

I can help make Day Camp Great! July17-21, 2017

_ I will pray for Day Camp

_ I can help with Maintenance –set up, during camp time or after hours.

_ I can help with Snacks – people are needed to solicit donations, pick up items, work on food prep during camp times.

_ I can help with Administration – needed areas are data entry, working at the registration table, writing letters to campers, writing thank you notes, etc.

_ I can help with traffic control – people needed for beginning and end of each camp day (7:45 – 9:00 or 3:30-4:30)

_ I can be a Counselor or Junior Counselor – Be with the kids and assist or lead activities – need to fill out application form!

_ I can help with Arts and Crafts

_ I can help with Music

_ I can help with Nature – need to fill out an application form!

_ I can be camp photographer for the week – can come and go from c	camp as
needed.	

_ I can help with Recreation – need to fill out an application form!

_ I can help organize Friday's all camp lunch!

_ I can make a financial contribution to help camp

_ I can be camp nurse for one or more days of camp – must be physically present for full day

Name:_____ Phone:_____

Address:_____

Email:_____

Church Affiliation:_____

Please email to SchoharieReformedChurch@yahoo.com or return

To Schoharie Reformed Church, P.O. Box 635, Schoharie, N.Y. 12157

Please fill out the reverse side of this form

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D	Y CAMP
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	MIN

Schoharie Valley Community Camp Volunteer Medical History & Background Information

As a Day Camp Program we are required to obtain the medical history and run background checks of all Day Camp Volunteers. *Please return this information by Juky 2nd so that the background checks can be completed before the first day of camp. Please know that this information will be kept confidential except in the case of emergency.*

Health Information:

Are all your immunizations currently up to date _____yes _____no

Please list any allergies, special dietary needs, or specific illnesses that we should be aware of:

Please list any Medications you are currently taking:

Background Information:

Full Name_____

Date of Birth _____

Driver's License # (if applicable)_____

Have you ever been convicted of a felony _____yes _____no

If yes, please explain and give date: _____

I hereby attest that the above information is up to date and accurate to the best of my knowledge and that failure to produce accurate information could result in my inability to be a staff or volunteer for Schoharie Christian Day Camp.

Signature_____

Date