

Volunteer "Camping Granny/Gramps" Application Form 2016

(Applicants must be 50 or older)

Duties: Assist with some of the camp chores, and be available to read to or talk with campers if they need some one-on-one time. Camping Grannies will share a cabin, and not be responsible for campers during the night, off-site activities, or during planned program time.

Name _____ M____F____

Complete Mailing Address _____

Telephone _____ Alternate phone _____

E-mail address (please print): _____ also helpful to add Kat on Facebook

Date of Birth: Month: _____ Day: _____ Year: _____ Staff Shirt Size: _____

Alternate emergency contact name: _____ and number: _____

List experience you have which may help you be a great Campin' Granny/Gramps:

YOU MUST PROVIDE 3 REFERENCES: Please supply the name, address, occupation, and both daytime and evening phone numbers of three people who can speak to your personal skill, knowledge, attitude, and character. **Your references cannot be relatives**, but rather people who are knowledgeable of your growth as a volunteer or employee.

1. Name _____ Occupation: _____

Email address: _____

Daytime phone _____ Evening phone _____

2. Name _____ Occupation _____

Email address: _____

Daytime phone _____ Evening phone _____

3. Name _____ Occupation _____

Email address: _____

Daytime phone _____ Evening phone _____

I wish to be a Campin' Granny/Gramps at:

(number in order of preference any for which you are available and willing, with #1 being your first choice)

_____ July 10 - 15 Jr. Scampers

_____ July 31 - Aug 2 Jr. Squirts

_____ Aug 3 - 5

_____ Aug 14 - 17

Sr. Squirts

Jr. Hodge-Podge

Leadership Camp is June 10 (7pm) – 12 (2pm).

You are welcome to attend this weekend, but attendance is not required.

On occasion, photographs and videos of campers and staff may be used on display boards or on our website. Please sign here if you prefer that your image **NOT** be used by Camp Shagabec in that way: _____

CAMPING GRANNY/GRAMPS MEDICAL FORM

FULL NAME: _____

HEALTH CARE NUMBER: _____ Province of Registration: _____

DOCTOR'S NAME & PHONE NUMBER: _____

Do you have any medical conditions including allergies we should be aware of? (Ex – asthma, seizures, physical or mental disabilities, hyperactivity, etc) Please specify:

Are you on any medication? If yes, please itemize (**ALL MEDICATION MUST BE CLEARLY MARKED, AND HANDED TO MEDIC UPON ARRIVAL AT CAMP**):

Do you have any physical, emotional, dietary (special diet) or behavioral problems? Please explain:

Please, contact us with any SPECIAL DIET CONCERNS so that we can make other arrangements. Please, do not bring any JUNK FOOD to camp.

CONSENT FOR TREATMENT

We will make every effort to inform parents/guardians of medical concerns, but we will not delay seeking medical attention as needed. In the event of a medical emergency, I give permission to Camp Shagabec and its staff to provide First Aid and/or transport to medical services as deemed necessary by Camp Shagabec personnel.

Date: _____ Signature: _____

Does the camp's medical personnel have your permission to administer over-the-counter medications to your child as required? (Such as Tylenol, antihistamine, antacid, etc)

Please initial: YES _____ NO _____

Note : Basic first aid supplies are kept at camp, you will have to provide all medicines for chronic conditions. Basic first aid for minor injuries will be provided as necessary. We will contact the parent/guardian if it is felt necessary.

Mail or email this form to:

Kat Fletcher – 1418 30 St S, Lethbridge AB, T1K 2Z2

davenkat@telus.net