

# Camp Juliena 2010

## Volunteer Registration Form

I would like to volunteer for:

\_\_\_\_\_ **Teen Camp** (July 4<sup>th</sup> – July 10<sup>th</sup>, ages 13 – 17)

\_\_\_\_\_ **Youth Camp** (July 17<sup>th</sup> – 24<sup>th</sup>, ages 6 – 12)

**\*\*All Volunteers must obtain a background check and have the sealed, official findings sent to Camp Juliena. These can be obtained through your local police department. \*\***

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Deadline for Registration Form and Completed Application: May 7, 2010**

T-Shirt Size (Circle One): **Adult:** M L XL XXL

\_\_\_\_\_  
Volunteer Signature

Send Registration Form and Completed Application to:

**Camp Juliena**  
**Georgia Council for the Hearing Impaired, Inc.**  
**4151 Memorial Drive, Suite 103-B**  
**Decatur, Georgia 30032**

For information, please contact [campjuliena@gmail.com](mailto:campjuliena@gmail.com)  
Or call Bonna at (770) 856-2492

# Camp Juliena

## Volunteer Application 2010 (circle: Teen or Youth or Both)

-Please Print-

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>County:</b>	<b>Zip Code:</b>
<b>Day Phone:</b> ( )	<b>Evening Phone:</b> ( )	<b>Fax No:</b> ( )	
<b>Pager No:</b> ( )		<b>E-Mail Address:</b>	
<b>Social Security No:</b>		<b>Sex:</b> M F	<b>Date of Birth:</b> / /

**For Youth Camp only, please list desired positions:** (Number interests: 1 as most desired to 6 as least desired)

<input type="checkbox"/> Cabin Counselor	<input type="checkbox"/> Nurse
<input type="checkbox"/> Splash/Recreation Team	<input type="checkbox"/> Kitchen Staff
<input type="checkbox"/> Art/Nature Team	<input type="checkbox"/> Media team

\*\* We will try meet your preference; please be flexible .

**Special Interest/Skills (check one or more):**

<input type="checkbox"/> Hiking	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Photography	<input type="checkbox"/> Recreational Games
<input type="checkbox"/> Swimming	<input type="checkbox"/> Arts & Craft	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Nature

Other Skills:

Degree of Hearing Loss (check one)	Communication Mode (check one or more)	My Sign Language Skills are:
<input type="checkbox"/> Deaf	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Superior
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Sign Exact English	<input type="checkbox"/> Advanced
<input type="checkbox"/> Hearing	<input type="checkbox"/> Oral	<input type="checkbox"/> Intermediate
		<input type="checkbox"/> Beginner

Education	Name of Institution	Degree Earned
<input type="checkbox"/> High School		
<input type="checkbox"/> Technical School/College		
<input type="checkbox"/> College		

**Employment (Current or Last Employment)**

<b>Name of Employer:</b>		
<b>Address:</b>		
<b>Starting Date:</b>	<b>Leaving Date:</b>	<b>Type of Work:</b>

**References:** Give names of two persons whom you have known for a year or more and are not related to you.

Name	Address	Phone No.

**Have you been convicted of a felony within the last five (5) years?**     Yes     No

**If yes, explain** (will not necessarily exclude you from consideration):


I certify that all information on this application is correct. I authorize GACHI/Camp Juliena to verify this information. I understand that intentionally providing falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employer listed above to provide any information concerning my employment. I understand that my picture/video may be used in camp promotion.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

# Camp Juliena

## Emergency/Medical Information

\*Information on this page is not used to select or exclude applicants\*

-Please Print-

Name:		Social Security No:			
Age:	Height:	Color of Hair:	Color of Eyes:		
[ ] Medical/Hospital Insurance		[ ] Medicaid		(Please enclose a copy of insurance card or Medicaid)	
Name of Insurance:			Policy/Group No:		
Required: In the event of an emergency, notify:					
Name:			Relationship:		
Home Phone: ( )		Cell Phone: ( )		Other: ( )	
Health History	Yes	No	Allergies	Yes	No
• Frequent ear infections			• Hay Fever		
• Asthma			• Poison Ivy		
• Heart defects/disease			• Poison Oak		
• Convulsions (seizures)			• Insect Sting - severe reaction		
• Diabetes			• Food Allergies		
• Bleeding/Clotting disorders			List Food Allergies:		
Explain any "yes" item:					
Childhood Diseases	Yes	No	Drug Allergies	Yes	No
• Chicken Pox			List Drug Allergies:		
• Measles					
• German Measles					
• Mumps					
Other Diseases or Disorders:					
Operations/Serious Injuries (dates):					
Additional Disabilities:					
Physical Limitations:					

\*All prescription/non-prescription drugs and medications must be in their original containers and must be kept in the infirmary at all times. They are not to be kept in the cabins. Please leave medications with the health staff before the campers arrive.

Name of Medication	Dose	Frequency of Administration	Route of Administration - how given

This health history is correct so far as I know, and I can engage in all camp activities except as noted by me. I understand that Camp Viola, Camp Lookout, GACHI/Camp Juliena is not liable for any illness or accident of a Volunteer or visitor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_.

1. List all the camps for which you have worked or volunteered:

Name of Camp	Dates worked	Ages of Campers	Paid or Volunteer?

2. Specifically, have you worked for Camp Julienna before? If so, what years?

3. Were you a camper? If so, what years?

**Important Information:**

\*If you are accepted as a volunteer for Youth Camp Julienna, you are required to attend a full day training beginning at 12 pm on July 17<sup>th</sup>, 2010 at Camp Viola. Volunteers are not allowed to leave the camp facilities without permission from the Director between July 18<sup>th</sup>, 2010 at 1 pm and July 24<sup>th</sup>, 2010 after clean-up is complete.

\*If you are accepted as a volunteer for Teen Camp Julienna, you are required to arrive at Camp Lookout at 10am on July 4<sup>th</sup>, 2010 for training. Volunteers may not leave without permission between 1pm July 4<sup>th</sup>, 2010 and 1pm on July 10<sup>th</sup>, 2010.

\*Volunteer applicants may be contacted to set up an interview at the director's discretion.

