

Day Camp Adult Forms

for Mail-In registration of Adult volunteers .

This form set is for adults that want to

- Come to camp as a volunteer.
- Are registering by mail

If this describes you, this package contains the forms you need to register for camp.

This package contains the following forms:

Day Camp Volunteer Sign Up form

Day Camp Health form

Volunteer Acknowledgment Form

Volunteer Application form

Instructions:

Print all the forms in this package. Some forms can be filled in electronically before printing with Adobe Acrobat Reader. Filled in forms cannot be saved, only printed.

Fill out the first three forms completely.

If you are **NOT** registered as an adult with the Girl Scouts see below

Return completed forms to the **Camp Registrar** before May 1, 2012.

If you are not registered as an adult with the Girl Scouts for 2012,

You must register before coming to camp. The Council charges \$12 for GS registration
No additional registration form is needed, but you will need to include a check for the \$12 registration fee with your forms.

If you have not completed the background check with the Girl Scouts in the last 3 years,

This must also be completed before coming to camp.

The information for the background check is now submitted on-line. To do this go to:

www.girlscoutsofsw.org/onlinebackgroundcheck and follow the instructions.

If you do not have internet access contact the Registrar to get a paper form.

If you are a new volunteer,

Council would like you to fill in and submit the Volunteer Application form.

This form can be directly submitted by you electronically, or sent in with your other paperwork.

GS USA registration must be completed before coming to camp.

Reminders:

- Please fill out each form completely
- **Please return the completed form to the Camp Registrar, not the Council office.**

Send all forms to:

Randy Dietrich
MNDC Registrar
6636 SW Griffin DR
Portland, OR 97223-7578

RD 02/22/12



Day Camp Volunteer Sign-Up

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Send your fully completed "Day Camp Volunteer Sign-Up", accompanied by the completed "Day Camp Health Form", to the address listed on the information page of the day camp you are interested in. A completed form does not guarantee day camp placement. Contact the appropriate day camp registrar with questions. **DO NOT mail day camp applications to the council office.**

Day Camp _____

Adult Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Alt. Phone (_____) _____

Email _____

For the following, see the description of your day camp for availability and specific information.

I will volunteer: ALL WEEK or Monday Tuesday
 Wednesday Thursday Friday

I would like to help with: (check all that apply)

Daisies Brownies Juniors Girls 11-17 (PA/PAIT)
 Under 5 yrs Boys Other (not in a unit)

Special Skills: Cooking Crafts Singing

Other _____

T-Shirt size: Sm Med Lrg X-Lrg
(if applicable) XX-Lrg Other _____

If possible, do you want to be placed with your camper?

Yes No

Note: Some day camps do not allow parents to be placed in a unit with their child.

Staff Children: List your children who will be attending day camp by full name, program level and/or unit.

(See specific day camp information on age limits for staff children.)

Are you a registered Girl Scout?

(All day camp adult volunteers must be registered Girl Scout members.)

No, I am NOT currently registered as a Girl Scout.
If no, you will need to complete the "Application for a Volunteer Position" form, the "Adult Registration" form and background check, include \$12.00 for annual Girl Scout membership, and send it to the Girl Scout council office.

Yes, I am a registered Girl Scout.

Are you a current Girl Scout leader? Yes No

Other Information:



Day Camp Health History & OTC Medications

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Adult Camper

Name _____ Date of Birth _____ Sex _____ Age _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Name(s) _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Family Medical/Hospital Insurance Carrier _____ Policy or Group # _____

Emergency Contact #1: Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Emergency Contact #2: Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Health History Record (Check all that apply)

Chronic or recurring illnesses:

- Heart Defect / Disease _____
- Seizures _____
- Bleeding / Clotting _____
- Asthma _____
- Diabetes _____
- Other (specify) _____

Any restrictions concerning physical activities?

- No Yes. Please describe any conditions:

Allergies:

- Food, Nuts _____
- Insect Stings _____
- Medicine / Drugs _____
- Other (specify) _____

Special dietary restrictions? _____

Tetanus Date of last booster? (year) _____

Please list any medications taken on a daily basis, including over-the-counter medications: _____

Any other relevant health concerns _____

Camper Only - Over-the-Counter Medications

According to our *Day Camp Protocols and Health Care Procedures*, our health care staff can administer certain types of over-the-counter (OTC) medications. In order for your camper to be able to receive these, we need to have a parent/guardian signature.

Check box if camper MAY RECEIVE any of the following OTC medications:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol or generic) | <input type="checkbox"/> OTC Antacid (Tums) |
| <input type="checkbox"/> Ibuprofen (Advil or generic) | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Diphenhydramine (Benedryl or generic) | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Non-medicated cough drops | <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30) |
| <input type="checkbox"/> Insect repellent (may contain up to 15% DEET) | <input type="checkbox"/> Hydrocortisone |

Weight of child for dosage purposes:

(Unchecked boxes means camper MAY NOT receive that medication.)

Camper
I/we verify that this health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me. In case of illness or injury, I/we give permission for her/him to receive first aid and to receive emergency treatment from a licensed physician, emergency medical services or other health care professional. It is understood that all reasonable efforts will be made to contact the parent or guardian. I/we verify my child has my permission to receive the above-mentioned over-the-counter medications.

Signature of Parent(s)/Guardian _____ Date _____

Adult
I verify that this health history is complete and accurate. I am able to engage in all prescribed activities, except as noted.

Signature of Adult _____ Date _____



Day Camp Volunteer Acknowledgement

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If an individual day camp elects to offer discounts to children of volunteers, the volunteer must sign the statement below. The day camp director is responsible to turn in the signed form to the day camp manager at the end of the season.

Day Camp: _____

Dates of Day Camp: _____

Volunteer Role (ie, unit leader, cook, arts & crafts instructor, etc.): _____

Name of Day Camp Director: _____

Thank you for volunteering for Girl Scouts of Oregon and Southwest Washington. Your efforts help to make this a great and worthwhile organization. As a volunteer, you agree to abide by the policies and regulations of Girl Scouts U.S.A. as well as all local rules and ordinances. In addition to agreeing to these conditions, your signature at the bottom of this acknowledgement page indicates your agreement as to your volunteer status and demonstrates your understanding that you are not an employee of Girl Scouts of Oregon and Southwest Washington or any other related entity.

Volunteer's Name (please print) _____

Volunteer's Signature _____

Date _____



Application for a Volunteer Position

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Please print legibly using black or blue ink and submit completed form to Volunteer Processing at the Portland Service Center (see page 2) or to your local service center OR click "submit" button to submit electronically.

Girl Scouting maintains that the strength of the organization rests upon the voluntary leadership of its adult members. Girl Scouts of Oregon and Southwest Washington reaffirms its policy of equal opportunity for all potential and current volunteers regardless of race, color, religion, sex, national origin, physical and mental disability, sexual orientation, income level, marital or veteran status. In appointing volunteers, it is important that the requirements of the position match the skills, interests and time availability of the volunteer. All information provided on this application will be maintained in a confidential manner. The completion of a background check of criminal and civil record will be required. A criminal/civil record will not necessarily disqualify an applicant. **Acceptance of this application does not imply placement in or appointment to a volunteer position within the council.**

Are you already a Girl Scout member? No Yes If yes, are you a lifetime member? Yes No

Personal Information

First Name _____ Middle Name _____ Last Name _____

Nickname _____ E-mail _____

Address _____ Apt _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Office use only: Date received _____ Recruited by _____

How did you hear about us? (please choose only one) Alumni Newsletter Facebook Twitter School Flyer Radio/TV Recruitment Event Volunteer Match Word of mouth Other _____

What is your reason for volunteering? (Please choose only one) Want to work with youth Community service requirement Former Girl Scout Parent of a Girl Scout Course Credit Community service Other _____

Volunteer Type & Duration (check all that apply)

Direct Service (working directly with girls)
 Indirect Service (not working directly with girls, but supporting adults who do work directly with girls)
 Ongoing One-time Short-term Seasonal Other _____

Availability

When is the best time to call you? Morning Afternoon Evening

When are you available to volunteer?

Monday AM PM
Tuesday AM PM
Wednesday AM PM
Thursday AM PM
Friday AM PM
Saturday AM PM
Sunday AM PM

Do you own or have access to transportation? Yes No

What distance are you willing to travel to volunteer? (please choose only one)

Less than 5 miles 5-10 miles 10-25 miles 25-50 miles More than 50 miles

Number of hours in a month that you are available to volunteer: Less than 5 5-10 10-20 More than 20

Preferred location in which you'd like to volunteer _____



Application for a Volunteer Position

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Qualifications/Experience

At which Girl Scout council(s) have you volunteered, and in what role? _____

Other than Girl Scouts, for what organization(s) have you volunteered, and in what capacity? _____

Special Skills

Describe your specialized skills, talents and interests:

Skill Level: Beginning Intermediate Expert

A.) _____

B.) _____

C.) _____

Interests

Which grade levels are you interested in working with? Select all that apply.

K-1 2-3 4-5 6-8 9-10 11-12

In which area(s) are you interested in volunteering? Select all that apply.

Camp Events Series Troop Travel

Within that category, in which area(s) are you interested in volunteering?

- Leader Coleader/Assistant Leader Helper Girl Scouts Beyond Bars (GSBB)
- Creating Her Own Individual Changes & Experiences (CHOICE) Discovery Program Engineering, Science & Technology
- Hispanic Initiative Program Day Camp Trip Planning Recruiting Community Cultivation
- Event Coordination Product Sales Accounting Learning Facilitation Volunteer Mentoring
- Communications Guest Speaker/Presenter Other (please specify) _____

Employment

Employer Name _____ Your Position Title _____

Employer Address _____ City _____ State _____ ZIP _____

Education

Select the highest degree acquired: High School/GED Associate's Bachelor's Master's PhD

Name of school(s) _____

References may be requested at a later time.

I hereby affirm and certify that all information provided on both the front and back of this application is true and complete. I have not left out anything that might be important about my qualifications or background. I understand that Girl Scouts of Oregon and Southwest Washington will rely upon the accuracy and truth of this information. Any significant omissions or falsifications are a basis for immediate dismissal. I understand that Girl Scouts OSW will require a background check prior to any appointment.

Signature _____ Date _____

Please print name _____

Send completed forms to:

Girl Scouts OSW, Attn: Volunteer Processing, 9620 SW Barbur Blvd, Portland, OR 97219
Fax: 503-892-7603