

## **Program Aide Forms**

for Mail-In registration of Program Aides.

This form set is for Girls that want to

- Come to camp as a Program Aide
- Are registering by mail

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

**If you are not registered as a Girl Scout for 2009** be sure and see registration instructions in the reminders below.

This package contains the following forms:

Day Camp Registration form

Day Camp Health form

Day Camp Medication Permission form

Day Camp Program Aide Application form

Day Camp Program Aide Reference form (2)

### **Instructions:**

Print all the forms in this package.

Fill out the following forms completely:

Day Camp Registration,

Day Camp Health Form,

Day Camp Medication Permission Form

Day Camp Program Aide Application Form

Return completed forms to the Camp Registrar, with a check for the camp fee, before May 1, 2009.

Put your name on each Day Camp Program Aide Reference Form.

Give the Day Camp Program Aide Reference Forms to your two references and have them fill out the rest of the form and return it to the Camp Registrar.

### **Reminders:**

- Please fill out each form completely
- Each form must be signed by your parent or guardian.
- Include your camp fee.
- **If you are not currently registered as a Girl Scout for 2009**, you must register before coming to camp. To register: Download the Girl Scout Registration form, fill it out completely and send it, along with the GS registration fee, **to the camp Registrar**. All fees can be paid with one check.

Send all forms to:

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

Girl Scouts of Oregon and Southwest Washington, Inc.  
**DAY CAMP REGISTRATION**



A fully completed, signed registration packet **must** be accompanied by these three things: 1) Completed "Health Form", 2) Camp Payment, 3) PA Application (If applicable), and 4) "Over The Counter (OTC) Medication Form". Send all to the address listed on your Day Camp information page. A completed registration packet does not guarantee camper placement. Contact the Day Camp Registrar with questions. **DO NOT mail registrations to the Girl Scout Council Office.**

**DAY CAMP** \_\_\_\_\_

**CAMPER NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street, City, State & Zip

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Buddy Name \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRY-IT/BADGE CHOICE** (If applicable, see specific Day Camp description. List in order of preference.)

\_\_\_\_\_

OR \_\_\_\_\_

OR \_\_\_\_\_

**RAINBOW PROGRAM** (last level completed, see specific Day Camp description for guidelines and availability of this option)

\_\_\_\_\_

**CAMPER INFORMATION:**

Membership ID# (if known) \_\_\_\_\_ Troop # \_\_\_\_\_

Age \_\_\_\_\_ Grade next fall \_\_\_\_\_ DOB \_\_\_\_\_ / /

School next fall \_\_\_\_\_

**CHECK ALL THAT APPLY TO CHILD:**

Daisy    Brownie    Junior    Child of Camp Staff

Program Aide-In-Training    Program Aide    Girls 11-17

**BUS STOP** (if applicable, see Day Camp description):

\_\_\_\_\_

**T-SHIRT SIZE**      **Youth:**     Sm    Med    Lrg

**Adult:**     Sm    Med    Lrg    XL    XXL

**PARENT/GUARDIAN #1** (that lives with camper/same address)

Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Email \_\_\_\_\_

**PARENT/GUARDIAN #2**

Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACT** (other than Parent/Guardian #1 or #2)

Name/Relation to camper \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

**MEMBERSHIP**

- My daughter is a registered Girl Scout. **I will pay the Camp Fee only.**
- Please register my daughter as a Girl Scout. **I will pay Girl Scout Day Camp Fee + \$10.00 membership dues.** This will register her as a Girl Scout through September 30 of this year.

Acceptance and participation in summer programs is the same for everyone without regard to race, color or national origin. As an equal opportunity organization, Girl Scouts is dedicated to diversity and fully supports the right of equal access for girl and adult members with disabilities. Girl Scouts of Oregon and Southwest Washington makes every reasonable effort to ensure this access.

We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA for statistical purposes only and to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's **racial** background is (please check as many as apply)

- American Indian or Alaskan Native       Asian
- Black or African American                       White
- Hawaiian or Pacific Islander
- Other. Please specify \_\_\_\_\_

The registrant's **ethnic** background is (please check one)

- Hispanic or Latina                                       Not Hispanic or Latina

**PARENT/GUARDIAN PERMISSION**

As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measure deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in Girl Scout activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fund raising materials, news releases and other published formats, and will be the sole property of Girl Scouts of Oregon and Southwest Washington, its assigns or successors, or Girl Scouts of the USA.

- May **NOT** be photographed for Girl Scout publicity purposes
- May **NOT** participate in \_\_\_\_\_ (e.g., active sports, swimming)

**X** \_\_\_\_\_  
 Signature of Parent or Guardian                                      Date

**THIS FORM CANNOT BE PROCESSED WITHOUT THE SIGNATURE OF A PARENT OR GUARDIAN.**

- I may be interested in helping at camp, please contact me with information on volunteer opportunities.





Girl Scouts of Oregon and Southwest Washington, Inc.

# Day Camp Medication Permission Form

## Day Camp Medication Permission Form – Procedures

Day Camp staff cannot distribute medications to campers, whether over-the-counter or prescription without parent permission.

In order for Day Camp Health Supervisor to give any medication to campers, they must have a signed copy of the “Day Camp Medication Permission Form”.

### Day Camp Medication form

**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. Please sign and send this form with your camper on the first day of camp if you would like your camper to be able to receive these medications:

\_\_\_\_\_ has my permission to receive the following medications:  
(Name of camper)

Weight of child for dosage purposes: \_\_\_\_\_

“X” if camper may receive:	Medication/OTC
	Acetaminophen (Tylenol or generic) 325 mg, 500 mg, Chewable, Junior, & Liquid
	Ibuprofen (Advil or generic)
	Caladryl lotion
	Calamine lotion
	Neosporin
	Polysporin
	Sunscreen (without PABA, minimum SPF 30)
	Insect repellent (may contain up to 15% DEET)

Empty box means camper **may not** receive that medication.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian

**Prescription and Over-the-Counter Medications from Home:** If there are any other medications your camper may need at camp, please provide these in original packaging with doctor/parent instructions at the start of camp:

\_\_\_\_\_ has my permission to receive the following medications at camp: (name of camper)

Medication	Instructions for administration:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian

# DAY CAMP PROGRAM AIDE APPLICATION



Girl Scouts.

Name of Day Camp \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Girl Scout Troop # \_\_\_\_\_ SU/VISTA # \_\_\_\_\_ Currently a registered Girl Scout?  yes  no

### Prior experience at Day Camp:

As Camper? \_\_\_\_\_ (# of years) As Program Aide? \_\_\_\_\_ (# of years)

Which Day Camp(s)? \_\_\_\_\_

Specialization / Unit \_\_\_\_\_

What other Day Camps have you applied to as a PA this summer? \_\_\_\_\_

*Program Aide Core and Specialization Training are required for those interested in being a Program Aide at Day Camp.*

Are you a trained Program Aide?  yes  no

When? \_\_\_\_\_ Where? \_\_\_\_\_

**Use the back of this sheet to answer the following questions briefly:**

1. Why are you interested in becoming a Program Aide at Day Camp?
2. Describe any leadership experiences in Girl Scouting, school, outdoor school, 4-H, church or any other situation you have had that would prepare you for this P.A. job.
3. Describe any experiences you have had working with children.
4. In what activities do you participate in school?
5. Anything else you would like us to know?

If you feel more comfortable working with a certain Program Age Level, specify below:

- |                                       |   |
|---------------------------------------|---|
| _____ Daisy Girl Scouts (5-6 years)   | _____ Program Aide-In-Training (girls in 7th grade and above) |
| _____ Brownie Girl Scouts (6-8 years) | _____ Girls and Boys (ages 4-5)                               |
| _____ Junior Girl Scouts (8-11 years) | _____ Boys (ages 6 and up)                                    |

I understand if assigned to a Unit, I will be available for the overnight (if applicable). I understand that if I am selected as a Program Aide, I have made a commitment to Day Camp.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Follow instructions from your specific Day Camp website/information page for completing and returning application and registration paperwork.**



Complete the chart below to tell us how comfortable you are with certain outdoor skills or activities. This information will help us place you in a unit according to your ability and interest. Circle the number that best describes you. A "1" means you don't know how to do it, "2" means you know a little about it, "3" means you can do it, "4" means you are good at it, and "5" means you are able to teach it.

Skill: (circle one number for each line)

- Fire building ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Song leading ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Knots & Lashing ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Flag ceremonies ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Rules for the outdoors ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Arts & Crafts ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Plant identification ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- Leadership ..... 1 ..... 2 ..... 3 ..... 4 ..... 5

List any other skills you can share at Day Camp:

Are there skills you would like to improve this summer? \_\_\_\_\_

Use this section to answer the questions from the front of the application:

# DAY CAMP PROGRAM AIDE REFERENCE



Girl Scouts.

\_\_\_\_\_ has applied to participate as a Program Aide in a Day Camp setting. Program Aides will be responsible for attending training sessions, supervising activities for younger girls, and for assisting adult volunteers and Day Camp staff.

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. How well does the applicant work with her peers?
  
  
  
  
  
  
  
  
  
  
3. What leadership qualities does this applicant have?
  
  
  
  
  
  
  
  
  
  
4. When and where have you observed the applicant working with younger children?
  
  
  
  
  
  
  
  
  
  
5. How responsible is the applicant in fulfilling assigned tasks?
  
  
  
  
  
  
  
  
  
  
6. Do you have any concerns about this applicant?

Thank you for your time and consideration in filling out this form. If we should have any further questions about this applicant, may we contact you later? \_\_\_ Yes \_\_\_ No

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

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6. Do you have any concerns about this applicant?

Thank you for your time and consideration in filling out this form. If we should have any further questions about this applicant, may we contact you later? \_\_\_ Yes \_\_\_ No

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_