



# 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 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, Camp Sunshine will operate from June 22<sup>nd</sup> through August 21<sup>st</sup>, Monday through Friday, from 9:00 A.M. to 3:30 P.M. While not being committed and/or limited to volunteer at Camp Sunshine on the following dates, please check the weeks in which you will likely be able to attend. If you will be volunteering on specific days during certain weeks, please indicate that as well (M=Monday, T=Tuesday, W=Wednesday, Th=Thursday, F=Friday):

- |                                           |                                           |                                           |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Wk 1 (6/22-6/26) | <input type="checkbox"/> Wk 4 (7/13-7/17) | <input type="checkbox"/> Wk 7 (8/3-8/7)   |
| <input type="checkbox"/> Wk 2 (6/29-7/3)  | <input type="checkbox"/> Wk 5 (7/20-7/24) | <input type="checkbox"/> Wk 8 (8/10-8/14) |
| <input type="checkbox"/> Wk 3 (7/6-7/10)  | <input type="checkbox"/> Wk 6 (7/27-7/31) | <input type="checkbox"/> Wk 9 (8/17-8/21) |

**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:** \_\_\_\_\_

<b>For Camp Use Only:</b>	<b>Orientation:</b>		<b>Tr. Type:</b>	
---------------------------	---------------------	--	------------------	--



# 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**

## 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: Dose: _____ Time: _____		Medication at camp: Dose: _____ Time: _____						
<b>Allergies:</b>								
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\*\*\*\*\*