

2018 Summer Camp Adult Volunteer Registration Form
Please turn in form to the Camp Director for the Camp to which you are applying.

Your Name _____ Camper's Name _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

E-mail _____

Name and date of camp _____

I can work at camp (check all that apply) Mon Tue Wed Thurs Fri Sat Sun

Are you currently a registered Girl Scout? Yes no If yes, in what position? _____

I am a nurse I am a lifeguard I am able to be a unit leader I am canoe trained I have no preference

Girl Scout Experience _____

Other experience with children _____

Have you ever been convicted of a crime (other than a traffic violation)? yes no
 If yes, please state the offense, date, and location (a conviction record will not necessarily be cause for disqualification) _____

T-shirt size (Optional): Adult S M L XL 2XL 3XL 4XL
 (Circle one) \$10 \$10 \$10 \$11 \$12 \$13 \$14

Person to notify in case of emergency _____ Phone _____

Date of last health exam _____ last tetanus shot _____

Family Physician _____ Phone _____

Medical Insurance _____ Policy # _____

Allergies _____

Major illnesses in the last 2 years _____

Prescription medicine you are on or have been on during the last (3) months _____

Please list any health conditions requiring medication, treatment, special restrictions or considerations while at camp.

I understand that in applying for this position, I am expressing my interest and belief in the principles expressed in the Girl Scout movement. I am willing to take training necessary for the job to which I am appointed. I certify that all information provided on this application is true and complete. I understand that falsification or significant omission of any information may be considered justification for dismissal if discovered at a later date. I give permission for the adult in charge to take me to or have me transported to a medical facility, if necessary. In case of emergency, if the above contact can not be reached, I agree to treatment for myself under the supervision of and deemed advisable by a licensed physician. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I agree to be financially responsible for all expenses associated with providing medical care for myself.

Signature _____

Date _____

OPTIONAL FEES:

Adult T-shirt(s).....	\$ _____
Patch (\$1.25 ea).....	\$ _____
Bus (\$15).....	\$ _____
Donation to help girls go to camp	\$ _____
Total enclosed	\$ _____