



# Volunteer Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ DOB: (MM/DD/YY) \_\_\_\_\_

T-Shirt Size  
Adult S / M / L

Have you completed a criminal record check within the last 2 years (16+)?  Yes  No

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

### When would you like to volunteer?

Week 1 (Aug 8- Aug 12)

Week 2 (Aug 15- Aug 19)

### 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: \_\_\_\_\_