



Volunteer Info:

Name _____
First Last

Address _____
Street/P.O. Box City State Zip

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Email Address _____ Age ____ Birthdate ____/____/____

Male Female Religious Affiliation (if any) _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number (_____) _____

Food Allergies Yes No If yes, please explain _____

Drug Allergies Yes No If yes, please explain _____

Volunteer Info continued:

Other Allergies Yes No If yes, please explain _____

Dietary Restrictions Yes No If yes, please explain _____

Please list any physical limitations and describe them fully (terrain, etc) _____

T-shirt size: Adult Small Adult Medium Adult Large Adult X-Large

Do you speak any language other than English? _____

Why do you want to be a volunteer at Camp Koala? Please be specific, it helps. Thanks!!

Occupation: _____ Employer: _____

Employer's Address: _____
Street/P.O. Box City State Zip

Volunteer Info continued:

Educational Background:

Name of Institution	Course of Study	Degree/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Licenses / Certifications:

Type	State	Date	Number	Exp. Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Information - Please feel free to use additional sheets of paper if necessary. These questions are used to pair you with the most appropriate Little Buddy.

Do you have any interests such as hobbies, sports, or any special talents? _____

Do you have children? Yes No What ages? _____

What experiences have you had working with children? _____

Personal Information continued:

What experiences have you had at other camps or outdoor activities? Have you ever been a camp counselor before? Please describe. _____

Where do your interests lie at Camp Koala with regards to being a volunteer?

- Big Buddy
- Arts & Crafts
- CPR/Red Cross Certified Lifeguard
- Jr. Counselor / Gopher
- Therapist
- Session Leader
- Help Setup/Breakdown
- Food Service
- Other - Please Explain: _____

If you are not applying to be a Big Buddy, what times are you available throughout the camp weekend? The entire weekend, Fri-Sun? _____

Bereavement History - please list any significant losses you have experienced throughout your life:

Relationship to the Deceased	Year of death	Your age at death	Cause of death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Information:

Are there any activities that you may not be able to participate in while at camp? Please explain.

Health Information continued:

Physician Name _____ Phone Number (_____)_____

Can you swim? Yes No Are you certified to administer CPR? Yes No

Are there any medical conditions we/our Staff Nurse should be aware of? Please be specific. ANY and ALL Medications you wish to have the Staff Nurse administer to you during your stay must be accompanied by your physician's signed letter with dosage, name of medications and times given.

To the best of my knowledge, the above information is correct and accurate.

Signature of Volunteer Date ____/____/____

I give permission to agents of Camp Koala to administer first aid to me and authorize emergency transport to the nearest acute care facility.

Signature of Volunteer Date ____/____/____

Please include a photo of yourself with your application or email one to director@campkoala.org for your file. This helps us to recognize you when you arrive.

Camp Koala Indemnification Agreement

1. I give my permission to be photographed, videotaped, audiotaped or interviewed during Camp Koala. This material may be used for future publicity of Camp Koala including for use by the news media.

Signature of Volunteer Date ____/____/____

Release:

2. I release and discharge Camp Koala, Inc., its agents, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I ever had or now have or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my negligence or any other fault.

Signature of Volunteer Date ____/____/____

Indemnification Agreement

3. I agree to indemnify and hold harmless Camp Koala, Inc. for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which I ever had or now have or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my attendance at Camp Koala, including but not limited to, injury caused by or arising from Camp Koala's own negligence.

I, the undersigned, have read this release and understand all of its terms.

Signature of Volunteer Date ____/____/____

Big Buddy Volunteers:

I understand that I must:

- Be age 18 or older
- Complete the application packet in full
- Attend the required training session TBA
- Be physically able to be a companion to my camper throughout the entire weekend
- Submit to a background check (\$6.95 fee, paid by Camp Koala, or you can opt to donate this fee on background site)
- Keep any and all medications in the nurse's station at all times

Responsibilities:

- Provide emotional support and friendship to your assigned camper and to other campers
- Participate in all groups sessions and physical activities
- Report any concerns for your camper to the Director
- Be with your camper at all times, no exceptions
- Assess camper participation and progress and provide feedback during adult group sessions
- Respect the privacy of all campers and camp activities

Date ____ / ____ / ____

Signature of Big Buddy