



Please return by **March 15, 2023**

**Please attach
recent
photograph**

KREWE de CAMP
May 27 – June 2, 2023
VOLUNTEER APPLICATION
(please print or type)

Name: _____ Birth Date: _____
Address: _____
City: _____ State : _____ Zip Code: _____
Phone: (____) _____ - _____ E-mail: _____
School attending: _____ Grade: _____
Height: _____ ft. _____ in. Weight: _____ lbs. Sex: _____ T-Shirt size: _____

Parent or Legal Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: [hm] (____) _____ - _____ [wk] (____) _____ - _____ [cell] (____) _____ - _____
Parent or Legal Guardian E-mail address: _____

Other emergency contacts:
Name: _____ Phone: (____) _____ - _____
Name: _____ Phone: (____) _____ - _____

Have you volunteered at a camp (such as Krewe de Camp) before? _____
If yes, how many years have you volunteered? _____
If no, how did you hear about Krewe de Camp? _____

Do you hold a lifesaving card? _____ WSI? _____
(If yes to one of the above, **please attach a copy of your card**)

What extracurricular activities or hobbies are you involved with?

Are you volunteering to satisfy a school's or organization's service requirement? _____
If yes, please enclose any form that your school or organization will require us to complete in order for them to verify your service (if available).

HEALTH INFORMATION

Physician's name: _____ Phone: (____) _____ - _____
Insurance carrier: _____
Insurance #: _____ (These are required in case of an emergency)

Health history: (please explain)

_____ ear infections _____ muscular/skeletal _____ heart trouble
_____ kidney (lifting limitation) _____ other (please list
_____ diabetes _____ stomach/GI problems below)
_____ asthma



**KREWE de CAMP
VOLUNTEER APPLICATION
Page 2**

HEALTH INFORMATION (continued)

Allergies:

_____ hay fever _____ poison ivy _____ food allergies (please list)
_____ insect stings _____ penicillin _____ no known allergies
_____ other (please list below)

_____ Serious injuries or illness (please list dates):

_____ Chronic or recurring illness:

_____ Special medications:

*** **Date of last tetanus shot:** _____

As a volunteer of Krewe de Camp, you will be exposed to many situations that you probably do not face in your everyday life. This is one of the areas that make the volunteer experience so meaningful. Listed below are some of the different types of campers that you may be working with. If you have any limitations in the areas listed below – please check all that apply and explain why.

- _____ Ambulatory camper with braces
- _____ Camper confined to a wheelchair
- _____ Camper with little or no communication
- _____ Hyperactive camper
- _____ Camper who needs to be fed or diapered

_____ If you would you like to request a particular camper, please list his/her name below.

_____ Please describe what you feel your contribution to Krewe de Camp would be. (Please use the back of this form if needed.)

By my signature below, I certify that the above information is correct and complete.

Signature

Date

Note: Application will be returned if any information is not provided. Please make sure that date of last tetanus shot has been provided and that you have enclosed a recent photograph.

CONSENT FORM AND LIABILITY WAIVER

- Camper's: This form must be signed by the camper's parent or legal guardian and by the camper if the camper is over the age of 18.
- Volunteers: This form must be signed by the volunteer and by the volunteer's parent or legal guardian if the volunteer is under the age of 18.

In order for you or your child to attend camp, the following Consent Form and Liability Waiver is legally necessary.

A. I hereby give my consent for my child to attend Krewe de Camp. In consideration of the acceptance of the below named minor and on behalf of myself, my child named herein, or our heirs, successors or assigns, I hereby release and waive any claim or cause of action which may accrue against Friends Helping Kids, Inc. or any person acting with its permission or authorization arising out of any injury to the minor or property of such minor during his/her stay at camp, in transit to and from said camp, or during any camp activity, for any claims which said minor in his/her personal capacity might have against Friends Helping Kids, Inc. or any person acting with its permission as herein stated and further to hold harmless and defend Friends Helping Kids, Inc. or any person acting with its permission or authorization from any and all losses, liabilities, claims and expenses that may occur from my child's participation in Krewe de Camp. This release includes, but is not limited to, any claims in any way related to COVID-19.

B. I realize that photographs, videos, written extractions and voice recordings of my child may be taken during various activities for the purpose of illustrations, publications, websites, blogs and other purposes. I hereby authorize and give full consent to Friends Helping Kids, Inc. to publish and copyright all photographs, videos, written extractions and voice recordings in which my child appears while he/she is participating in any camp program. I acknowledge that I will not be informed or reimbursed for any such usage.

C. I hereby give my permission for a duly authorized representative of Friends Helping Kids, Inc. to obtain emergency medical/dental care for my child in the event of such a necessity. I understand that I will be financially responsible for any such medical/dental service given to my child.

D. If I am over the age of 18, and attending camp myself as a camper or volunteer, I hold the provisions set forth in preceding paragraphs **A**, **B**, and **C** to apply not to my minor child, but to me.

Camper's/Volunteer's Name

Camper's/Volunteer's Signature (if over 18)

Date

Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

Please return original signed and completed application and consent by **March 15, 2023** to:

FRIENDS HELPING KIDS, INC.
Krewe de Camp
P.O. BOX 1532
Mandeville, LA 70470

FriendsHelpingKids.org
FriendsHelpingKids@gmail.com