



VACC Camp Volunteer Application



NAME:	Home PHONE:	Cell PHONE:
ADDRESS:	CITY:	ST: ZIP:
EMAIL:		

T-Shirt Size::	BIRTHDAY:
EMPLOYER:	OCCUPATION: BUSINESS PHONE:
ARE YOU PRESENTLY A STUDENT?	WHERE? GRADE/MAJOR:
HIGHEST LEVEL OF EDUCATION COMPLETED:	COLLEGE MAJOR:

ARE YOU CURRENTLY CERTIFIED IN ANY OF THE FOLLOWING:
 First Aid CPR Lifeguard

LIST AND DESCRIBE ANY PREVIOUS VOLUNTEER AND/OR CAMP EXPERIENCE YOU MAY HAVE:

LIST ANY SKILLS, INTERESTS OR HOBBIES OR EXPERIENCES YOU HAVE HAD WITH CHILDREN

REFERENCES: (someone from the community or work / do not use a relative)

Name:	RELATION:	Phone:
Name:	RELATION:	Phone:
Emergency Contact:	Relation:	Home Phone:
		Work Phone:

PHYSICIAN NAME: PHONE:

I understand that my service is important to the camps success. I promise to serve the hours assigned and if I cannot be at the camp, I will promptly inform the camp coordinator.

I authorize emergency treatment for myself if I am injured or taken ill during my service at camp if I am not able to give consent for treatment and the staff is unable to reach my emergency contact named above. * I give full permission for use of my name, photograph or voice in promoting VACC Camp without limitation, reservation or compensation. (By signing this application I acknowledge the above information is true and correct)	DATE
SIGNATURE:	

Parental Consent for Teens under the age of 18 I authorize the emergency treatment of my daughter/son if s/he is injured or taken ill during volunteer service at camp if staff is unable to contact me for permission to treat. * I give full permission for use of my daughter/son's name, photograph or voice in promoting VACC Camp without limitation or reservation or compensation. (By signing this application I consent to the participation of my daughter/son)	DATE
PARENT SIGNATURE:	

DAY PHONE: EVENING PHONE:

This hospital fully complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, national origin, physical disability or veteran status.



PARTICIPANT CONSENT FORM

Date (MM/DD/YY):

Box for date entry

This form must be completed and signed before participating in any Shake-A-Leg Miami activity

Please use BLOCK letters

Name:

Name grid with labels: Title, First, Middle Initial, Last

Address:

Address grid

Date of Birth (MM/DD/YY):

Date of Birth grid

City:

City grid

State:

State grid

Zip:

Zip grid

Tel.:

Phone number grid with H, W, C labels

E-mail Address:

Community Group Name (if applicable):

VAC C CAMP MCH grid

Status:

Status options: Participant, Instructor, Volunteer Skipper, Volunteer AB, Student, Other

Activity:

Activity options: Sailing, Kayaking, Community Service, Powerboat

Demographic:

Demographic options: Non-Hispanic Black, Hispanic, Non-Hispanic White, Asian

Segment:

Segment options: Youth, Youth Group, General Community, University, Disabled

Disability:

Disability options: Physically Disabled, Developmentally Disabled, Blind, Head Injury, Deaf

Can you swim? Yes No

Parent Signature

Are you currently under doctor's care?

Yes No checkboxes

Are you prone to startle reflex or seizures?

Yes No checkboxes

Emergency Contact Name

Emergency Contact Name grid with Title, First, Last labels

Emerg. Tel.:

Emergency phone number grid with H, W, C labels

Where did you find out about Shake-A-Leg Miami?

Source options: Miami Herald, Television, School, Sign (drive by), Other, Miami New Times, Internet, University, Friend, Other newspaper, Brochure/Flyer, Community Group, Relative, Radio

Legal disclaimer text regarding liability and consent

PARTICIPANT SIGNATURE:

Participant signature box

UNDER 18 Participants Or Participants unable/incapable of Signing:

I, _____, hereby affirm that my child/ward or other person above, has permission to participate in the Shake-A-Leg Miami water sports program.

GUARDIAN/AIDE NAME

Guardian/Aide Name grid with First, Last labels

GUARDIAN/AIDE SIGNATURE:

Guardian/Aide signature box

Relationship:

Relationship box