

Wings of Eagles Ranch

VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY Summer Camp

Please check which camp you will be volunteering for

Urban Youth Enrichment Camp June 14 th -15 th	Outdoor Adventure Camp III July 16 th – 20 th
Outdoor Adventure I Camp June 18 th – 22 nd	Families For Hope Day Camp July 26 th (1day only)
Outdoor Adventure II Camp July 2 nd – 6 th	Horse Lover’s Camp July 30 th – August 3rd

Name: _____ Dated: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail Address: _____ Home Phone: _____ Cell: _____
 DOB: ___/___/___ Age: _____ Male Female
 How did you learn about the camp? _____

Camp T-shirt size (please check one)

Youth Small	Youth Medium	Youth Large	
Adult Small	Adult Medium	Adult Large	Adult X-Large

Parent Information

(For volunteers under the age of 18)

Parent/Legal Guardian Name	Home Phone: Cell Phone:
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Emergency Contact

Name:	Relation:	Phone #
Name:	Relation:	Phone #
Physician’s Name	Phone #	
Preferred Medical Facility:		

Health History

Yes No Explain

Had any recent injury, illness, infectious disease?			
Have frequent headaches?			
Do you have allergies? To What?			
Do you have mental or stress related problems?			
Ever had back problems?			
Have high blood pressure?			
Ever had a seizure/epilepsy?			
Ever feel dizzy during or after exercising			
Have diabetes?			

Allergic Reactions

If you have an allergic reaction can we give you liquid Benadryl? Yes No

Signature: _____ Date: _____

Volunteer or Parent if under 18 years of age

Photo Release

I DO DO NOT

Consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me by Wings of Eagles Ranch for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Volunteer Signature or Parent if under 18 years of age

Required References

Personal – Must be non-family and over the age of 25.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Current or past employer:

Name: _____ Phone: _____

I hereby authorize Wings of Eagles Ranch to contact any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability of information provided in good faith.

I agree to the Reference Authorization

Signature: _____
Volunteer Signature or Parent if under 18 years of age

Criminal History (over age 18)

Have you ever been convicted of a crime(s) other than a traffic violation? Yes ___ No ___

If you answered yes to the above question please describe.

Have you ever been convicted of any crime against a child or any form of child abuse? Yes ___ No ___

If you answered yes to the above question please describe.

Volunteer Experience

Wings of Eagles Ranch Camp Experience? Yes No # of years _____

Other Camps Experience? Yes No

If Yes, please explain: _____

Do you have experience in any of the following areas?

- | | | |
|---|---|---|
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Music/Puppetry/Drama | <input type="checkbox"/> Audio Visual Equipment |
| <input type="checkbox"/> Low Ropes Courses | <input type="checkbox"/> Photography | <input type="checkbox"/> Art |
| <input type="checkbox"/> High Ropes Courses | <input type="checkbox"/> Fishing | <input type="checkbox"/> Boy Scouts/Girl Scouts |
| <input type="checkbox"/> Other _____ | | |

Do you have any of the following certifications/degrees/licensures?

- | | |
|--|---|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Ropes Course Facilitator | <input type="checkbox"/> CPR/First Aid |

Horse Experience

Do you ride? Yes No Frequency? Weekly Monthly Yearly

Do you own a horse? Yes No

Do you ride? Western or English

What would be your preferred interest at camp?

- Group Leader Counselor Assistance Counselor/Helper Babysitter
- Photography Outdoor Adventures Art Music Water Play High Rope Elements
- Barn Helper (Barn Maintenance Cleaning/Grooming/Tacking)
- Side walker Horse Leader (Must have horse experience) Grounds Maintenance Crew

Tell us about other activities/hobbies you like to do:
