



Girl Scout Volunteer Position Application – Day Camp

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

PLEASE PRINT LEGAL NAME:

Last Name _____ First Name _____ MI _____

Maiden Name (if applicable) _____

Mailing Address _____

Physical Address _____

City _____ CA Zip _____ E-Mail _____

Phone Number Day (____) _____ Evening (____) _____

Date of Birth _____ SS # _____

Name as it appears on Social Security Card: _____

Name of Day Camp: _____

REFERENCES:

List three persons **not related to you** who can judge your qualifications for this position. They should have known you for at least one year. Please give COMPLETE MAILING ADDRESSES.

1. Name _____ Day phone (____) _____

City _____ State _____ Zip _____

2. Name _____ Day phone (____) _____

City _____ State _____ Zip _____

3. Name _____ Day phone (____) _____

City _____ State _____ Zip _____

EDUCATION:

Name of School	Degree or Credits	Major Study
_____	_____	_____

PREVIOUS VOLUNTEER AND PAID WORK EXPERIENCE:

Organization/Employer	City/State	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF INTEREST: (Why are you interested in a volunteer position?)

Have you or any member of your household ever been convicted of a crime (other than minor traffic violations)?

No Yes If yes, please state offense, date, state and county on the back of the white copy of this form. (A conviction record will not necessarily be cause for disqualification.)

I verify that there is no registered sex offender residing in my home.

This is an application in Girl Scouting for which there is no monetary compensation. According to GSUSA's Blue Book of Basic Documents, there shall be no discrimination against an otherwise qualified individual. I understand that a background check will be done using my DOB/SS# (date of birth/social security number). **This information will be kept confidential.**

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

I have read the description for the position for which I am applying. If appointed, I agree to fulfill the position requirements.

Signature _____ Date _____

Referred by _____

RETURN COMPLETED APPLICATION TO:

_____ Day Phone (____) _____

Address _____ City _____ Zip _____

FOR OFFICE USE:		
Service Unit _____	Ref. Request _____	BGC _____
Approved _____		

Program Center
6601 Elvas Ave. Sacramento, CA 95819
916.452.9181 or 800.322.4475
FAX 916.452-9182

Modesto Office
3621 Forest Glenn Drive Modesto, CA 95355
209.522.9001 or 800.834.9899
FAX 209.522.9036



Adult/Sibling Registration – Day Camp

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Please mail a complete registration packet to the day camp registrar. Packet to include:

For Adults:

- One completed registration form
- Adult Emergency Health Information form
- Payment by check
- Business Size, Self-Addressed Stamped Envelope

For Siblings:

(a parent must volunteer to have a sibling child registered)

- Consent to Administer Medication to a Minor form
- Child Emergency Health Information form (for sibling children)
- Transportation form

Name of Day Camp _____ Session Dates _____

Name of Adult _____ Requested Camp Nick Name _____

Daughter's First & Last Name (if attending) _____ Grade in School (fall) _____

2ND Daughter's First & Last Name (if attending) _____ Grade in School (fall) _____

Day Phone (____) _____ Eve. Phone (____) _____

Cell Phone (____) _____ Email _____

Mailing Address _____ City _____ Zip _____

Person to contact in case of emergency: _____ Phone (____) _____

Day camp staff position preferred: Unit Leader _____ D _____ B _____ J _____ sibling unit _____ Shopper _____
 Overnight Patrol _____ Other: _____ (Please number your first 3 preferences for a position. We will try to meet requests.)

- Have you had a reference check done by Girl Scouts Heart of Central California? No Yes
 (If yes, what position? _____)

If no, complete the enclosed Girl Scout Volunteer Position Application and return with this registration. Background checks are required for all adults.

- Are you currently registered with Girl Scouts? No Yes
- If no, it is optional to also include adult GSUSA membership form and \$12 membership fee.**
- Do you want your child to be in your own unit where possible? No Yes Child's Name: _____
- Have you ever attended a Girl Scout day camp? No Yes When: _____
- Have you ever worked at a Girl Scout day camp? No Yes When: _____
- Have you completed Girl Scout day camp training? No Yes When: _____
- Do you have current first aid/CPR certification? No Yes When: First Aid _____ CPR _____
- Are you troop camp certified by this council? No Yes When: _____
- Are you a current volunteer leader? No Yes Troop # _____
- Other certifications (lifeguard, archery, canoe, child care, etc.) _____
- Do you speak a language other than English? No Yes What language? _____
- Check your T-shirt size (Adult Sizes): S (34-36) M (38-40) L (42-44) XL (46-48) 2X (50-52) 3X

***Please check your day camp flyer to ensure a sibling unit is available.**

Siblings: I am requesting placement for my child in the boys/preschool (potty trained) unit. I understand that I must be a full time volunteer and attend all trainings to use this service.

NAME	GENDER	AGE	SHIRT SIZE: YOUTH			ADULT			Fee (if any)
			S(6-8)	M(10-12)	L(12-14)	S(34-36)	M(38-40)	L(42-44)	
			S(6-8)	M(10-12)	L(12-14)	S(34-36)	M(38-40)	L(42-44)	
			S(6-8)	M(10-12)	L(12-14)	S(34-36)	M(38-40)	L(42-44)	

I understand that to be appointed for a volunteer position at day camp, I must have the GS Volunteer Position Application completed and on file, attend required trainings, and plan on committing to the full length of the day camp.

Signature: _____ Date _____



Adult Emergency Health Information

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Name _____ Birthdate _____ Troop # _____
Address _____ City _____ Zip _____ Home phone (____) _____
Family medical/hospital insurance carrier _____ Policy or Group No. _____

Emergency Contacts (in the event participant cannot be reached)

Name _____ Name _____
Relationship _____ Relationship _____
Day Phone (____) _____ Day Phone (____) _____
Evening Phone (____) _____ Evening Phone (____) _____
Cell Phone (____) _____ Cell Phone (____) _____
Email _____ Email _____

Do you have any allergies, special needs or a special diet we should be aware of? Yes No

If Yes, please explain: _____

(For example, please list all medications, plants, animals, etc. that you are allergic to and/or indicate whether you have special needs like asthma or diabetes.)

Please provide any information in relation to your care that would be useful to the person in charge. Also indicate any activities to be encouraged or restricted. _____

The above information is correct to the best of my knowledge. I hereby authorize Girl Scouts Heart of Central California, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization. This authorization shall remain effective throughout the entirety of the individual's membership in the Girl Scouts Heart of Central California.

I agree to inform a troop or activity leader of any changes in the above information.

Date _____ Signature of adult _____

Updated _____ Signature of adult _____

Updated _____ Signature of adult _____

All Girl Scouts registered in the USA are insured by:
MUTUAL OF OMAHA INSURANCE COMPANY
Girl Scout Division, Group Policy #SGS-2-8012 6-3632
Dodge at 33rd Street
Omaha, Nebraska 68175

Girl Scouts Heart of Central California
6601 Elvas Ave
Sacramento, CA 95819
(916) 452-9181 or (800) 322-4475



Child Emergency Health Information – Day Camp

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

This form is to be completed and signed by parents/guardians of the child and updated annually.

Name _____ Birthdate _____ Troop # _____
Address _____ City _____ Zip _____ Home phone (____) _____
Family medical/hospital insurance carrier _____ Policy or Group No. _____

Parent/Guardian _____ Parent/Guardian _____
Day Phone (____) _____ Day Phone (____) _____
Evening Phone (____) _____ Evening Phone (____) _____

Emergency Contacts (in the event parents cannot be reached)

Name _____ Name _____
Relationship _____ Relationship _____
Day Phone (____) _____ Day Phone (____) _____
Evening Phone (____) _____ Evening Phone (____) _____
Cell Phone (____) _____ Cell Phone (____) _____
Email _____ Email _____

The child may NOT be released to the following individuals:

Name _____ Name _____
Relationship _____ Relationship _____
Phone (____) _____ Phone (____) _____

Does the participant have any allergies, special needs or a special diet we should be aware of? Yes No

If Yes, please explain: _____

(For example, please list all medications, plants, animals, etc. that the participant is allergic to and/or indicate whether the participant has special needs like asthma or diabetes.)

Please provide any information in relation to the care of the participant that would be useful to the adult in charge. Also indicate any activities to be encouraged or restricted. _____

The above information is correct to the best of my knowledge, and my daughter has my permission to engage in all activities, except as noted. I hereby authorize Girl Scouts Heart of Central California, through the adult person(s) caring for my daughter, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact me or the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization. This authorization shall remain effective throughout the entirety of the individual's membership in the Girl Scouts Heart of Central California.

I agree to inform a troop or activity leader of any changes in the above information. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

_____ Date

_____ Signature of parent/guardian

_____ Updated

_____ Signature of parent/guardian

_____ Updated

_____ Signature of parent/guardian



Consent to Administer Medication to a Minor

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Name of minor _____ Date(s) of event _____

Name of camp _____

Prescription Medications

1. Each medication must be in its original pharmacy container and will be administered in accordance with the pharmacy label as prescribed.
2. Please use the attached page to authorize each prescription.

Non-Prescription Medications

Minors are not permitted to bring medications to Girl Scout activities. Consent must be provided by the parent or guardian in order for Girl Scout personnel to administer non-prescription medications. Please initial the following medications you authorize to be administered to your child as necessary.

_____ Pain reliever (Tylenol®, Advil®, acetaminophen, ibuprofen)

_____ Allergy and itch relief (Diphenhydramine: Benadryl®, Caladryl®, and Cortizone®)

_____ Stomach remedies (antacids)

Are there any over the counter medications or first aid remedies that your child is allergic to or that you **do not** wish to be administered? Yes No

If yes, please explain _____

Sunscreen and Insect Repellent

Minors may bring their own insect repellent (containing 15% DEET or less) and sunscreen. Please indicate if you DO NOT give us permission to administer these items to your child.

Do not administer: _____

The information provided in conjunction with this form is correct to the best of my knowledge. I authorize Girl Scouts to administer the prescription and non-prescription drugs noted herein. I acknowledge that in the event of an emergency, the use of some medication not previously approved may be necessary. In these circumstances, I authorize Girl Scouts to administer medication without prior approval. I agree to inform a troop or activity leader of any changes in the above information. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

_____ Date

_____ Signature



Transportation Arrangement Form

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This form must be completed and on file before your child may attend day camp. Please return promptly to the registrar of the day camp your child will be attending (registrar names and mailing addresses are located in the day camp brochure). **List all people who might be dropping off and picking up your child from Day Camp.**

Camper's First Name:	Camper's Last Name:
Nickname:	Home Phone: ()
Home Street Address:	City:
Parent/Guardian Name:	Phone # during day camp hours: ()
Adults authorized to sign-in and/or sign-out my child are (INCLUDE PARENTS):	
Name -	Relationship to child -
_____	<u>PARENT</u> _____
_____	_____
_____	_____
_____	_____
Please DO NOT release my child to: _____	
PARENT SIGNATURE: _____	

Daily Camper Attendance Log

DATE	SIGN-IN (signature of responsible adult)	SIGN-OUT (signature of responsible adult)