**True Friends**

* **Name of Agency/Organization::** True Friends

**Organization and Contact Person Information**

* **Organization Name:** True Friends
* **Contact Person:** Amanda Sorell
* **Contact Persons Phone Number:** 952-697-2295
* **Contact Persons Email Address:** amandas@truefriends.org

**Project Information**

* **Select a Project Category:** Social Issues
* **Project Name:** Camp Courage/Camp Friendship Winter Camp
* **Project Description:** Come to camp and make the most out of winter! Whens the last time you went sledding, had a snowball fight, or played broomball on ice Do all of that (and drink lots of hot chocolate) with our campers! Individuals who attend camp are all ages - youth and adults - with disabilities (learning, physical and/or developmental). Camp is the place where everyone can participate and enjoy all that camp has to offer. • Onsite housing and meals provided • No experience necessary - we provide training! • December 26-31, 2014 \*Volunteers are never intentionally left alone with campers, are not responsible for personal cares, and do not assist in behavior management. Youre there to provide a positive energy and helping hand to campers and staff, and make an impact on someone just by becoming their friend.
* **Project Start Date:** December 26, 2014
* **Project Start Time:** 5pm
* **Project End Date:** December 31, 2014
* **Project End Time:** 2pm
* **Project Location:** Camp Courage - Maple Lake, MN & Camp Friendship - Annandale, MN
* **Interview Required:** Yes
* **Project (or Organization) URL:** www.truefriends.org/volunteer