Camp Get-A-Way

Volunteer Application

Name: _____ Date of Birth: _____
Ethnicity: _____

Address: _____ City: _____
Zip Code: _____ County: _____ Phone: _____

Current Employer: _____
Position: _____
Address: _____
Phone #: _____

When will you be able to commit to being in camp 2016: _____
What would be your availability: _____

Will you be able to commit to sleeping at camp each night? Yes: _____ No: _____
If No, how many nights, if any would you be available: _____

Please list which nights you can stay: _____

There are many different positions available at Camp Get-a-Way, please list 1st, 2nd, 3rd choice.
Family Mentor: ____ Fishing: ____ Archery: ____ Crafts: ____ Respite: ____
Other List: _____

Would you be able to attend a pre-camp training session? Yes _____ No _____
Would you prefer _____ One Day, or _____ One Day with an Overnight?
**Attendance at a pre-camp event will not disqualify you from coming to camp*

Do you have an interest in developing and leading a specific activity? Yes: ____ No: ____ If yes, please share your idea.
_____
_____
_____
_____
_____
_____
_____
_____
_____

Additional Information:

Please list two personal references we may contact:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

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Medical History

Do you currently have any health problems? Yes ___ No ____ Please describe if yes: _____
_____

Are you currently under a doctor's care? Yes ____ NO ____, Please describe if yes: _____
_____

Do you have any allergies? FOOD? Yes ____ No ____ Environmental? Yes ____ No ____

Are you currently taking any medications? Prescription and over the counter medication
Yes ____ No ____ Please list all medications:

Medication	x's per day	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the above medications cause sun sensitivity? Yes ____ No____ If yes, what precautions must be taken during sun exposure? _____

Have there been any hospitalizations in the past 3 years?
Yes _____ No _____ If yes, please describe: _____
_____
_____

Medical Insurance Carrier: _____

In case of emergency please provide three (3) people we may contact:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

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Medical History (Cont.)

Please indicate if applicant has had any of the following diseases or illnesses:

____Anaphylactic Shock
____Anemia
____Anorexia / Bulimia
____Appendicitis
____Arthritis
____Back Injury
____Bladder / Kidney Infection
____Bone Condition
____Bowel Problems
____Cancer
____Chest Pain
____Dermatitis (Eczema)
____Diabetes
____ Difficulty walking up/ down hills
____Epilepsy
____Fainting / Dizziness
____Food Allergies
____Hay Fever
____Heart Trouble / Disease
____Hepatitis
____Hernia
____High Blood Pressure
____Hives / Skin Allergies
____Hypoglycemia
____Headaches / Migraines
____Knee / Ankle Injury
____Meningitis
____Mononucleosis
____Mumps
____Muscle Weakness
____Pneumonia (Bronchitis)
____Scoliosis
____Thyroid Disease
____Ulcers
____Urination Problems
____Venereal Disease

Please give a brief explanation of any items marked yes above:
_____
_____
_____
_____

Are all immunizations up to date: Yes: ___ No: ___ If no, what is missing and why:
_____
_____

Date of last Tetanus shot: _____

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Physical Examination

To be completed by your family physician. Physical must have taken place within the last year.

Physical completed by: _____ Date: _____

Doctor's name: _____ Phone: _____

Applicant's name: _____ Date of birth: _____
Gender: M / F

Height: _____ Weight: _____

Physical Exam:

	N= Normal	A= Abnormal	N/E= Not Examined	Comments
General Appearance	N	A	N/E	_____
Eyes	N	A	N/E	_____
Ears	N	A	N/E	_____
Nose, Mouth, Throat	N	A	N/E	_____
Heart	N	A	N/E	_____
Abdomen	N	A	N/E	_____
Back, Spine	N	A	N/E	_____
Upper Extremity	N	A	N/E	_____
Lower Extremity	N	A	N/E	_____
Circulatory	N	A	N/E	_____
Neurological	N	A	N/E	_____
Skin, Lymphatic	N	A	N/E	_____
Emotional Status	N	A	N/E	_____

Is there any reason why this person can not participate in any camp activities, such as strenuous walking, walking up / down hills, standing, running, jumping? Yes: ___ No: ___
If yes, please comment:

_____
_____
_____
_____
_____

Physician Signature _____ Date _____

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Consent for Emergency Medical Care and Emergency Contacts

I, ____________________________ Date of birth: __________, give my consent for Camp Get-A-Way, or any person acting as the agent for Camp Get-A-way to seek emergency medical care if an emergency should arise.

Signature: _______________________________________
Printed name: ____________________________________ Date: ___________
Witness signature: ________________________________ Date: ___________

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Liability Disclaimer

I ________________________ Date of Birth ____________hereby release Camp Get-A-Way, it officers, volunteers, and family participants from any liability that might occur while participating at Camp Get-A-Way's summer experience.

Signature: _______________________________________
Printed name: ____________________________________ Date: ___________
Witness signature: ________________________________ Date: ___________

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Confidentiality Statement

The Camp Get-A-Way team agrees to treat knowledge of any confidential information in a secure manner and to use the information only for the purpose for which it was shared. It is Camp Get-A-Way's belief that what is talked about and shared during the camping experience among participating families, and staff will remain confidential after families, and staff return to their homes.

Signature: _______________________________________
Printed name: ____________________________________ Date: ___________
Witness signature: ________________________________ Date: ___________

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Consent for Taking and Releasing of Photographs and Videotapes

I _________________________ Date of Birth __________give consent to the taking of photographs and / or videotape recordings either arranged by or taken by Camp Get-A-Way. I give this consent and release in consideration of and with full knowledge that use of these photographs and videotape and information about me will be in the interest of advancement of Camp Get-A-Way.

Signature: _______________________________________
Printed name: ____________________________________ Date: ___________
Witness signature: ________________________________ Date: ___________