

Adult Volunteer Registration

Jungle Adventures Day Camp July 25-29, 2021

Thank you for volunteering for Jungle Adventures Day Camp. Our camp is completely run by volunteers and we appreciate you taking the time to ensure this camp is successful. Pass on the word about volunteering for our camp. We need a lot of volunteers. Please print out this packet and complete every page. We have included some tips to help streamline the process. Please look these over and double check that you have included **all** necessary information. If you have any registration questions please contact Angela at 651-968-9108 or blsudaycamp.info@gmail.com.

- You must be a registered Girl Scout Volunteer with a background check** on file with GSUSA in order to volunteer for camp. You can do both through the Girl Scouts River Valleys website. We will verify this is completed before processing your Volunteer Registration Form. <https://girlscoutsrv.org>
- Complete the Adult Volunteer Registration Form and Girl/Adult Health History Form.
 - Double check your email is listed correctly and clearly legible.
 - Please make sure to mark a T-shirt size.
 - Adults will not be allowed at camp without the Health History form completed thoroughly!
- Complete the Camp Fees for Volunteers' section
 - Full time volunteers receive \$50 fee for a camper or caddie registration, and one free Boys' unit registrations if needed. Part time volunteers receive \$100 fee when working 3 days or more.
 - The only fees for adult volunteers are extra T-shirts (you do receive one for free) and Boys' Unit fees. Full time volunteers receive one free Boys' Unit fee. Part time volunteers the fee is \$20 per day.
 - Make Checks payable to BLSU Day Camp
 - Refunds are only issued for emergency circumstances. No refunds will be issued after May 1st.
- Boys' Unit
 - As a courtesy to our adult volunteers we are happy to offer a Boys' Unit once again this year. The Boys' Unit is only available to boys of adult volunteers on the day(s) you volunteer.
 - If you are enrolling a boy in the Boys' Unit complete a Boys' Unit Registration Packet.
 - The Boys' Unit is for boys who will be entering 1st-6th grades in the fall of 2022.
 - We are limiting the size of the Boys' Unit to 12 boys.
- Day Care
 - We will not be offering day care this year. Please make arrangements to have your little ones taken care of on the days you are volunteering.
- Mail in your entire packet
 - Include the **Registration Form, Health History Form, and any Payment** to BLSU/ c/o Dawn Duerre, 1043 Lakewood Dr S, Maplewood, MN 55119
 - Include the **Boys' Unit Registration Form, Health History Form, Medication Form** if enrolling a boy
 - The registrar will send you a confirmation email once your registration is processed. Please notify Angela if you have not received a confirmation within two weeks of sending in your packet. You may also need to check your spam/junk folder.



Adult Volunteer Registration Jungle Adventures DAY CAMP July 25-29, 2022

We will offer one camper for \$100 for each adult who volunteers for 3 days.
We will offer one camper for \$50 for each adult who volunteers at camp full-time.
All volunteer staff will be expected to:

- Be a registered Girl Scout volunteer (GS Background Check Complete)
- Attend training, July 11th, and July 17th 6:30-8:30pm. REQUIRED
- Stay overnight on Thursday night with the campers (2nd grade girls and up)

Volunteers receive one free camp T-shirt.

Full time volunteers receive one free additional boy's unit spot (Grade entering Fall 2022 1st-6th grade)

Volunteer Name: (first, middle initial, last)		Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-time (one free camper) <input type="checkbox"/> Part-time (please indicate the days): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Overnight <input type="checkbox"/> F		T-shirt Size S M L XL XXL	
Address:	City:	State:	Zip:
Number of summers you've volunteered at camp:		Riding the bus from Tartan to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No Chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone 1:	Phone 2:	Phone 3:	
Email:	Can we use for primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	Any disability or health concern that must be considered in your placement? (please explain)		
Camper at camp:	Age:	Child in boy's unit*:	Age:
Camper at camp:	Age:	Child in boy's unit*:	Age:
Ways you would be willing to volunteer: (please check)			
<input type="checkbox"/> Working with Brownies (grades 1-3)		<input type="checkbox"/> Crafts/Kitchen	<input type="checkbox"/> Working in Boys' Unit
<input type="checkbox"/> Working with Juniors (grades 4-6)		<input type="checkbox"/> Administrative/computer	<input type="checkbox"/> First Aid
<input type="checkbox"/> Working with Caddies		<input type="checkbox"/> Bus Chaperone	<input type="checkbox"/> Other: (please specify)
Would you prefer to be with your daughter's unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am willing to help anywhere needed			
Food Allergies/Preference (i.e. vegetarian)			
Training you have attended: (please check)		Camp fees for volunteers: If applicable, include with registration.	
<input type="checkbox"/> Girl Scout Outdoor Training (please specify) _____		*Boys' Unit (grade entering fall 2022 1st-6th) \$20 per boy/day (one boy free for FT volunteer) REQUIRED: Complete Boys Unit form *We need to know age/needs by May 1st.	
<input type="checkbox"/> Adventure course		Optional Additional T-shirt - \$5 each	
<input type="checkbox"/> Waterfront/watercraft		Optional Boys Unit T-shirt - \$5 each	
<input type="checkbox"/> Archery		Total Enclosed:	
<input type="checkbox"/> Current First Aid Training - Expires: _____		Checks payable to BLSU Day Camp	
<input type="checkbox"/> Current CPR Training - Expires: _____			
Would you be willing to take any of the above training as needed for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I will abide by the Girl Scout regulations and procedures. I will not attend if I become exposed to any contagious disease (this includes head lice), or if for any reason, I do not consider myself to be in good physical condition. I give permission to receive necessary medical attention at a hospital or from the Camp Health Supervisor or designee. I give permission for photographs to be taken for publicity purposes.			
Signature:			Date:

Mail **registration & health** forms to:
Dawn Duerre 1043 Lakewood Dr S Maplewood, MN 55119



Girl/Adult Health History Form

GIRL MEMBER ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

Troop #: _____ or Individual <input type="checkbox"/>		Service Unit: _____	
First Name: _____		Middle Name: _____	Last Name: _____
Mailing Address: _____		Apt. #: _____	PO Box: _____
City: _____		State: _____ Zip: _____	Phone 1: _____
Phone 2: _____		E-mail: _____	
Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl form only) 1. _____			Phone: _____
Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl form only) 2. _____			Phone: _____
Custodial Care Information: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____			

Name of Family Physician: _____		Phone: _____
Family Medical/Hospital Insurance Carrier: _____		Policy or Group No: _____
Family Dental Insurance Carrier: _____		Policy or Group No: _____
Health Information: Age: _____ Date of birth: _____		<input type="checkbox"/> Immunizations are up to date.
Date of last Tetanus shot: _____		
Date of last health examination: _____ Were there any medical problems at the time? _____		
Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations? <input type="radio"/> Yes <input type="radio"/> No If yes, please state medication and reason: _____		
Does participant take any prescribed medications or over-the-counter drugs on a regular basis? <input type="radio"/> Yes <input type="radio"/> No If yes, please state medication and reason: _____		
Is participant restricted or limited from participating in any physical activity? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____		
Please provide a record of past medical treatment, if any, including injuries or surgeries: _____		
Participant has the following health conditions/allergies/dietary restrictions (food and medications): <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Allergies (specify): _____		
Emergency Contact (non-parent): _____		
Relationship: _____	Phone: _____	Cell: _____

AUTHORIZATION	<p>PARENT/GUARDIAN AUTHORIZATION</p> <p>This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives routine health care, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.</p> <p>Signature of parent/guardian: _____ Date: _____</p>
	<p>ADULT MEMBER AUTHORIZATION</p> <p>This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.</p> <p>Signature of adult member: _____ Date: _____</p>

**Parent - please retain a copy for day camp, resident and other overnight camp programs.
Troop Leader - please retain for your records**