



# Camp Sunshine & Camp Snowflake, Inc.

1133 E. Ridgewood Ave., Saddle River County Park, Wild Duck Pond Area, Ridgewood, NJ 07450, (201)652-1755  
Mailing Address: P.O. Box 99, Ridgewood, NJ 07451-0099 Email: info@sunshine-snowflake.org



**www.sunshine—snowflake.org**

## 2006-07 Camp Snowflake Volunteer Application

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Current School/Occupation: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 In Case of Emergency, Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Alternate Phone #: \_\_\_\_\_

Have you Ever Worked At Camp Sunshine/Snowflake before?  Yes  No  (check one)  
If Yes, How many Years? \_\_\_\_\_

Have You Ever Been Convicted for Any Crime?  Yes  No  (check one)

Have You Ever Been Convicted of a Sex-Related or Child Abuse-related Offense?  Yes  No  (check one)

Are you currently certified in any of the following (or equivalent)? Please check all the apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Community CPR      | <input type="checkbox"/> Community First Aid & Safety |
| <input type="checkbox"/> Infant & Child CPR | <input type="checkbox"/> Emergency Response           |
| <input type="checkbox"/> Adult CPR          | <input type="checkbox"/> Lifeguard Training           |
| <input type="checkbox"/> Standard First Aid | <input type="checkbox"/> Other: _____                 |

For the 2006-07 season, Camp Snowflake will operate on Saturdays from September 16<sup>th</sup>, 2006, through June 2<sup>nd</sup>, 2007. We close for major holidays and for inclement winter weather, so call ahead for information on an upcoming Saturday. While not being committed and/or limited to volunteer at Camp Snowflake on a specific days, please check the months in which you will likely attend. If you will be volunteering on specific days during the month, please circle those dates:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sept. (16 <sup>th</sup> , 23 <sup>rd</sup> , 30 <sup>th</sup> )                                      | <input type="checkbox"/> Oct. (7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) | <input type="checkbox"/> Nov. (4 <sup>th</sup> , 5 <sup>th</sup> , 11 <sup>th</sup> , 18 <sup>th</sup> )     |
| <input type="checkbox"/> Dec. (2 <sup>nd</sup> , 9 <sup>th</sup> , 16 <sup>th</sup> )   | <input type="checkbox"/> Jan. (6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup> ) | <input type="checkbox"/> Feb. (3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup> )    |
| <input type="checkbox"/> March (3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup> , 31 <sup>st</sup> ) | <input type="checkbox"/> April (14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> )                  | <input type="checkbox"/> May/June (5 <sup>th</sup> , 12 <sup>th</sup> , 19 <sup>th</sup> , 2 <sup>nd</sup> ) |

As a volunteer, I agree to carry out all responsibilities and duties, which include reporting promptly for the days that I am able to attend, and to comply with all staff and program regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For the parent/guardian of minors:

I give permission for \_\_\_\_\_ to be given Tylenol for headaches:  Yes  No

I give permission for him/her to attend supervised field trips during Camp hours:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Camp Use Only:

Orientation: \_\_\_\_\_ Tr. Type: \_\_\_\_\_



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## New Jersey State Department Of Health Standard School/Child Care Center Immunization Records

Name of Child (Last, First M)				Date of Birth (MM/DD/YY)				Sex: M F	
Parent Or Guardian	Name: _____			Telephone # _____					
	Address: _____			Name of Doctor: _____					
				Doctor's Telephone # _____					
Vaccine Type	Disease Date MM/DD/YY	1st Dose MM/DD/YY	2nd Dose MM/DD/YY	3rd Dose MM/DD/YY	4th Dose MM/DD/YY	5th Dose MM/DD/YY	MM/DD/YY		
Diphtheria, Tetanus, Pertussus (DPT) (If Td or DT*, indicate in corner box)									
Polio-Oral Polio Vaccine (OPV) (If Salk Vaccine, Indicate IPV in corner box)									
Measles, Mumps, Rubella (MMR)									
Measles					or Measles Serology	Date	Titer		
Rubella					or Rubella Serology	Date	Titer		
Mumps					or Mumps Serology	Date	Titer		
Mantoux									
Hepatitis B									
Other (Specify)									
Medication at camp:		Medication at camp:							
Dose:	Time:	Dose:		Time:					
Allergies:									
Haemophilus B (HB)**									
Check One:		Can Receive Tylenol for headaches				Cannot Receive Tylenol for headaches			

\*Required Medical Exemption

\*\*Not Required

\*\*\*\*\*Please Note: All Immunizations Must List Month, Day, and Year Completely\*\*\*\*\*