



Reeling & Healing Midwest



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

2019 Michigan Volunteer Registration

Contact Information	Retreat Schedule	
Name:	New Participant	Reunion
Street:	July 14-16	May 10-12
City, State & Zip:	August 4-6	July 14
Email:	August 25-27	August 11-13
Mobile Phone:		August 25
Home Phone:	<i>Please see sections below for details</i>	

I Want to Be A (Choose One) Fishing Volunteer
 Land Volunteer

New Participant Retreats

Location & Time: Gates Au Sable Lodge, Grayling, MI. Sunday, 12:00 pm until Tuesday, 3:00 pm

Dates	Choice (Only 2)		Attending				Need	Commitment
	1st	2nd	All	Day 1	Day 2	Day 3	Accommodation	Fee
Sun, July 14 – Tue, July 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$35
Sun, Aug 4 – Tue, Aug 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$35
Sun, Aug 25 – Tue, Aug 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$35
*** No Charge if Day Only and Accommodations are NOT needed.							Total	\$ _____

Reunion Retreats

Retreat Durations and Locations Vary

Dates	Retreat	Attending				Need	Commitment	
	Location	All	Day 1	Day 2	Day 3	Accommodation	Fee***	
Fri, May 10, 3:00 pm to Sun, May 12, 11:00 am	Lovells, MI	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	\$100	
Sunday, July 14, 9 am - 3 pm	Gates Lodge	<input type="checkbox"/>				N/A	\$10	
Sun, Aug 11, 12:00 pm to Tue, Aug 13, 12:00 pm	Gates Lodge	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150* *Separate Payment	
Sunday, Aug 25, 9 am - 3 pm	Gates Lodge	<input type="checkbox"/>				N/A	\$10	
*** No Charge if Day Only and Accommodations are NOT needed.							Total	\$ _____

For Internal Use Only		
Status	NP	RR
Confirmed		
Paid		
Attended		



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Notes About Retreats

What you need to know regarding our retreats when completing the retreat selections on the previous page:

- There are four general volunteer roles: 1) 2-1/2 Day Land volunteer, 2) 2-1/2 Day Fishing volunteer, 3) One-Day Land volunteer and 4) One-Day Fishing volunteer.
- Volunteer roles are assigned based on volunteer's skill set and availability. Ideally, volunteers are competent trout fly fishers and able to participate in land activities. Volunteer openings are limited and filled on a first come/first serve basis.
- New Participant Retreats span three days. If you choose to volunteer for an entire retreat, please choose "All".
- Reunion Retreat length varies based on the retreat. If there isn't a checkbox under a given day, it is either not available or not applicable.
- Volunteers attending an entire retreat are provided their own bed and may share a room with fellow volunteers of the same gender. As housing is limited at the retreat location, accommodations may be onsite or located off-premise. Some volunteers secure their own lodging, have cabins, or pitch tents. If other lodging options are preferred, volunteers are encouraged to make their own arrangements, at their own expense, and consider staying offsite versus at Gates.
- All meals, beverages and accommodations are provided to 2-1/2 day volunteers. Breakfast, lunch, and beverages are available for day volunteers.
- The Commitment Fee is only necessary for those who are attending the entire retreat.
- If volunteering for an entire New Participant retreat (2-1/2 days), individuals are limited to a **maximum** of two per season.
- There are no limits on the number of Reunion Retreats an individual may volunteer at per season.

Volunteer Guidelines, Requirements and Registration

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

1. Be 18 years or older.
2. Satisfy or exceed the physical requirements for volunteering at specific retreat location(s). Please refer to the Health Release Form for details. Should physical capability change prior to a retreat, the volunteer must notify the Retreat Coordinator four or more days prior to retreat or risk forfeiting their current and future retreat opportunities.
3. Sign-up and participate on an individual basis. No spouse, significant other, caretaker, family member, friend, pet, etc., may attend the retreat with you in any capacity, or be at the retreat location for any portion of the retreat, or have lodging at the retreat location. No Exceptions.
4. Volunteers are responsible for purchase of a fishing license (if guiding).
5. Volunteers are responsible for their transportation to and from the retreat location(s). Carpooling is encouraged.
6. Complete and submit all six (6) pages of the Volunteer Registration Packet consisting of:
 - Volunteer Registration Form (3 Pages / this document)
 - Health Release Form (1 page)
 - Volunteer Information & Waiver Form (2 pages)
7. Return the Registration Packet with applicable Commitment Fee.
8. Agree and understand Reeling and Healing Midwest may exercise the right to deny attendance, restrict participation or request your departure from a retreat at anytime.
9. Review and sign the following Registration & Cancellation Policy.

Reeling
& Healing
Midwest



Reeling & Healing Midwest
ATTN: C Sero, Coordinator
540 N. Dearborn, PO Box 10469
Chicago, IL 60610-1027

Renew Spirit. Renew Hope.


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Phone: 616-855-4017 / **Fax:** 480-247-4964
ReelingandHealing.org / FishOn.org
info@ReelingandHealing.org
info@FishOn.org

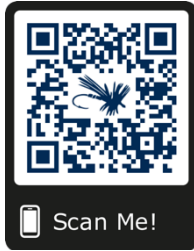


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More About Volunteering!



Scan Me!

Save Our Contact Info



Contact Info



<https://fishon.org/volunteer>

Registration, Payment Options & Cancellation Policy

- A completed Registration Packet is required to be considered to volunteer.
- Confirmation will be made by email or phone by the Retreat Coordinator.
- A Commitment Fee is required to validate your attendance at the retreat(s) the Retreat Coordinator confirms for you.
- We accept payment via check or credit card. Please see details below.
- Commitment fees are non-refundable for confirmed registrations.
- Cancellation policy exists due to pre-retreat expenses. Reeling & Healing Midwest reserves the right to assess a cancellation fee for cancellations made 3 days or less prior to the retreat's start date or for failure to attend.
- **AUGUST 11-13 REUNION RETREAT ONLY:** If volunteering for multiple retreats, please send a separate payment for this retreat. This will aid in processing and handling any changes and/or cancellations. Your understanding is appreciated.

Pay by Check

- Please include your check(s) with this Registration Form.
- Your check(s) will be deposited after you have been confirmed to attend and volunteer.
- Make check payable to: *Reeling & Healing Midwest*
Mail to: Reeling & Healing Midwest
ATTN: C. Sero / Coordinator
540 N. Dearborn, PO Box 10469
Chicago, IL 60610-1027

Pay by Credit Card

- Once you are confirmed for your retreat(s), we'll send an email with a link to pay by credit card online.
- Payment must be received within 2 days of confirmation or 14 days prior to your retreat date, whichever is earlier.
- Please submit payment only after you have received your official confirmation.
- **Payments submitted without confirmation will be not refunded.**

Agreement and Signature

I have completed the above information and acknowledge it true. I acknowledge that I am a voluntary participant and I agree to assume responsibility for myself. I further agree to waive any claims against Reeling & Healing Midwest, its officers, employees, agents or volunteers resulting from any and all losses, damages, costs and expenses that are caused by or arise out of any act, omission, default, negligence or other misconduct by Reeling & Healing Midwest in connection with this participation.

I acknowledge that the Reeling & Healing Midwest volunteers are not providing medical or psychological diagnosis, treatment, opinions, referrals, guidance, assistance, or counseling for me specifically and that these volunteers are present for the purpose of facilitating involvement and not to provide professional services to group participants. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my emergency contact will be notified as soon as possible in case of an emergency. In the event they cannot be reached, I hereby authorize Reeling & Healing Midwest to acquire medical treatment for me.

I agree that the statements made on this application are true. I understand misrepresentation or omission of facts requested is cause for dismissal of my request as a Reeling & Healing participant. If appointed as a participant, I agree to adhere to the general policies and guidelines set forth by Reeling & Healing Midwest and to fulfill my participant responsibilities to the best of my ability.

I hereby grant to Reeling & Healing Midwest, its agent or assigns, my permission to use my first name, any and all pictures, photographs of or news stories about me for reproduction in any form but not limited to, advertising, illustration, television, or scientific publication.

- *By signing below, I acknowledge I have read, understand, and meet all applicable participant requirements, payment options, obligations, and cancellation policy.*

_____	_____	_____
Signature	Print	Date

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ATTN: C Sero, Coordinator
540 N. Dearborn, PO Box 10469
Chicago, IL 60610-1027

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