



1783 Rd P5
Emporia, KS 66801

620.343.5595

Volunteer Application

Date: _____

Name: _____ Gender: _____ Age: _____

Home Address: _____

Phone Number: _____

Please check the following activities that you have had experience with:

Baseball	Volleyball	Soccer
Lacrosse	Nature Hikes	Fishing
Ropes Course	Archery	Acting
Singing	Rilfery	Outdoor Cooking
Arts & Crafts	Canoeing	Orienteering
Outdoor Education	Bandana Games	Other (please list) _____

Any special Certifications or Training? Yes No
(If yes, please list)

Education:

Why do you think you would be good working with children at Camp Alexander?

Have you ever been convicted of a felony? Yes No
(If yes, when?)

Please list three references with addresses and phone numbers:

The Challenge Course - CAMP ALEXANDER
Assumption of Risk/Health Record  **A UNITED WAY Agency**

Name of Participant: _____ Group Name _____
 Age: _____ BirthDate: _____ Sex: _____ SS# _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Doctor's Name: _____ Contact Person in Emergency: _____
 Phone: _____ Address: _____ Phone: _____

The proposed Camp Alexander activities require participation in physical exercises that are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases.

HEART-RELATED INFORMATION

Have you had or do you currently have any heart problem? _____ Do you often feel faint or have spells of severe dizziness?
 (Dates): _____ yes no _____ yes no
 Do you frequently suffer from pains in your chest? yes no Are you a smoker? _____ yes no
 Has a doctor ever told you that you have high blood pressure? _____ (NOTE: If you have had any heart related problems you will need
 _____ yes no to have a release from a physician in order to go through a high
 elements training.

OTHER HEALTH INFORMATION

Have you had any operations or serious injuries? _____ yes no Are there any activities to be limited/discouraged (dates):
 by physicians advice? _____ yes no
 Do you have arthritis, joint, or back problems that might be aggravated by exercise? _____ yes no Are you allergic to any medicines, insects
 or pollen? _____ yes no
 Do you have Epilepsy? _____ yes no Are you currently sick and/or using a
 medication that is not listed above? _____ yes no
 Do you have Diabetes? _____ yes no Do you have any disabilities or chronic
 recurring illness? _____ yes no
 Do you have any prescribed meal plan or dietary restrictions? _____ yes no

I, _____ (name of participant), am aware that during my participation at the **Camp Alexander Challenge Course** certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of this program. In consideration of these activities, a special environment, I have and do hereby assume all risks and will hold **Camp Alexander of Emporia, Lyon County, Kansas, Inc., its employees and Board of Directors, (Camp Alexander)**, harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connections with my participation in any other activities arranged for me by **Camp Alexander**. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISK** for my heirs, executors and administrators and for all members of my family. In case of accident or illness, sunburn, heat exhaustion, bug bites, etc. **Camp Alexander** will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. **Camp Alexander** will be notified of any changes in participant's health status prior to the activity/trip departure. I declare the statements on this form to be true.

 (Signature of Participant)

 (Date)

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18.)

In consideration of _____ (print minor's name, hereafter referred to as "Minor") being permitted by **Camp Alexander** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **Camp Alexander** from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I assume full responsibility for Minor's health being such that the activities will in no way aggravate any conditions present. **Camp Alexander** will be notified of any changes in Minor's health status prior to the activity/trip departure. I declare the statements on this form to be true.

 (Signature of Parent or Guardian)

 (Date)

_____ **YOU HAVE PERMISSION** to use photographs
 of participant in future Camp Alexander publications.

_____ **DO NOT** use photographs of participant
 In future Camp Alexander publications.



PERMISSION FORM

I understand and certify that my child's participation in Camp Alexander and its activities is completely voluntary and I have familiarize myself with the camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Alexander events and programs and particularly, but not limited to, the activities of swimming, mud slide, canoeing, hiking, archery, and low ropes course, and I acknowledge that although Camp Alexander has taken safety measures to minimize injury to camp participants, Camp Alexander cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants.

Parent or Guardian

(Print Participant's Name)

Health Examination Form for Children, Youth and Adults Attending Camps FM 12

Suggested for resident camp use.

Developed and approved by the **American Camping Association®** with the American Academy of Pediatrics

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

Year

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying

appropriate care. Health exam must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

Social Security number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street address City State Zip

Business address _____ Phone _____
Street address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street address City State Zip

Business address _____ Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street address City State Zip

Health Care Recommendations by Licensed Medical Personnel

I examined the above camp participant on _____. (ACA accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

Cabin or Group

Name

Voluntary Disclosure Statement
All Camp Staff **FM 16**

Developed and approved by the
American Camping Association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last 5 years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a. The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____