

VOLUNTEER

VACATION

**youth service leaders
in action day camp**

Whitfield County

9:00 a.m. – 4:00 p.m.

**Tuesday & Wednesday,
February 21 & 22, 2012**

HOW TO LIVE UNITED:

JOIN HANDS. OPEN YOUR HEART.

LEND YOUR MUSCLE.

FIND YOUR VOICE.

THINK OF WE BEFORE

ME. Clean-up the river. Paint a historic building.

Play basketball with small children. Feed the hungry. Be a leader.

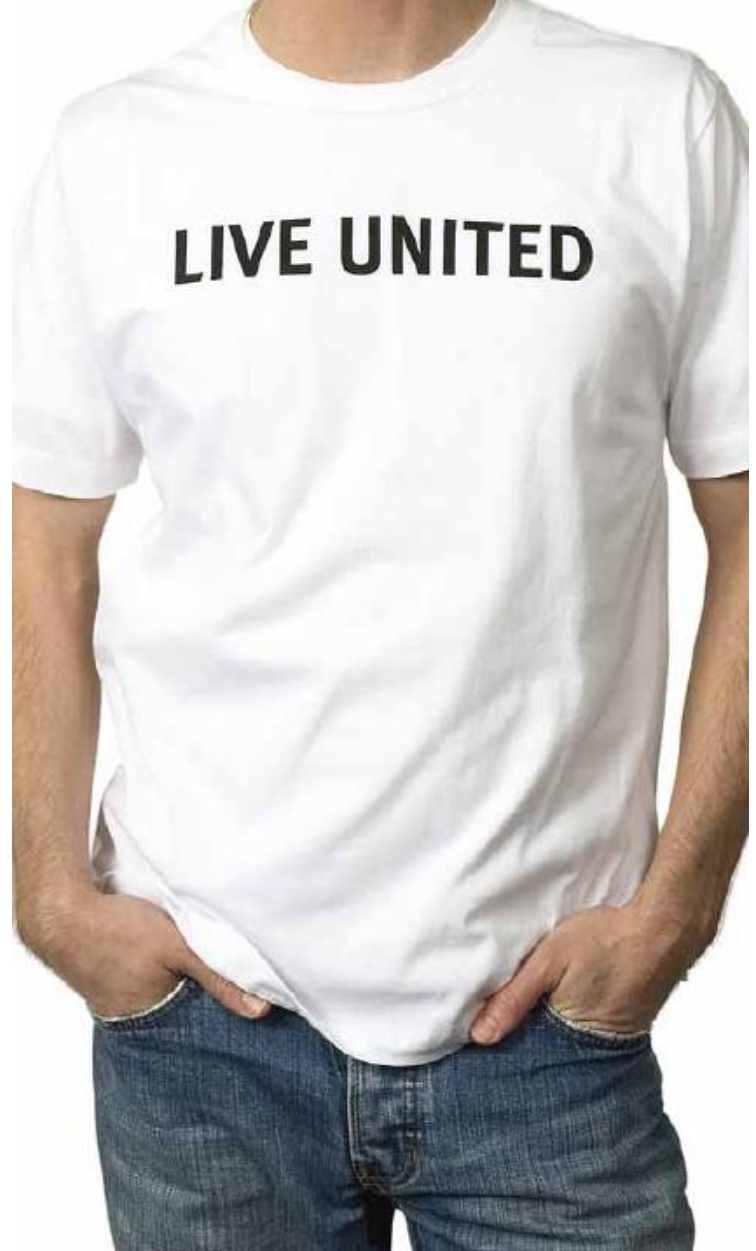
GIVE 10% GIVE 100% GIVE 110% GIVE A DAY.

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.

WHAT: Get involved in a full day of tackling tough issues in our community through volunteerism. Have fun and make a difference! The day will begin in the United Way conference room where campers will learn about themselves and the community. Campers will complete at one volunteer project in the morning and then a second project after lunch. All participants will have a chance to reflect upon their experiences and log their service hours towards completion of the Presidential Volunteer Service Award. Drop-off & pick-up is at United Way of Northwest Georgia, 816 S. Thornton Ave. Dalton, GA 30720.

REGISTRATION: Registration should include a one paragraph "Purpose Statement" written by the camper about why they want to attend this camp. Campers will be selected based on the merit of the Purpose Statement. Confirmations will be emailed. Open to: 13- 21 year-olds.



VOLUNTEER VACATION

Registration form & health history

Camper's Full Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email address _____

Age _____ Grade (11-12 school year) _____ School _____

Parents or Guardians' Full Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Purpose Statement: Why I want to attend this camp....

Drop-off Time: 9:00 a.m. Pick-up Time: 4:00 p.m.

Please list the names of the people who are authorized to drive your child during day camp:

My child can drive himself/herself home from day camp every afternoon.

Campers are asked to not bring inappropriate items with them to camp. Cell phone use is allowed, but should not be excessive.

IN EMERGENCY NOTIFY

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

HEALTH HISTORY

ALLGERIES

Medication Allergies (list):

Describe reaction & management of the reaction:

Food/Other Allergies (list):

Describe reaction & management of the reaction:

MEDICATIONS BEING TAKEN

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Your child can carry the medications on their person, but is only to take the medication out when it is time for their dosage. Keep the medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This child has NO medications that are taken on a routine basis.

This child needs to take the following medications:

- 1. Name of Medication _____ Dosage _____ Specific Time To Be Given _____
Reason for taking _____
- 2. Name of Medication _____ Dosage _____ Specific Time To Be Given _____
Reason for taking _____

RESTRICTIONS

The following restrictions apply to this individual:

Dietary (list): _____

Explain any restrictions to any activity: _____

Use this space to provide any information about the participant’s behavior and physical, emotional, or mental health about which the day camp staff should be aware. In order for accommodations to be made for campers with disabilities, needs for specific accommodations should be made in the space provided:

PARENT/GUARDIAN/CAMPER AUTHORIZATIONS

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give my permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission for transportation to be arranged the nearest hospital in the case of an emergency. In the event that I cannot be reached in an emergency, I given permission for medical treatment to be secured and treatment be administered for the above named child. I understand that this health information will remain confidential to the appropriate day camp personnel, including the designated person trained in first aid, or emergency personnel as needed.

I understand that drinking, smoking, (or the possession of alcohol, tobacco, weapons, or illegal substances), stealing, threats, acts of violence, unruly behavior or sexual contact of any kind results in immediate dismissal from camp with no refund.

I fully understand and agree that the organizers, owners, instructors, counselors and administrators of the day camp shall be free from any liability of claims arising by reason of any injury or illness and that I am giving permission for my child to travel to project locations.

By my child participating in this event, I allow United Way to photograph or video my child for uses in local newspapers serving the Northwest Georgia area, United Way posters, brochures, video or other printed materials.

Signature of parent or guardian Date this form was signed

Signature of Camper Date this form was signed

If you have any specific questions about Volunteer Vacation Day Camp please contact:

Jessica Marks
United Way of NWGA, Volunteer Center
Phone: 706.876.1590
email: Jessica.marks@ourunitedway.org

