

NEW DAY SUMMER CAMP VOLUNTEER ENROLLMENT FORM 2017

****PLEASE FILL OUT ONE FORM FOR EACH VOLUNTEER. PHOTO COPY IF NECESSARY. PLEASE PRINT CLEARLY.****
VOLUNTEER MUST BE 18 YEARS OF AGE BY CAMP

Volunteer's Name _____ Date of Birth (mm/dd/yy)_____

Please circle: Male Female T-Shirt Size (circle one): **ADULT SIZES ONLY** S M L XL 2XL 3XL 4XL

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

E-Mail Address _____

Returning Volunteer? Yes No If known, year(s) attended: _____

New Day Camp will offer a variety of recreational opportunities. The camp will be held on the shores of Lake Texoma. The activities will include, but not necessarily be limited to: bank fishing, canoeing and paddle boating, softball, ropes challenge courses, hiking, swimming, basketball, board games, crafts and path clearing. Volunteers are expected to stay with their groups at all times and participate in all activities.

New Day Camp depends on donations for its existence. Hence volunteers may be photographed and videotaped to be used by the Oklahoma Conference of the United Methodist Church and its affiliate ministries for camp promotions.

New Day Camp will also provide worship and Bible study experiences which are of the Christian faith and involve the volunteers in those events. These services may involve group and/or individual counseling sessions, which may be led by a licensed professional social worker who specializes in working with children and families. The purpose of this counseling is to provide a safe environment for children to discuss their feelings regarding their parent's incarceration.

I agree to participate in counseling sessions if asked to at New Day Camp. I further understand that this information will be kept confidential unless disclosure is mandated by state law. (i.e. cases of child abuse or neglect.) Information obtained through New Day Camp counseling sessions will be forwarded to the appropriate authorities when required by law, or mental health therapist, licensed mental health therapist or social worker..

New Day Camp will have nurse(s) as part of the camp staff. They will provide emergency medical assistance, secure any additional assistance required and monitor the dispensing of prescription and over-the-counter medication.

I, _____ hereby understand all information listed above and agree with terms and conditions. I wish to attend the CJAMM New Day Camp I (ages 8 –11 yrs) at Cross Point in Kingston, Oklahoma June 11-16, 2017 and/ or New Day Camp TOO (ages 12-14 yrs) at Cross Point in Kingston, Oklahoma July 16-21, 2017.

Signature of Volunteer

Date

Name (please print)

PLEASE FILL OUT COMPLETELY

I can attend Camp I. _____

I can attend Camp Too. _____

Keep me on list for 2018. _____

REMOVE ME FROM LIST. _____

Please return this completed enrollment form by April 30, 2017 to:

**MAIL: NEW DAY CAMP
1501 NW 24TH STREET
OKLAHOMA CITY, OK 73106**

EMAIL:lrhoads@okumc.org ; FAX: (405) 530-2049

(PEASE FILL OUT OTHER SIDE➔)

****HEALTH INFORMATION****

Health Insurance Co. is _____ Policy # _____

Dr.'s Name _____ Phone # (_____) _____

PERMISSION TO DISPENSE PRESCRIPTION MEDICATION

<u>Name</u>	<u>Medication</u>	<u>Dosage Amt and Times</u>	<u>Special Instruction\Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other information of which the nurse should be aware: _____

****OTHER INFORMATION****

**** This section must be filled out for both New Day Camp I and Too, if NONE please list "NONE." ****

1. Any allergies to food or medication? _____
2. Any recent injuries or illness? _____ Past injuries or illnesses? _____
3. Any physical handicaps or conditions which restrict physical activity (in extra heat)? _____
4. Any dietary restrictions? Note: You will need to bring food for special diets. Space will be provided to store food (not in cabin)

5. Do you have a medical diagnosis, physical limitation or need special accomodations? (Example: Diabetes, seizures, asthma, knee injury etc.) _____
6. Are there any special or unusual needs that you might have at camp? _____
7. In 100 words or less, explain what you have done for spiritual growth in the past year and how this will help you at camp.

Volunteer Signature: _____ Date _____

In **EMERGENCY** contact: _____ Phone _____

PLEASE FILL OUT THE ENTIRE APPLICATION (FRONT AND BACK) AS THOROUGHLY AS POSSIBLE. IF YOU HAVE ANY QUESTIONS, PLEASE DIRECT THEM TO KRISTEN HARLIN, 405-530-2015. THANK YOU.