culture Night or not is entirely up to each individual NCCJ ANYTOWN Delegate. If you would like to invite someone to Culture Night, give them the following information.

I would like to invite you to join me at NCCJ ANYTOWN’s Culture Night. This is a night where the NCCJ ANYTOWN family will celebrate each other’s cultures and identities. I hope to see you at NCCJ ANYTOWN!

NCCJ ANYTOWN Culture Night
7:00 PM on Thursday, August 11.

Camp Wightman
207 Coal Pit Hill Road
Griswold, CT 06351

Culture night will take place in the Raff Dining Hall. Visitors can Park in the lot immediately before. Please try to arrive on time. Directions to Camp Wightman are on the following page.
CAMP WIGHTMAN DIRECTIONS

Please use the following for your GPS:
299 Coal Pit Hill Road, North Stonington, CT

Hartford:

CT.2 East
Ext: 28 N / 395 N
Ext 22 (Be in Right lane & go STRAIGHT through first light (Intersection of 164))
**As you continue, Tractor Supply & Ocean State on your right**
At Second light – RIGHT onto Rt. 138
(3.9 mi) RIGHT onto Rt. 201 Glasgo Rd
It’s another 4+ mi but at 4-way intersection, go STRAIGHT
On corner, Turn LEFT onto Coal Pit Hill Rd. (It’s a dirt road, you will see Camp Wightman Sign)
Follow all the way into camp

Massachusetts:

395 S
Ext: 22 LEFT onto Rt. 138
(3.9 mi) RIGHT onto Rt. 201 Glasgo Rd
It’s another 4+ mi but at 4-way intersection, go STRAIGHT
On corner, Turn LEFT onto Coal Pit Hill Rd. (It’s a dirt road, You will see Camp Wightman Sign)
Follow all the way into camp

Providence:

95 S.
Ext: 93 onto CT 216 (Towards Clarks Falls)
RIGHT onto Rt. 184 Clarks Falls Rd
LEFT onto Rt.184 Providence/New London Tpk.
At Roundabout take FIRST RIGHT Rt. 2 Norwich/Westerly Rd.
(4 Mil) RIGHT onto Cossaduck Hill Rd. (BIG hill)

*** When you go through some sharp S curves, you are getting close.
When the road goes down then sharp right, it will go back up hill. At the top on, on the corner,
is the camp road***

(5.2 mi) RIGHT onto Coal Pit Hill Rd. (It’s a dirt road, you will see Camp Wightman Sign)
Follow all the way into camp.