

Camp Willowdale 2009 Volunteer Form

Volunteer Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
Tel Number	<input type="text"/>	Cell Phone	<input type="text"/>
Health Card	<input type="text"/>		
Email	<input type="text"/>		
School Name	<input type="text"/>		
Most recent grade level completed	<input type="text"/>	Birthdate	<input type="text"/>

Guardian Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Tel #1	<input type="text"/>	Tel #2	<input type="text"/>
Email	<input type="text"/>		

Additional Information

Have you been involved with Camp Willowdale in the past? Yes No

Do you attend a church? Yes No

Please check off which weeks you are applying for:

July 6 - 10 July 13 - 17 July 20 - 24 Jul 27 - Aug 31

Aug 3 - 7 Aug 10 - 13 Aug 17 - 21

Please check off the following areas that you would like to specifically be involved with:

Mathematics Sports Christian Education

Creative Arts Science Games/Activities

How did you hear about Camp Willowdale? Friend School Website

Emergency Contact Info

In case of an emergency and our staff cannot reach the primary guardian(s), please provide contact information for one or two other people we can get in touch with.

Name	<input type="text"/>	Name	<input type="text"/>
Relation	<input type="text"/>	Relation	<input type="text"/>
Tel #	<input type="text"/>	Tel #	<input type="text"/>

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Medical Information of Volunteer

Does your child have an illness, disability, allergy or other medical condition that our camp staff should be aware of?

Yes

No

Please provide details in the box below if the above was answered "YES".

References

Please list the name and contact information for 2 references

Name

Name

Relation

Relation

Tel #

Tel #

Email

Email

Why should we hire you to be a Camp Willowdale Volunteer

Statement of Volunteer and/or Parent/Guardian

I am sure that the Camp Willowdale managers/directors will do their best to give me (or my child) the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible for any additional care or treatment required for myself (my child). I hereby release Camp Willowdale, Willowdale Community Christian Assembly and it's personnel from all claims for damages arising from any accidents or injury caused by my (my child's) participation in the camp program. My (my child's) photo may also be used for Camp Willowdale publications and/or advertisements.

Signature of Volunteer or Parent/Guardian

Date