Volunteer Information Sheet

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*ONLY INDEPENDENT WORKERS, AGES 12 AND OVER ON WORK DAYS**

***Please indicate preferred methods of contact: e-mail\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Work

Other Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name) (Relationship)* (Contact information)

Specific Medical Alerts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Limitations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please fill out an Adult Health History Form (attached) and bring with you to work days.***

*Also, please understand that the Adopt a Camp effort is a strictly volunteer based organization, and no monetary payment will be exchanged for services rendered. Submitting this form acknowledges that you agree to these terms and conditions. THANK YOU for your generosity in giving your time and skills to help preserve and improve this beautiful place for our girls.*

***So we can match up our jobs with your skills, please check any that applies to you:***

**First Aider\_\_\_\_\_**

**Prof. Carpenter \_\_\_\_\_**

**Skilled Carpenter\_\_\_\_**

**Capable Carpenter\_\_\_\_**

**Prof. Plumber\_\_\_\_\_ Skilled Plumber\_\_\_\_\_**

**Prof. Painter\_\_\_\_\_**

**Willing Painter\_\_\_\_**

**Prof.w/ Struct.Cable \_\_\_**

**Electrician\_\_\_\_\_**

**Landscaping\_\_\_\_\_ Willing Worker \_\_\_\_**

**Skilled with:**

**Sewing Mach. \_\_\_\_**

**Pressure Washing\_\_\_\_**

**Power Tools\_\_\_\_\_**

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We prefer that, if possible, you **e-mail this form back** or print and bring with you to the volunteer work session. We will send you a list of upcoming jobs that we hope to accomplish. If you see a job you would particularly like to work on, please let us know as soon as possible, so we can have the right person for the right job and have materials on hand.

*I will be contacting you, or contact one of us if you have questions, concerns, materials donations, or suggestions.*

Thank you,

Laura A. Pittman,

*Camp Low Adopt -a-Camp Team, coordinator*

stelaupit@gmail.com

Other coordinators:

Margaret Laurens, jcharles195@comcast.net

Diana McDaniel, Dmcdan@georgiasouthern.edu

**\*\*ONLY INDEPENDENT WORKERS, 12 YEARS AND OLDER ON WORK DAYS**

Girl Scouts of Historic Georgia, Inc. ADULT HEALTH HISTORY

Allergies (check those that apply and specify the nature of the

allergic reaction):

Animals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pollen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plants\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hay Fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines/Drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insect stings \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you carry an Epi-pen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, can you self-administer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is required for all trips/events that occur away from the meeting place.

This completed form, along with other necessary papers, must accompany adult chaperone during all events/trips/activities. Also, this necessary paperwork must be in the vehicles transporting the adults to whom they refer.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: F M

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Medical/Hospital Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last health examination: \_\_\_\_\_\_\_\_ Complicating medical problems noted in last health examination \_\_\_\_\_\_\_\_\_\_\_

Check those that apply and describe:

Current care by a physician or psychologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serious injury or operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An illness lasting more than five (5) days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribed medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regularly taken over the counter medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent exposure to a contagious disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restrictions concerning physical activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Health Conditions (check those that apply).

\_\_\_Motion sickness

\_\_\_Special dietary regimen

\_\_\_Hearing impairment

\_\_\_Sleep disorders

\_\_\_Emotional disturbances

\_\_\_Fainting

\_\_\_Nosebleeds

\_\_\_Glasses/contact lenses

\_\_\_Fears

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History (check those that apply)

\_\_\_\_\_Convulsions/Seizures \_\_\_\_\_Hypertension \_\_\_\_Sinusitis \_\_\_\_\_Musculoskeletal Disorders \_\_\_\_\_Asthma

\_\_\_\_\_Diabetes

\_\_\_\_Lyme Disease

\_\_\_\_Bleeding/Clotting Disorders

\_\_\_\_Heart defect/disease

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diseases (check those that apply)

\_\_\_\_\_Chicken Pox

\_\_\_\_\_Measles

\_\_\_\_\_German Measles

\_\_\_\_\_Mumps

\_\_\_\_\_Tuberculosis

\_\_\_\_\_Other (species)

Please indicate any activities to be encouraged or restricted. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Adult Health History Form is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GSHG FORMS (8/09)

Need for Accommodations

*(e-mail this page, the Registration Form, and Adult Health History to a committee member)*

Please indicate the date(s) you are willing to volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each work weekend, volunteers will be permitted to stay over-night Saturday night if you wish to continue working on Sunday. Please indicate which days you will be willing to come, if you plan to stay over Saturday night, and the type of accommodation you would prefer. Please note that if girls are at camp, male workers will only be allowed to stay in Driftwood platform tent area (due to restroom situation). Please understand that **ONLY ADULTS AND OLDER GIRLS (~12 & UP) WHO ARE WILLING WORKERS COME ON WORK DAYS.**  Please, no girls under , and **ALL** **MUST** be **willing workers, self motivated**, and able to **follow directions** from those other than the parent. Call or email if you have questions or need to clarify a point.

* \_\_\_\_\_Attend for part of the work day on \_\_\_\_\_\_\_\_, and leave before dinner
* \_\_\_\_\_Attend work day on \_\_\_\_\_\_\_\_, and leave after dinner
* \_\_\_\_\_Attend work days on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and stay the night
  + Would like to stay in a platform tent\_\_\_\_\_
  + Would like to stay in a cabin (if available)\_\_\_\_\_
  + Will be bringing personal tent\_\_\_\_\_

Comments/Questions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you.

Camp Low A.C.T Coordinators

Laura A. Pittman, stelaupit@gmail.com

Margaret Laurens, jcharles195@comcast.net

Diana McDaniel, Dmcdan@georgiasouthern.edu

**\*\*ABSOLUTELY NO ONE UNDER 12 ON WORK DAYS**

**Girl Scouts of Historic Georgia, Inc**

**Volunteer Waiver .**

I certify that I am offering my services to Girl Scouts of Historic Georgia, Inc. (hereinafter referred to "the Council") on a volunteer or service basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer or service work, and a I am not eligible for unemployment compensation benefits when my volunteer or service assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer or service work.

**1)** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( print name) certify that I have read, understand and agree to abide by the Girl Scouts of Historic Georgia, Inc. Volunteer Waiver, as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**2)** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( print name) certify that I have read, understand and agree to abide by the Girl Scouts of Historic Georgia, Inc. Volunteer Waiver, as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**3)** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( print name) certify that I have read, understand and agree to abide by the Girl Scouts of Historic Georgia, Inc. Volunteer Waiver, as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**4)** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( print name) certify that I have read, understand and agree to abide by the Girl Scouts of Historic Georgia, Inc. Volunteer Waiver, as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date