



Camp Sunshine & Camp Snowflake, Inc.

1133 E. Ridgewood Ave., Saddle River County Park, Wild Duck Pond Area, Ridgewood, NJ 07450, (201)652-1755
Mailing Address: P.O. Box 99, Ridgewood, NJ 07451-0099 Email: info@sunshine-snowflake.org



www.sunshine—snowflake.org

2009-10 Camp Snowflake Volunteer Application

Name: _____ **Phone #:** _____

Street Address: _____ **Alt. Phone #:** _____

City/State: _____ **Email:** _____

Zip Code: _____ **Current School/Occupation:** _____

Birth Date: _____ **Age:** _____

In Case of Emergency, Contact: _____ **Phone #:** _____

Alternate Phone #: _____

Have you Ever Worked At Camp Sunshine/Snowflake before? Yes No (check one)

If Yes, How many Years? _____

Have You Ever Been Convicted for Any Crime? Yes No (check one)

Have You Ever Been Convicted of a Sex-Related or Child Abuse-related Offense? Yes No (check one)

Are you currently certified in any of the following (or equivalent)? Please check all the apply.

- | | |
|---|---|
| <input type="checkbox"/> Community CPR | <input type="checkbox"/> Community First Aid & Safety |
| <input type="checkbox"/> Infant & Child CPR | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> Adult CPR | <input type="checkbox"/> Lifeguard Training |
| <input type="checkbox"/> Standard First Aid | <input type="checkbox"/> Other: |

For the summer of 2009-10 season, Camp Snowflake will operate on Saturdays from September 19, 2009 through May 22nd, 2010 We close for major holidays, and for inclement winter weather, so call ahead for information on upcoming Saturdays. While not being committed and/or limited to volunteer at Camp Snowflake on a specific day, please check the months in which you will likely be able to attend. If you will be volunteering on specific days during the month, please circle those dates:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sept. (19 th , 26 th) | <input type="checkbox"/> Oct. (3 rd , 10 th , 24 th , 31 st .) | <input type="checkbox"/> Nov. (7 th , 14 th , 21 st .) |
| <input type="checkbox"/> Dec. (5 th , 12 th , 19 th) | <input type="checkbox"/> Jan. (9 th , 16 th , 23 rd , 30 th) | <input type="checkbox"/> Feb. (6 th , 20 th , 27 th) |
| <input type="checkbox"/> March (6 th , 13 th , 20 th , 27 th) | <input type="checkbox"/> April (10 th , 17 th , 24 th) | <input type="checkbox"/> May (1 st , 8 th , 15 th , 22 nd) |

As a volunteer, I agree to carry out all responsibilities and duties, which include reporting promptly for the days that I am able to attend, and to comply with all staff and program regulations.

Signature: _____ **Date:** _____

For the parent/guardian of minors:

I give permission for my son/daughter to be given Tylenol for headaches: Yes No

I give permission for him/her to attend supervised field trips during Camp hours: Yes No

Signature: _____ **Date:** _____



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For Camp Use Only: Orientation:

Tr. Type:

Standard School/Child Care Center Immunization Records

Name (Last, First M)		Date of Birth (MM/DD/YY)					Sex: M F	
Parent Or Guardian	Name:	Telephone #						
	Address:	Name of Doctor:						
		Doctor's Telephone #						
Vaccine Type	Disease Date MM/DD/YY	1st Dose MM/DD/YY	2nd Dose MM/DD/YY	3rd Dose MM/DD/YY	4th Dose MM/DD/YY	5th Dose MM/DD/YY	MM/DD/YY	
Diphtheria, Tetanus, Pertussus (DPT) (If Td or DT*, indicate in last box)								
Polio-Oral Polio Vaccine (OPV) (If Salk Vaccine, Indicate IPV in last box)								
Measles, Mumps, Rubella (MMR)								
Measles					or Measles Serology	Date	Titer	
Rubella					or Rubella Serology	Date	Titer	
Mumps					or Mumps Serology	Date	Titer	
Mantoux								
Hepatitis B								
Other (Specify)								
Medication at camp:		Medication at camp:						
Dose:	Time:	Dose:	Time:					
Allergies:								
Haemophilus B (HB)**								
Check One:		Can Receive Tylenol for headaches			Cannot Receive Tylenol for headaches			

*Required Medical Exemption

**Not Required

*****Please Note: All Immunizations Must List Month, Day, and Year Completely*****