

“With A Little Help”, Inc.
FALL CAMP 2009 VOLUNTEER APPLICATION

Please print or type.

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Birthdate _____ Age _____ Weight _____ Height _____

How did you hear about W.A.L.H. Camp? _____

Is there a disabled adult you specifically would/would not like to assist? _____

Friends you wish to bunk near: _____

Please check the position(s) you would be willing to hold at camp (WSI and Crafts are for Summer Camp Only):

<input type="checkbox"/> Volunteer Attendant	<input type="checkbox"/> Nurse: <input type="checkbox"/> RN <input type="checkbox"/> LN	<input type="checkbox"/> Physician
<input type="checkbox"/> Pool Director (WSI)	<input type="checkbox"/> Crafts Instructor	<input type="checkbox"/> Program Staff

Do you know of anyone else who might also want to volunteer at camp? Yes No

If yes, their name, address and phone number please: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

RIDE SHARING

I need transportation?	Yes	No	Maybe
I can provide a ride?	Yes	No	Maybe
I use a: (circle one)	Car	Equipped Van	
For how many people in wheelchairs? _____		How many ambulatory individuals? _____	

HEALTH SUMMARY

Do you have a history of medical problems (pneumonia, diabetes, etc.)? Yes No

If yes, please explain: _____

Do have any drug allergies? Yes No

If yes, list: _____

Are you taking prescription medication? Yes No

If yes, please list medication, dosage and frequency of use: _____

List childhood diseases you have NOT had (include chicken pox, measles, mumps, etc.): _____

HEALTH INSURANCE

No one will be accepted to camp without having his or her own health insurance coverage.

Do you have health insurance? Yes No

If yes, please include name of insurance carrier(s) and policy number(s): _____

FEE SCHEDULE

A week of summer camp for an adult camper and volunteer costs upwards of \$650. While we do not require you to pay any of this it is our hope that you would either consider a monetary donation or participate in "With A Little Help", Inc. fundraising activities.

_____ I choose to make a monetary donation – Amount enclosed \$ _____
Please make checks payable to "With A Little Help" Inc.

_____ I have participated in the following fundraising activities this past year: _____

_____ I am a first year attendee and have not had the opportunity to participate in any fund-raisers.



AUTHORIZATION FORM

Please read and sign the consent below. If you are under age 18, please have one parent or legal guardian also read and co-sign the contents below.

I, (print name) _____, hereby attest that the information provided on this application is correct to the best of my knowledge.

In the event that person listed below as an emergency contact cannot be reached in an emergency, I hereby give my permission to the physician selected by the Director or his/her designate, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for me.

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian (if applicant is under 18 years old) _____ Date _____



I, (print name) _____, hereby release and waive any claim or cause of action which may occur against "With A Little Help", Inc. and any volunteer or employee and any other person acting with the permission of either arising out of any injury to my person or property during my stay at Camp, in transit to and from Camp, or during any activity approved by and of said person, and I agree to assume any claim which I might have against any said persons for injury as herein stated.

Further, I consent to "With A Little Help", Inc. using any audio-visual programs, using photographs, or public relations referenced to myself. These may be used for any purpose "With A Little Help", Inc. deem appropriate.

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian (if applicant is under 18 years old) _____ Date _____



PERSON TO CONTACT IN THE EVENT OF ANY EMERGENCY:

Name _____ Relationship _____

Address _____ Phone Number(s) (with area code) _____

MAIL COMPLETED APPLICATION TO:

"With A Little Help...", Inc.
Thomas Downs
335 East Clay Street
Whitewater, WI 53190

For more information call Tom at (262) 472-0895.

“With A Little Help”, Inc.

FALL CAMP 2009 PARTICIPANT AGREEMENT

The mission of “With A Little Help...”, Inc. is to provide our participants with a safe and enjoyable experience while attending either our summer or weekend camp. It is our hope that the application and interview process will answer any of your questions as well as help the camp staff determine who you are best suited to be paired with. With that in mind there are also certain expectations we have of both adult campers and volunteers. We ask you to read these expectations and be prepared to follow them if you choose to attend camp. Violations from these expectations may result in you being asked to leave camp.

- Once at camp I will not leave. Our insurance policy does not cover any person or persons leaving camp without permission.
- I will participate in orientation. This orientation is required of both first-time and veteran adult campers and volunteers.
- I will have respect for others and their personal property.
- For volunteers – my first responsibility will be that of my adult camper. While we want you to have a good experience, the needs of your camper must come first. If you feel you need some time to yourself, communicate that with your cabin leader or the camp coordinator.
- Camp Wawbeek and/or Pioneer Camp rules should be adhered to. Respect their property and avoid secured areas.
- Absolutely NO alcohol and/or illegal drugs will be tolerated at camp. Your first offense will result in immediate dismissal from camp and a one year suspension. Your second offense will result in immediate and permanent suspension from attending W.A.L.H. camps.
- Most importantly have FUN! – Whether you’re a camper or volunteer use this experience to meet new friends, get involved in activities and go home with the realization that you made a difference in the lives of others.

Please also know the important role that both long time adult campers and volunteers play at camp. Along with your cabin leader use them as a resource. Respect them for their experience and use the opportunity to learn from them.

BACKGROUND CHECK AUTHORIZATION

To ensure the safety of our campers, “With A Little Help...”, Inc. will be doing background checks on all volunteers. We appreciate your cooperation in our measures to protect our participants.

First Name _____ MI _____ Last Name _____

Address _____

City/State/Zip _____

Home Phone _____

Social Security Number _____ Drivers License Number _____

Have you had a felony conviction? (circle one) Yes No

If yes, please explain: _____

Do we have your permission to perform a background check? (circle one) Yes No

Signature _____ Date _____

Please return along with your camp application.