



Adventures in Dogwood Forest

2008 Hidden Valley Day Camp • Lawrence, KS

June 16-20 and 23-27

DAY CAMP AIDE APPLICATION

Please supply two references (who know your experience with children, not your parent) with contact numbers on this application. Please supply those references with a reference form and stamped envelope addressed to the Day Camp Registrar. **PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Name _____ Grade entering Fall 2008 _____ Age _____

School _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Parent cell phone _____ Your cell _____

Name of Parents/ Guardians _____

Emergency Contact (if parent can't be reached) _____ Phone _____

Name of Troop Leader _____ Phone _____ Troop # _____

DAY CAMP WEEK (check all that apply)

June 16-20 June 23-27 1 week, no preference

T-shirt Adult Size (circle): S M L XL XXL XXXL **Fee: \$15**

REFERENCES: All applicants are required to supply each personal reference with a REFERENCE FORM and a stamped envelope addressed to: Day Camp Registrar, 1833 Villo Woods Ct., Lawrence, KS 66044

Reference #1: Name _____ Phone _____

Reference #2: Name _____ Phone _____

TRAINING (check all that apply):

I have completed Aide Intern Training

I am registered for Aide Intern Training

I have previously served as a Day Camp Aide, Camp Name (ie. Bug) _____
 Hidden Valley other _____ years _____

I understand that I must have my parent's permission before I serve at Day Camp. I understand that I will be expected to take training before I serve at Day Camp, and that if accepted, I will serve the full session of day camp.

Signed _____ (Girl Scout)

_____ (parent)

Make checks payable to Douglas County Girl Scouts.

Mail registration form and check (\$15) to: Day Camp Registrar, 1833 Villo Woods Ct., Lawrence, KS 66044

**DAY CAMP AIDE APPLICATION
EXPERIENCE:**

Name _____ age _____

Experience working with younger Scouts:

Position _____

Briefly describe your responsibilities _____

When? _____

How much time did you spend? _____

What do you enjoy most about working with younger girl scouts? _____

Experience working with children outside of scouting:

Position _____

Briefly describe your responsibilities _____

When? _____

How much time did you spend in the position? _____

What did you enjoy most about working with children? _____

CAMPING EXPERIENCE:

Where did you camp? _____

Who did you camp with? _____

What kind of camping was it? _____

Briefly describe your responsibilities/skills: _____

How often have you been camping? _____

What do you like best about camping? _____

SKILLS (please check skills you could teach or interests you could share):

Outdoor cooking

Fire building

Hiking

Songs

Outdoor Games

Storytelling

Knots

Outdoor flag ceremony

Camping

Crafts

other _____

PLACEMENT:

What age level would you prefer to work with? (does not guarantee placement)

Brownie

Junior

No Preference

I would prefer to help with camp duties (ie. Cabin, Skill sessions, Craft sessions, etc.)

Please include any additional information about yourself or things you'd like us to know here:



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DAY CAMP AIDE HEALTH FORM

Please fill out information completely. Signature of parent or guardian is **REQUIRED**.

Name _____ Age _____

MEDICAL INFORMATION

ALLERGIES:

____ Drugs _____ Food _____ Poison Ivy
____ Hay Fever _____ Insect Stings _____

Additional Information/ Restrictions _____

CHRONIC / RECURRING

____ Asthma _____ Diabetes _____ Ear Infections
____ Epilepsy _____ Heart _____ Other _____
____ Physical limitations
____ Additional information _____

Date of last: Tetanus toxoid immunization _____ Health Exam _____

MEDICAL AUTHORIZATION

Girl Scout health standards state that no child shall keep medication in her possession; it must be turned in to the adult in charge.

The adult(s) in charge have my permission to dispense:

Please circle one:

- My daughter/ward's medication. YES NO
If yes, name of medication and amount _____
- Non-aspirin substitute (ex. Tylenol) to my daughter/ward. YES NO
We will administer non-aspirin substitute per scout's age/weight.

EMERGENCY AUTHORIZATION

I give permission for my daughter/ward to attend Day Camp and participate in all activities, except as noted by physical limitations. In case of illness or accident, my child may be given emergency first aid treatment. I have read the program information and agree to cooperate with all Council policies. All photographs/films of my child may be used by Girl Scouts of Kaw Valley Council for publicity purposes. I certify that all of the above information is correct.

Parent/Guardian Signature _____ Date _____