



Volunteer Application

Name: _____ Phone: _____

E-mail: _____ DOB: (MM/DD/YY) _____

T-Shirt Size

Have you completed a criminal record check within the last 2 years (16+)? Yes No Not sure

Do you have First Aid Certification? Yes No If yes, from _____

When would you like to volunteer?

Elementary (9:00am-3:30pm): Week 1 (Aug 6-9, 4 days) Week 2 (Aug 12-16, 5 days)

Preschool (9:00-12:00pm): Week 1 (Aug 6-9, 4 days) Week 2 (Aug 12-16, 5 days)

Emergency Information (All Fields Must Be Completed)

Contact Name, Phone, Relationship: _____

Alternate Contact Name, Phone, Relationship: _____

Physician's name: _____ Phone: _____

Personal Health Number (BC Services Card): _____

Allergies (Please specify in great detail): _____

Current Medication (Please bring ALL needed medication): _____

Should it be necessary for me to have medical treatment while participating in any activity at camp, I hereby give permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve VCAC from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Signature: _____ Dated: _____

If you are under 19 years of age, we require your parent/guardian's signature.

Should it be necessary for my child to have medical treatment while participating in any activity at camp, I hereby give permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve VCAC from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Dated: _____