Tyler Arboretum

2016 Camp Volunteer Application (14 to 21yr.)

General Information

Name:		Birth Date:
Street Address:		Age on June 1, 2016:
City:	State:	Zip:
Phone: (H)	(C)	
E-mail :		T-shirt Size:
Parent/Guardian Contact Name and relationship:	Parent/Guardian e-mail Address if different from Youth	
Parent/Guardian Daytime Phone Number:		Cell:
In case of emergency, which hospital should we use? (please ask your parent)		
School you are currently attending:		Grade in Sept. 2016:

Does this volunteer experience go towards School Credit or Senior Project? ☐Yes ☐No

If yes, please state hours required, if any

If yes, please list the name of the school contact person and his/her email:

What weeks would you like to volunteer? Number in order of priority.

_____Week 1: June 27-July 1 - Don't Bug Out
_____Week 2: July 5-July 8 - Lenape Life/Eco-Adventures
_____Week 3: July 11-July 15 - Read & Room/Saving Spaces
_____Week 4: July 18 to July 23 - H2O Discoveries/Rocks Rock!
_____Week 5: July 25-July 29 - Messy Art Adventures/Water Wonders
_____Week 6: August 1-August 5 - Forest Frenzy/Animal Menagerie
_____Week 7: August 8-August 12 - Skulls, Skins, Scat/Art in the Arb
_____Week 8: August 15 to August 19 - Fizz, Bang, Pop!/Eco-Explorations

Comments:

Which date(s) would you be available for Pre-Camp Training/Orientation? (Select all that you are available)

☐ June 14, 2016
☐ June 18, 2016

List any dates that you cannot volunteer during the summer:

Have you volunteered at Summer Camp previously? If so, when and for how long?

References

Please list three people who have knowledge of your character, experience, and abilities.

Name	Relationship	E-mail Address	Phone Number

Please answer the following opened ended questions. Use an additional sheet if necessary

1. Why do you want to Volunteer with Tyler Arboretum Summer Camp? What excites you about volunteering?

2. What skills or experience do you have that would make you a good candidate for this position (including leadership, child care, outdoor skills or other skills)?

3. What skills would you like to gain from volunteering with Summer Camp?

4. What are three of your best characteristics/traits?

5. Describe a time when you worked as part of a group/team and describe your role in that group/team.

5. What are your interests and hobbies?

The parent or guardian accepts the inherent risks of participating in an activity at Tyler Arboretum and assumes full responsibility for any loss and injury. Participants in the volunteer program should have their own insurance appropriate to their needs and the needs of their family or dependents. I certify that the information stated on this application is true and correct to best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

Volunteer's Signature:_____ Date:_____

Parent's/Guardian's Signature (if minor):_____ Date:_____

Julia Lo Ehrhardt, Volunteer Coordinator
515 Painter Road, Media PA 19063-4424 or email to
Jlo@tylerarboretum.org

2016 Camp Volunteer Medical Form

Volunteer Information	
Name:	Birth Date:
Street Address:	City, State, Zip:
Phone: (H) (C)	E-mail:
Parent/Guardian Contact Name and relationship:	Parent/Guardian Daytime Phone Number:

Emergency Contacts (please provide at least three people to contact in case of an emergency):

Name	*Relationship*	*Daytime Phone Number*
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History and Information

Physician Information

Volunteer's Physician: _____ Phone Number

Address: _____ _____

Allergies: Please list any medication, food or environmental allergies

Health Issues: Please list any pertinent information for any health problems, including physical, psychiatric or behaviorial

Medications: Please list any medication you/your child will be taking, even if it is only administered at home (including dose, reason for taking the medication and possible side effects)

Will you/your child be bringing any medication to camp? ☐Yes ☐No If yes, what medication & dosage?

Emergency Medications: Please list any emergency medications that you/your child will need to have at camp. (Epi-pen, inhaler, etc.)

Adult Volunteer Consent (18 or Older)

As as an adult volunteer, I give my permission to be photographed while participating in Tyler Arboretum's Summer Camps. I understand the images may be used for publicity purposes.

☐Yes ☐No

As an adult volunteer, I am willing and able to take part in all programs. I release the Arboretum and its personnel of any liability related to the administration of the over-the-counter medication. I hereby authorize the Summer Camps staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Arboretum from any and all liability for any injuries or illnesses incurred while I am at camp. The Arboretum also has my permission to secure treatment for me by a local doctor or area hospital in the event of a medical emergency.

☐Yes ☐No

I understand that Tyler Arboretum reserves the right to dismiss any volunteer whose conduct is detrimental to the Camps.

☐Yes ☐No

Volunteer Name (please print):_____

Volunteer Signature:_____ Date: _____

Parental Consent (for minors)

The following topical medication(s) below may be administered to my child:

☐Calamine Lotion/Anti-Itch Medication
☐ Neosporin/Antibiotic ointment
☐ Sunscreen lotion/spray
☐ DO NOT ADMINISTER ANY OF THE ABOVE

If minor, will you need to participate in before/after care?
☐Yes ☐No

Pick-up Authorization (Please list all of the people who are authorized to pick-up your child from camp, including parents)

Tyler Arboretum has my consent for my child to take part in all programs. I release the Arboretum and its personnel of any liability related to the administration of the over-the-counter medication listed above, if selected. I hereby authorize the Summer Camps staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Arboretum from any and all liability for any injuries or illnesses incurred while my child is at camp. The Arboretum also has my permission to secure treatment by a local doctor or area hospital in the event of a medical emergency.

☐Yes ☐No

I understand that Tyler Arboretum reserves the right to dismiss any volunteer whose conduct is detrimental to the Camps.

☐Yes ☐No

As parent or guardian of the above named volunteer, I give my permission for him/her to be photographed while participating in Tyler Arboretum's Summer Camps. I understand the images may be used for publicity purposes.

☐Yes ☐No

Volunteer Name (please print):_____

Volunteer Signature:_____ Date: _____

Parent/Guardian Name & Relationship (for minors):_____

Parent/Guardian Signature: _____ Date: _____