

Camp Sweet Escape Volunteer Application 2019

Name _____ Age: ____ Date of Birth: _____ Male ____ Female ____

Address: _____

Email Address: _____ Tshirt Size: S ____ M ____ L ____ XL ____ XXL ____

Preferred Phone Number: _____ Driver's License Number: _____

(Please send copy of driver's license with application.)

Current Employer: _____ Current Position: _____

Emergency Contact: _____ Emergency Phone: _____

References:

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Have you ever been convicted of, or deferred adjudications of any crime, other than a minor traffic offense? Yes ____ No ____ If yes, please explain: _____

Dates you are available to attend camp:

June 29-July 3, 2019 (Midlands)

July 27-July 31, 2019 (Upstate)

Please describe any experience with children, and summer camps _____

Please describe any experience with pediatric diabetes _____

Why do you wish to be a part of Camp Sweet Escape? _____

Health History:

Allergies: _____

Medications you will be taking at camp: _____

Medical devices &/or equipment you will need at camp: _____

Special Dietary Needs: _____

Any Activity Restrictions or Limitations that could even possibly limit your ability to participate in camp activities _____

Medical Volunteers Only:

What license do you hold? _____

What state(s) are you licensed in? _____

License Number: _____

Have you ever been convicted of, or deferred adjudications of medical malpractice? _____

Has your license ever been revoked? _____ If so, please explain. _____