



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

2010 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 2010, Camp Sunshine will operate from June 21st through August 20th, 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 (6/21-6/25) | <input type="checkbox"/> Wk 4 (7/12-7/16) | <input type="checkbox"/> Wk 7 (8/2-8/6) |
| <input type="checkbox"/> Wk 2 (6/28-7/2) | <input type="checkbox"/> Wk 5 (7/19-7/23) | <input type="checkbox"/> Wk 8 (8/9-8/13) |
| <input type="checkbox"/> Wk 3 (7/5-7/9) | <input type="checkbox"/> Wk 6 (7/26-7/30) | <input type="checkbox"/> Wk 9 (8/16-8/20) |

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: _____

For Camp Use Only: Orientation:		Tr. Type:	
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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: _____						
Allergies:								
Haemophilus B (HB)**								
Check One: <input type="checkbox"/> Can Receive Tylenol for headaches <input type="checkbox"/> Cannot Receive Tylenol for headaches								

*Required Medical Exemption

**Not Required

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