



Brain Injury Adventure Camp of Kentucky VOLUNTEER APPLICATION

Return Application to:

BIAC
P.O. Box 236
Robards, KY 42452

- * Please provide a photocopy of your driver's license for the background check
- * Please provide a photocopy of your medical insurance

Volunteer

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: Cell _____ Home _____
 Email: _____

Age: _____ Male: _____ Female: _____
 Height: _____ Weight: _____
 Birthdate: _____
 T-shirt size: S M L XL XXL

Are you attending with a camper? Yes No

If so, what is your relationship. Spouse Parent Case Manager Sibling Other (please specify)

Please provide two (2) character references: NAME, RELATIONSHIP, PHONE, EMAIL
(Required information for acceptance)

Name	Relationship	Phone	Email

Emergency Contacts

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: Cell _____ Home _____
 Email: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: Cell _____ Home _____
 Email: _____

Current Physician: _____ Phone _____

Medical Insurance: Yes No Name of Insurance Company: _____

Policy Number: _____ Policy Holder: _____

Please provide a photocopy of your insurance card with this application

For Office Use Only:

Application Received: _____

Acceptance Letter Sent: _____ Camp Date: _____ Location: _____

Buddy Name: _____ Phone: _____

On this page, please tell about yourself. Please include a photo if possible.	
	Photo

What area would you prefer to volunteer: (Check all that apply)

Buddy
 Games
 Activities
 Clean-up
 Crafts

Do you have any restrictions or limitations? Yes No Please list. _____

Some fun questions!

Do you sing: Yes No Do you play an instrument? Yes No Instrument _____

Jokes? I like to hear them I like to tell them Stories? I like to hear them I like to tell them

Your favorite activities/hobbies:

Inside: _____

Outside: _____

Who is your HERO? _____ Why? _____

List other camps that you have attended: _____

Do you have special goals for camp this year? _____

With the understanding that the Brain Injury Alliance of Kentucky (BIAK) and the Brain Injury Adventure Camp, Inc. (BIAC) will make every reasonable effort to prevent accidents, injuries and/or other mishaps, I acknowledge the following:

The undersigned give the Brain Injury Alliance of Kentucky (BIAK) and Brain Injury Adventure Camp, Inc. (BIAC) permission to verify any information on this application and to contact references, case managers, and emergency contacts for any further information, which may be necessary.

The undersigned agrees to indemnify and hold harmless the BIAK and BIAC for any and all claims, demands, costs, expenses, including reasonable attorney's fees, that the BIAK and BIAC may incur as a result of any claim, action, demand or judgment against it arising from the attendance at camp by this applicant. Provided, however, that the above and foregoing shall not be construed to indemnify the BIAK and/or BIAC from any act of negligence or fault on the part of the BIAK and/or the BIAC, its officers, agents or employees.

The undersigned does consent that photographs or video pictures may be taken of the named applicant during the camp period, and that said photographs and video may be published in newspapers, magazines, television, publicity releases and/or other media.

The undersigned, in case of an emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to, examinations, treatments, immunizations, injections, anesthesia, surgery and other procedures, etc.

The undersigned does hereby agree to participate in all camp activities (except those restricted).

The undersigned recognizes the right of the Camp Director or the BIAC Lead, in his/her discretion, to terminate a camper or volunteer's stay at any time due to disciplinary or medical actions which might jeopardize their own health or safety, or other's health and safety at camp.

The undersigned agrees not to attend or volunteer, one of the BIAK/BIAC programs if he/she has been exposed to a contagious disease within three (3) weeks of the start of camp, and to notify the BIAC/BIAK if such a case should arise.

Today's Date: _____ when this **Agreement, Consent and Release** has been read and signed.

Applicant's Signature: _____ Printed _____

Parent or Guardian Signature (If volunteer is under age 18). _____