



2018 Volunteer Application

Name: _____ Date: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ (Cell): _____

Birthdate: _____ Age: _____

(If 18 years or older please see the following sheet for getting the proper clearances)

School: _____ Grade: _____

Preferred Method of Communication (circle one) Phone, Email, Text

How did you hear about Camelot for Children? _____

Why are you interested in volunteering at Camelot for Children? _____

SPECIAL SKILLS OR QUALIFICATIONS:

Skills, Hobbies, Activities, Interests: _____

Special Training: First Aid _____ CPR _____ Other _____

Have you ever done any volunteer work? Yes/No Where: _____

Have you ever worked with children? Yes/No Where: _____

What kinds of volunteer work are you most interested in doing? _____

Is this a Community Service Project? Yes/No

Please provide Camelot staff with the community service form. **You** will need to keep track of your hours and ensure you receive your completed forms prior to completion of service.

Parent/Guardian/Mother: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ (Cell): _____

Parent/Guardian/Father: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ (Cell): _____

Insurance Company: _____ ID#: _____

Group #: _____

Please indicate any medical condition or disabilities of which we should be aware: _____

If parent is not available, emergency contact person: _____

Emergency contact's phone #: _____ Relationship to volunteer: _____

Person(s) designated by parents to whom the child may be released: _____

Confidentiality Policy: During the course of volunteering for Camelot for Children, I understand, acknowledge, and agree that (i) I may have access to confidential information regarding Camelot for Children, and its employees, and volunteers, and individual Camelot children and their families, including medical data, medical history and other similar information, financial data, and other confidential and non-public proprietary information (individually and collectively, the “Confidential Information”); (ii) I am required, both during and subsequent to when I serve as a volunteer, to hold this Confidential Information in strictest confidence; (iii) I am strictly prohibited from discussing this Confidential Information with anyone outside of Camelot for Children; (iv) I may only discuss this Confidential Information with employees or other volunteers of Camelot for Children on a need to know basis as part of that employee’s or volunteer’s performance of his or her duties for Camelot for Children; (v) I am responsible for maintaining the confidentiality of all Confidential Information to which I am exposed while serving as a volunteer, whether this information involves an individual Camelot for Children employee, volunteer, child, or other person, or involves overall Camelot for Children business; and (vi) my failure to maintain the confidentiality of this Confidential Information may result in the termination of my volunteer relationship with Camelot for Children or result in Camelot for Children taking corrective or legal action against me.

As legal guardian of the participant named on this registration form, I/we hereby grant my/our full consent and approval for my/our child(ren) to participate in the Camelot for Children Camp. By signing this document, I/we agree to abide by all the rules, regulations, and decisions of the staff and Board of Directors of Camelot for Children.

I/we, the undersigned, understand that there are certain risks of injury inherent in participation in camp. I/we am/are willing to assume these risks on behalf of my/our child(ren). In addition to giving my/our full consent for my/our child(ren)'s participation, I/we do hereby remise, release, forever discharge, waive, absolve, indemnify and agree to hold harmless Camelot for Children Staff, Board of Directors and any and all agents, servants, employees or workmen. I/ we, the undersigned, assume all financial responsibility for payment of medical, dental expenses for the named participant(s). The Camelot for Children organization assumes no liability or costs in the event of injury, death or illness of any kind, due to participation in camp.

I/we grant and empower Camelot for Children and all its directors, employees, contractors and any other person assigned or acting on its behalf, to act as guardian/spokesman in granting permission for giving of routine medical care and/or transportation, emergency treatment/hospitalization as may be deemed necessary, appropriate or beneficial at the time relating to or concerning our child.

I/we grant to Camelot for Children, its representatives and employees the right to take photographs and videos of participant and their property in connection with the above-identified subject(s). I authorize Camelot for Children its assigns and transferees to copyright, use and publish the same in print and/or electronically

I agree that Camelot for Children may use such photographs and videos of participant with or without participant name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Signature of Parent/Guardian _____ **Date** _____

AS A RESULT OF PA ACT 153 you MUST acquire the appropriate clearances if you are a volunteer. Volunteer Definition: An adult individual 18 years of age or older serving in an unpaid position who is responsible for the welfare of one or more children or has direct contact with children through any program, activity, and service sponsored by Camelot for Children. If you meet this definition, YOU WILL NEED CLEARANCES.

IF CLEARANCES ARE NEEDED below are the appropriate links to obtain clearances.

- 1. PA Criminal History - <https://epatch.state.pa.us/Home.jsp>**
- 2. PA Child Abuse - <https://www.compass.state.pa.us/cwis/public/home>**
- 3. If you have not lived in the State of PA during the last 10 years, you will also need FBI Fingerprint Clearance - https://www.pa.cogentid.com/index_pdeNew.htm**