Name of volunteer:

Age as of June 29th, 2020:

Phone Number: Email address:

Emergency Contact

Name: Relationship to volunteer:

Phone Number: Email address:

Any allergies or medical conditions that we should know about?

Are there medications or accommodations for these conditions? (EpiPen, inhaler, etc.)

Do you have any training in first aid, lifeguard training, babysitter courses, etc. that would be useful during our summer camp?

Do you have any experience in sports, musical instruments, dance, bird-watching, etc., that our campers would be interested in?

I have read all the policies for the Rosedale Summer Camp and agree to follow them.

Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_