



Presbyterian Camps at Gilmont, Inc.



VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHs: _____

AGE _____ E-MAIL _____ T-shirt size _____

If under age 18, name of parent/guardian _____

In case of emergency, notify _____

Relationship _____ ph _____

Physician _____

Hospital preferred _____

Briefly describe any medical condition requiring special precautions or treatments.

Briefly describe any experiences you have had working at or attending a camp.

List special talents/skills you would be able to share at camp.

(i.e. sign language, lifeguarding, games, music, etc.)

Have you had any experience working with people with disabilities? If so, explain.

2.

PHOTO RELEASE: The undersigned hereby grants to Presbyterian Camps at Gilmont Inc. permission to take and/or use photos and/or videos in its marketing products.

CONFIDENTIALITY: The undersigned understands and agrees to hold personal and medical information regarding staff, volunteers, and families confidential. Any questions concerning a camper of Circle of Friends Camp may be addressed to the camp program director or Camp Gilmont director.

VOLUNTEER LIABILITY RELEASE: The undersigned acknowledges the risks and potential risks of serving as a volunteer in camp activities and that no liability can be accepted for accidents by Camp Gilmont. I understand that I will be assisting campers challenged with a disability. I feel that the possible benefits to myself and the people I work with are greater than the risks assumed. I waive, release, acquit, discharge and hold harmless all claims for damages against Gilmont and all persons associated with said camp.

PERMISSION TO SECURE EMERGENCY MEDICAL TREATMENT: I give permission for Camp Gilmont to secure medical treatment in case of accident or illness.

RECOMMENDATION: I recommend _____
as a person of good character and one who will be an asset to your camp.

Name(print) _____ position _____

Signature _____ date _____

Briefly tell why you want to volunteer at Circle of Friends Camp.

As a volunteer of Circle of Friends Camp at Camp Gilmont, I understand the above statements and agree to abide by them. I also understand that I will be required to attend volunteer training(on date given) and be at camp no later than 7 p.m. the Friday before camp begins on Saturday, unless otherwise arranged with the camp director.

SIGNATURE _____

(if under 18) Parent's/Guardian's signature _____

CHECK WHICH CAMP/S YOU WILL ATTEND ___ MEMORIAL DAY ___ AUGUST

t-shirt size _____ ___ LABOR DAY

Mail application to: James Hilliard

6075 State Hwy. 155 N

Gilmer, TX 75644

903-797-6400 e-mail: jvhill27@aol.com