



Adventures in Dogwood Forest

2008 Hidden Valley Day Camp • Lawrence, KS

June 16-20 and 23-27

ADULT VOLUNTEER REGISTRATION FORM

Name _____ Phone (H) _____ Cell _____

Address _____ City _____ Zip _____

E-mail Address _____

Daughter's Name: _____ Troop # _____

T-shirt size (circle): S M L XL XXL XXXL Registered Girl Scout?(circle) Y N

Unit Leaders (UL) attend all five days of camp and the Thursday overnight if they're with a Junior unit. UL's should be registered Scouts who have completed Outdoor Training. Parent volunteers and activity leaders attend 1 to 5 days of camp and the overnight if possible. Outdoor Training is helpful but not required. First Aider should have First Aid/CPR certification or be an RN, MD or EMT. **Unit Leader training June 14th 8:30am-10:30am, at Hidden Valley, optional Outdoor Refresher follows from 10:30am-2pm. Please contact Lauren Yoshinobu Buskirk at 865-5616 or lyoshinobu@hotmail.com to RSVP.**

ICAN VOLUNTEER:

___ Week 1 (6/16-20) ___ Week 2 (6/23-27) ___ No preference

If you have more than one daughter, please indicate which day you want to help which daughter's group or no preference.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day (8:15 – 3:15)					
Mornings (8:15 – 1:00)					
Lunch (11:00 – 1:00)					
Afternoons (11:00 – 3:15)					
Overnight (3:00 pm – 9:00 am)					
Camp Clean-up (3:15 – 5:00)					

___ Unit Leader ___ Parent Volunteer ___ First Aider ___ Activity Leader

___ Other _____ (stuff envelopes, shop, portion food, traffic control, equipment check in, etc.)

I HAVE CURRENT TRAINING IN:

___ Basic Outdoor Skills ___ Overnight Camping & Tenting
 ___ Basic First Aid (Expires: _____) ___ CPR (Adult & Child) (Expires: _____)



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ADULT VOLUNTEER HEALTH FORM (REQUIRED)

Name _____

Emergency Contact: Name _____ Phone _____

Relationship to volunteer _____

ALLERGIES:

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

CHRONIC / RECURRING:

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

Date of last: Tetanus toxoid immunization _____ Health Exam _____

In case of illness or accident, I may be given emergency first aid treatment. I have read the program information and agree to cooperate with all Council policies. All photographs of me may be used by Girl Scouts of Kaw Valley Council for publicity purposes. I certify that all of the above information is correct.

Signature _____ Date _____