

Volunteer Registration



Olympic Dreams - Day Camp 2008 July 21-25, 2008

We will waive one camper fee for each adult who volunteers at camp full-time; or ½ fee for each of 2 Adults who will be responsible for filling One volunteer position. If you have any questions or concerns, please contact Cindy Marcotte at stpaulquilter@msn.com . All volunteer staff will be expected to:

- Have her/his volunteer application/references on file with the Girl Scout Council
- Attend training approx. one week prior to camp, date/time tbd.
- Stay overnight on Thursday night with the campers, if needed

Volunteers receive a free camp T-shirt; full time volunteers receive 1 free childcare spot in daycare.

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|---|----------------|--|-------|
| Volunteer Name: (first, middle initial, last) | | Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Full-time (one free camper) <input type="checkbox"/> Part-time If part-time, please indicate the days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Overnight <input type="checkbox"/> F | | Select T-shirt size: Adult sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | |
| Address: | | | |
| Number of summers you've volunteered at camp: | | Riding the bus from Tartan to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No Chaperone? | |
| Day Phone: | Evening Phone: | Cell/pager: | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify/explain | | Email (Can we use this as a primary contact?): | |
| Any disability or health concern that must be considered in your placement? (please explain) | | | |
| Camper at camp: | Age: | Child in child care/boys' unit*: | Age: |
| Camper at camp: | Age: | Child in child care/boys' unit*: | Age: |
| Ways you would be willing to volunteer: (please check) | | | |
| <input type="checkbox"/> Working with Brownies (grades 1-3) <input type="checkbox"/> Crafts/Kitchen <input type="checkbox"/> Working in Child Care (if necessary) <input type="checkbox"/> Working with Juniors (grades 4-6) <input type="checkbox"/> Administrative/computer <input type="checkbox"/> Working in Boys' Unit (if necessary) <input type="checkbox"/> Working with Caddies <input type="checkbox"/> Bus Chaperone <input type="checkbox"/> Other: (please specify) | | | |
| Would you prefer to be with your daughter's unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am willing to help anywhere needed | | | |
| Training you have attended: (please check) | | Camp fees for volunteers: If applicable, include with registration | |
| <input type="checkbox"/> Girl Scout Basic Outdoor Skills <input type="checkbox"/> Girl Scout Intermediate Outdoor Skills <input type="checkbox"/> Girl Scout Advanced Outdoor Skills <input type="checkbox"/> Adventure course <input type="checkbox"/> Waterfront/watercraft <input type="checkbox"/> Archery <input type="checkbox"/> Current First Aid Training - Expires: _____ <input type="checkbox"/> Current CPR Training - Expires: _____ | | Day Care - \$5 per child (free for FT Volunt) (plus one days snack for entire group per child) | |
| Would you be willing to take any of the above training as needed for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Boys' Unit (if necessary) \$?? TBD | |
| | | Additional T-shirts - \$5 (indicate size/quantity) Child sizes: <input type="checkbox"/> medium (8-10) <input type="checkbox"/> large (10-12) Adult sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | |
| | | Total Enclosed: | |
| | | <i>Checks payable to Beaver Lake Service Unit</i> | |
| Signature: | | | Date: |

Return registration to: Cindy Marcotte GS Daycamp, 2159 Douglynn Ln, St. Paul, MN 55119