Girl Scouts of Wisconsin Southeast

Volunteer Led Day Camp Adult Registration

Only completed forms will be accepted. To be filled out by an adult.

COMPLETE AND MAIL TO:
Girl Scouts of Wisconsin Southeast
P.O. Box 14999
Milwaukee, WI 53214-0999

Adult volunteer's name: _____ Camp Name: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Home Phone: (_____)_____ Cell: (_____)_____

Birthdate: _____ Occupation: _____

Are you a registered Adult Girl Scout for 2013-2014? ❒ Yes ❒ No If no, you can enclose the $15 GSUSA membership dues and support Girl Scouting by becoming a member.

BACKGROUND CHECK AND REFERENCES (REQUIRED)

❒ Prior to submitting this form I have completed an online application and background check and submitted references at www.gswise.org.
❒ I have already completed an online application and background check with the Girl Scouts Wisconsin Southeast within the last 3 years.

MEDICAL HISTORY

Name of family physician: _____ Phone number: (_____)_____

ALLERGIES

❒ Animals ❒ Hay Fever ❒ Insect Stings ❒ Plant ❒ Pollen ❒ Medicine/Drugs ❒ Food ❒ Nuts ❒ Milk ❒ Latex ❒ Other

Type and severity of reaction: _____

ILLNESSES

❒ Bleeding/Clotting Disorders ❒ Seizures ❒ Asthma ❒ Diabetes ❒ Heart Defect/Disease ❒ Musculoskeletal Disorder ❒ Other

If other, list special needs: _____

SPECIAL NEEDS

❒ Wears Contacts/Glasses ❒ ADHD or ADD ❒ Hearing Defect/Disease ❒ Hypertension ❒ Other: _____

IMMUNIZATIONS

❒ Tetnus DPT: _____ ❒ HepB: _____ (optional)

MEDICATIONS

❒ Yes ❒ No If yes, does this need to be administered at camp? ❒ Yes ❒ No

If yes, please explain: _____

Do you have any restrictions or special needs to physical activity? ❒ Yes ❒ No If yes, please explain: _____

Do you require a special diet or have any dietary restrictions? ❒ Yes ❒ No If yes, please explain: _____

CAMP SPECIFICS

Name(s) and troop number(s) of camper(s) attending camp: _____

Name(s) of Pee Wee(s) and/or boys(s) attending camp: _____ ❒ M ❒ T ❒ W ❒ Th ❒ F

I am Volunteering for: Day(s) ❒ S ❒ M ❒ T ❒ W ❒ Th ❒ F ❒ unknown Nights ❒ S ❒ M ❒ T ❒ W ❒ Th

Transportation: Bus Stop _____ Ride Bus to Camp: ❒ M ❒ T ❒ W ❒ Th ❒ F From Camp: ❒ M ❒ T ❒ W ❒ Th ❒ F

Private Transportation: To Camp: ❒ M ❒ T ❒ W ❒ Th ❒ F From Camp: ❒ M ❒ T ❒ W ❒ Th ❒ F

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone during camp hours: (_____)_____ Phone #2: (_____)_____

Name: _____ Relationship: _____

Phone during camp hours: (_____)_____ Phone #2: (_____)_____

Have you ever volunteered at day camp? ❒ Yes ❒ No If so, when and in what capacity? _____

AREAS OF INTEREST - please check all that apply (directors will assign on the basis of need, not just interest)

❒ With my daughter ❒ Not with my daughter ❒ Boys unit ❒ Peewee unit ❒ Kitchen ❒ Bus monitor ❒ Shopper ❒ Crafts ❒ Nature ❒ Equipment
❒ Pre-camp preparation ❒ Set up (day before camp) ❒ Clean up (last day of camp) ❒ Other: _____

CAMP FEES

❒ $15 Girl Scout Membership for 2013-2014 (recommended) ❒ $10 Camp T-shirt Size: ❒ AS ❒ AM ❒ AL ❒ AXL ❒ AXXL ❒ AXXXL

❒ I would like a free camp patch ❒ $ _____ Donation (accept my tax deductible gift to support camp) (❒ For Trefoil only -adult horseback riding $35 _____)

❒ Total enclosed: $ _____

I have read the camp information and agree that I will abide by the regulations and procedures stated therein, including those on refund, non refundable deposit, and health. I understand that I am responsible for getting to and from this camp or bus stop. I give permission for photography/video of me to be taken for GSUSA, GSWISE, and the American Camp Association publicity and marketing purposes. If I am not already a registered Girl Scout, I give permission to register as a member of the Girl Scouts of the USA. I give permission to receive necessary health care and emergency medical treatment. The health history on this form is complete and accurate. I will not attend if I become exposed to any contagious disease, or if for any reason, I do not consider myself to be in good physical condition. Upon arrival the camp health personnel have the right to refuse to admit anyone to the camp who does not meet the acceptable health conditions e.g. temperature, contagious disease, etc.

Adult volunteer signature: _____ **Date:** _____