



Volunteer Application

Name: _____ Date: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ Phone (Cell): _____

Birth date: _____ Age: _____ *(If 18 years or older please see the following sheet for getting the proper clearances)*

School/Employer: _____ Grade (if applicable): _____

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?

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 community service form. **You** will need to keep track of your hours, and completed form will be mailed back to applicant.

Parent/Guardian/Mother: _____

Email: _____

Address: _____

City, State Zip: _____

Phone (Home): _____ Phone (Cell): _____

Parent/Guardian/Father: _____

Email: _____

Address: _____

City, State Zip: _____

Phone (Home): _____ Phone (Cell): _____

Health Insurance Coverage #: _____

Insurance Company: _____

Please indicate any medical conditions or Disabilities we should be aware of: _____

If parent is not available, Emergency contact person -

Name: _____

Relationship to Participant: _____

Emergency Contact Person Phone Number: _____

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

As legal guardian of the participant named on this registration form, I/we hereby grant my/our full consent & 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 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 Volunteer if over 18 or

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.

SECTION II: 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. Go to this site for the volunteer code and information, then click on the link to register with that code - http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_267907.pdf