

Calvary Road Christian School

6811 Beulah Street, Alexandria, VA 22310

(703) 971 – 8004 www.crcs.org

SUMMER CAMP VOLUNTEER APPLICATION

VOLUNTEER NAME	Date of Birth: ____/____/____	Today's Date: ____/____/____
Last _____	Age: _____	Grade Level in Fall _____
First _____	Sex: M F	Volunteer Phone Number _____

FATHER/LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last _____	_____	Home _ (____) _____
First _____	_____	Work _ (____) _____
	Email _____	Cell _ (____) _____
MOTHER/LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last _____	_____	Home _ (____) _____
First _____	_____	Work _ (____) _____
	Email _____	Cell _ (____) _____
Marital Status _____	Who has legal custody of volunteer? _____	

List people who are authorized to remove your volunteer from the camp or be called in case of an emergency if parents cannot be reached.

Name of Person	Relationship	Telephone
1. _____	_____	_(____) _____
2. _____	_____	_(____) _____

VOLUNTEER INSURANCE INFORMATION		
Name of Health Insurance	Policy Number	Name and Telephone of Volunteer's Physician
_____	_____	_____

MEDICAL INFORMATION (Check all that are applicable)		
Does your child have any of the following?		
____ Food Allergies, what food _____		____ asthma or respiratory condition
____ Medicine Allergies, what medicines _____		____ digestive condition
____ Insect Allergies (bees, wasps, etc.) _____		____ diabetes
____ Seasonal Allergies (pollen, grass, etc.) _____		____ hypoglycemia
____ Other Allergies (please list) _____		____ heart problems
Are your child's allergies severe enough to require an Epi-pen? ____ Yes ____ No		____ hemophilia
Does your child have an inhaler? ____ Yes ____ No		____ physical disability
List all medical conditions for which your child receives regular care: _____		____ seizures
_____		____ hearing problems
List all medications and dosages for which your child receives on a regular basis: _____		____ other, please list _____
_____		_____
_____		_____

Please check off which weeks you are available to volunteer.

- | | |
|---------------------------------------------|------------------------|
| <input type="checkbox"/> June 10 - 14 | Week 1 |
| <input type="checkbox"/> June 17 - 21 | Week 2 |
| <input type="checkbox"/> June 24 – June 28 | Week 3 |
| <input type="checkbox"/> July 1 - July 5 | Week 4 (Closed on 7/4) |
| <input type="checkbox"/> July 8 - 12 | Week 5 |
| <input type="checkbox"/> July 15 - 19 | Week 6 |
| <input type="checkbox"/> July 22 - 26 | Week 7 |
| <input type="checkbox"/> July 29 – August 2 | Week 8 |
| <input type="checkbox"/> August 5 - 9 | Week 9 |

**Which schedule would
you prefer to have?**

Please check only one box

- ☐ Full days, 8-5, M-F
☐ Half days, 8 - 12:30, M-F
☐ Half days, 12:30 - 5, M-F

Volunteer Email Address _____

State your experience working with children, if any. (Please list the ages you've worked with.)

State any other positions you've volunteered in, if any.

Please share a brief statement of your Christian testimony.

State why you'd like to volunteer at Summer Camp this year.

Please list any special skills or talents you have that you think would benefit the summer camp program.

Please download the *Pastor/Teacher Reference Form* to submit along with your application.

Thank you for your desire to volunteer at summer camp this year. Minimal volunteer positions are available and volunteer-candidates will be notified by the end of May.

Volunteer-eligibility begins for students entering 8th grade in the upcoming school year.

My child has my permission to attend all field trips and other functions by auto, bus, or Metro while volunteering for the CRCS Summer Camp. I understand that necessary plans and precautions will be taken for the safety of my child, and I absolve the school from liability to my child because of any injury at camp or during any camp activity not due to negligence. In case of an accident or serious illness, I request the school to contact me. The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well-being of my child.

I understand the dress code of Summer Camp and agree to have my child adhere to dress policies.

I grant permission for CRCS staff and designated contractors or volunteers to photograph/video my son/daughter for possible use in school/camp projects and promotional materials. In addition, I grant CRCS, its employees, agents, successors, licensees, and assigns the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs into designated school projects and promotional materials at their discretion; to use such photographs or any portion thereof in any manner connected with the above items. I understand that my child's name will not appear in connection with any and all photographs containing his/her likeness that may be used in the above project.

I understand that if any time the Summer Camp determines, in its sole discretion, that my actions or the actions of my child, do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the Summer Camp has the right to dismiss the volunteer.

CRCS reserves the right to interview all volunteers and parents before acceptance.

All parties with legal custody of the child must sign.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Volunteer Signature

Date