



Volunteer Application

Personal Information

(EMAIL COMPLETED FORM TO ROXI@ODESSACRISISCENTER.ORG)

Name (First and Last): _____

Address: _____

Cellphone #: _____

Home phone #: _____

Date of Birth (month/date/year): _____

High School (if applicable): _____

Grade: _____

Sex: F / M

Shirt Size: S M L XL Other: _____

Medical Information

Allergies (If Applicable)

To Food: _____

To Medication: _____

To Environment: _____

Other Allergies: _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury.

Cross out those items the volunteer should not be given.

Acetaminophen (Tylenol)

Ibuprofen (Advil, Motrin)

Phenylephrine (Sudafed PE)

Pseudoephedrine (Sudafed)

Chlorpheniramine maleate



Guaifenesin
Dextromethorphan
Diphenhydramine (Benadryl)

Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite)
Calamine lotion Bismuth subsalicylate (Pepto-Bismol)
Hydrocortisone 1% cream
Topical antibiotic cream
Calamine lotion
Aloe

Diet, Nutrition

Eats a regular diet (check): _____

Medically prescribed meal plan or dietary restrictions (describe):

Medication

No daily medication (check): _____

Take following prescribed medication(s) while at camp: (name, does, frequency- describe below)

Physician Information

Physician Name: _____

Telephone Number: _____

Person to Notify in Case of Emergency

Name: _____

Street Address: _____

City, ST ZIP Code: _____

Home Phone: _____

Work Phone: _____



Relationship:

To Be Completed By All Applicants

Have you ever been convicted of any criminal offense other than the following: Minor traffic violation fine \$500.00 or less; or offenses settled in juvenile court or under welfare youth offender law.

Yes [] No[] If yes, please explain:

Availability

The Wonder Girls Camp is projected to be from 7 am - 5:30 pm July 31st- August 4th. Only Volunteers who volunteer all week and for most of the day will be given T-Shirts. Please check on times you are available.

Monday:

All Day___ 7am-12:15pm___ 12:15pm-5:30pm___

Tuesday:

All Day___ 7am-12:15pm___ 12:15pm-5:30pm___

Wednesday:

All Day___ 7am-12:15pm___ 12:15pm-5:30pm___

Thursday:

All Day___ 7am-12:15pm___ 12:15pm-5:30pm___

Friday:

All Day___ 7am-12:15pm___ 12:15pm-5:30pm___



Interests

In which areas are you best suited to volunteer? Please choose all you would be interested in doing.

Co-facilitator: help Community Service Manager facilitate presentations (volunteer will be required to be present all day)

Runner: run errands, messenger, collector

Help with set up, pick up, lunch snacks, loading and unloading

First Aid: must be certified in first aid

Engineering

Fitness

Nutritionist/ Dietitian

Science

Art

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Signature: _____ Date: _____



Medical Information Card

Volunteer Information

Volunteer Name: _____ Sex: F M
Address _____ City _____
State _____ Zip _____
Date of Birth _____ Age at camp _____

Parent Information

Parent/Legal Guardian: (both names please)

Home Phone Number _____
Work Phone Number _____
Parent 1 Cell _____
Parent 2 Cell _____

Emergency Contact (name): _____
Relation to volunteer _____ Phone Number _____
Address _____

Family Physician (name) _____
Dr.'s Office Phone _____
Family Dentist/Orthodontist _____
Dr.'s Office Phone _____



Insurance Information

If so, indicate carrier or plan name _____ Group # _____
Policy Holder's Name _____
Date of Birth _____

***Please attach a photocopy of the front and back of health insurance card. Be advised that the Odessa Crisis Center does not provide medical, accident, or illness insurance coverage.



ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in volunteering in the Wonder Girls Camp, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the Crisis Center and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, waterfront, and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the Crisis Center. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the Wonder Girls Camp and/or sponsored by the Crisis Center.

I also acknowledge that the Crisis Center often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.



RELEASE

In consideration of the Crisis Center allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the Wonder Girls Camp and/or sponsored by the Crisis Center, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Crisis Center and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the Crisis Center and its employees, agents, or representatives or from some other cause. My agreement to release the Crisis Center does not include any loss, damage or injury that results from the Crisis Center gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption

or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Crisis Center and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the Crisis Center that I have the authority to execute this Volunteer Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the Crisis Center arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the Crisis Center from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the Crisis Center or from some other cause.



ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian

Date:

of Participant(s) under the Age of 18

Name(s) and Age(s) of Participant(s) under the Age of 18, If Any,

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