

# SONOMA DAY CAMP ADULT VOLUNTEER REGISTRATION FORM

**Sonoma Day Camp is 100% volunteer run. Rewards:**

- Helping provide wonderful experiences for children.
- Learning new skills, making new friends, creating lasting memories.
- Partial camper fee refund for full-time trained staff. All adults who volunteer and work at camp will be given a \$20\* refund after camp, per full day worked. A maximum of \$100 will be refunded to each adult who is able to work the full week. **\*Please note in order to qualify for this rebate – the adult MUST attend required trainings.** Full camp fees must be paid in full for your camper(s) ahead of time and refund check will be cut within 4-6 weeks after camp is over to compensate you for your time worked/volunteered.

**Requirements:**

- Registered Girl Scout Adult with Background/Security Check on file at the Council Office
- Attend adult Training Sessions: See website for specific dates/ full calendar.
- MANDATORY ALL STAFF HEALTH & SAFETY TRAINING on the Saturday before camp starts  
**\*\*\*EVERYONE ASSISTING AT DAY CAMP MUST ATTEND THIS ALL-DAY TRAINING (9:00 AM TO 4:00 PM) NO EXCEPTIONS. Day care can be provided if necessary – but prior arrangements would need to be made.**

**SEND COMPLETED REGISTRATION TO:**  
 Sonoma Girl Scout Day Camp  
 ATTN: DAY CAMP REGISTRAR  
 P.O. Box 299  
 El Verano, CA 95433

**A COMPLETE REGISTRATION INCLUDES:**

- ADULT VOLUNTEER REGISTRATION FORM
- PHOTO (FACE) – 4x6 Print
- ADULT HEALTH HISTORY FORM
- VOLUNTEER SERVICE AGREEMENT
- BE A REGISTERED ADULT GIRL SCOUT (\$15)
- BACKGROUND SECURITY CHECK ON FILE w/ COUNCIL

**ADULT VOLUNTEER INFORMATION (PLEASE FILL OUT COMPLETELY)**

Name: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Camper(s) attending with you: \_\_\_\_\_

Are you a registered Girl Scout?  Yes  No    Have you completed the GSNC Security Clearance?  Yes  No

Adult Volunteers get a fun patch and one free T-shirt (choose one):  Sm  Med  Lrg  X-Lrg  XX-Lrg

ONE (1) Camp T-shirt is our gift to you for volunteering. But many volunteers request a 2<sup>nd</sup> shirt to help with laundry duties during the week. Please let us know if you would like a 2<sup>nd</sup> shirt ordered for an additional \$10 fee (add this \$10 to your campers fee).

Yes, please order me a 2<sup>nd</sup> t-shirt for \$10 extra. I have included an additional \$10 with my campers registration.

**HOW I WOULD LIKE TO HELP – Please check all the appropriate spaces. Thank you!**

**FULL TIME UNIT VOLUNTEER** - ALL 5 Days! (Monday-Friday 8:30am-4:30-pm) – \*\*Adult volunteers will most likely be assigned to a unit that their children are NOT in to allow for Girl Scout Independence. Equal to \$20\* refund per day worked per adult. As a full-time volunteer, I will need to also register \_\_\_ pixie and/or \_\_\_\_ boy.

**PART TIME VOLUNTEER** (Days are from 8:30am to 4:30pm) – Equal to \$20\* refund per day worked per adult. Min 2-Days!  
 Days I am available (at least two):  Monday  Tuesday  Wednesday  Thursday  Friday

**SPECIAL SKILLS:** I am can assist in one of the following: (Days are from 8:30am to 4:30pm)

- Assistant Nurse  Floating Adult Unit Volunteer  Archery  Camp Set-up (Sat & Sun before)  Camp Clean-up (Fri & Sat after)
- Other: (admin skills, fundraising, camp prep skills, etc TBD)

Days I am available:  Monday  Tuesday  Wednesday  Thursday  Friday

**My Areas of Expertise (craft, games, skills, etc) are:**

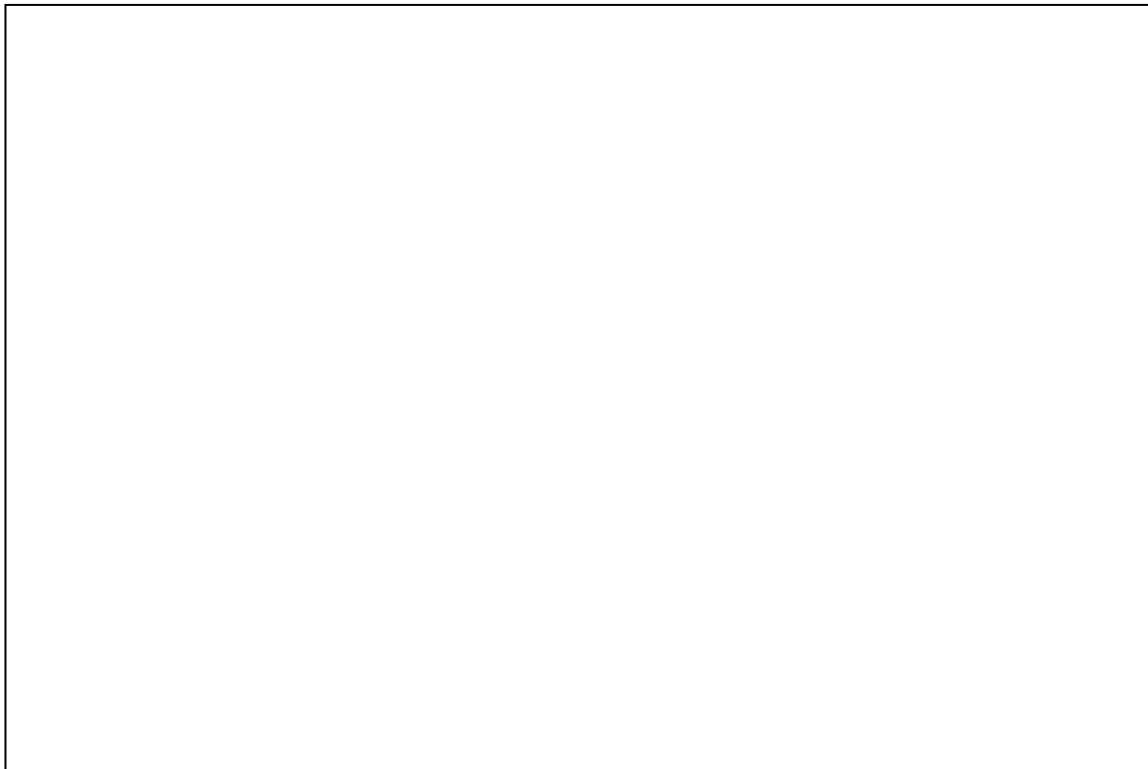
**Prior/Other Girl Scout Experience and/or certifications:**

\*Please note in order to qualify for \$20 a day back rebate – you MUST attend required trainings.\*

# **SONOMA DAY CAMP VOLUNTEER PHOTO**

Sonoma Day Camp requires that a photo of each volunteer be included with the registration. You can staple it to this page. We will gladly accept any kind of photos as long as it is CURRENT and depicts a clear shot of your beautiful face.

VOLUNTEER NAME: \_\_\_\_\_



# Adult Health History

Girl Scouts of Northern California with offices in: Chico, Eureka, Alameda, Red Bluff, Redding, San Jose, Santa Rosa, & Ukiah  
T (800) 447-4475  
F (510) 633-7925  
www.GirlScoutsNorCal.org

## Part 1: Adult information

Adult Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Female  Male

Address/City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Health Information Privacy Statement

The Adult Health History Record is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health history record will be retained by the council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years. Access to the information will be limited, but copies may be requested from the council by the participant or their legal representative.  
*I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.*

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 2: Insurance Information

Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

## Part 3: Allergies/illnesses/Injuries

**Allergic Reactions:** (Check those that Apply and specify nature of the allergic reaction)

- |                                  |  |  |  |
|----------------------------------|--|--|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Medicines/Drugs | <input type="checkbox"/> Pollen          |
| <input type="checkbox"/> Food    | <input type="checkbox"/> Insect stings | <input type="checkbox"/> Plants          | <input type="checkbox"/> Other (specify) |

Check here for no known allergies

**Chronic or Recurring Illnesses:** (Check those that apply and give appropriate dates)

- |   |  |   |                                    |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Ear Infection            | <input type="checkbox"/> Fainting  |
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Menstrual Problems          | <input type="checkbox"/> Musculoskeletal Disorder | <input type="checkbox"/> Seizures  |

Date of last health examination: \_\_\_\_\_  
If yes please explain: \_\_\_\_\_

Were any complicating medical problems noted?  Yes  No  
Other health conditions or injuries that might impact your participation? \_\_\_\_\_

## Part 4: Medication

Are you taking any medications?  Yes  No

If YES, list medication, reason, and possible side effects

Medication	Possible Side Effects

## Part 5: Consent to Treat

In the event of an emergency, every effort will be made to contact an emergency contact. I hereby give authorization to the Girl Scouts of Northern California to seek treatment for myself by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code 25.8. I know of no reason(s), other than the information indicated on this form, why I should not participate in prescribed activities.

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 6: Emergency Contact(s)

Name	Relationship	Cell Phone	Day Phone	Evening Phone

Please review the information on this form annually. If there are no changes or just minor adjustments, please mark those, then sign and date this form where indicated

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Adult Membership

Service Unit \_\_\_\_\_

Join the global network of 3.2 million Girl Scouts

Troop \_\_\_\_\_

Membership Year through 9/30/20 \_\_\_\_\_

Check one:  New Member  Renewing Member  Lifetime Member GSUSA ID (if known) \_\_\_\_\_

**Title or salutation:**  Mrs.  Ms.  Miss  Mr.  Dr.  Other: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

( ) \_\_\_\_\_ **I wish to opt in:**  Texts  E-mails

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Title/Occupation \_\_\_\_\_

CONTACT INFORMATION

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US Census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore reported separately. This information is used for statistical purposes only.

DEMOGRAPHICS

**Gender:**  
 Female  
 Male

**Highest education:** (check one)  
 Some High School  
 High School  
 Some College  
 Associate Degree  
 Bachelor Degree  
 Postgraduate Degree

**# of years in Girl Scouting:**  
 as a girl: \_\_\_\_\_  
 as an adult: \_\_\_\_\_

**I am:** (check all that apply)  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hawaiian or Pacific Islander  
 White  
 Other (please specify) \_\_\_\_\_  
 I choose not to share at this time

**Date of birth:**  
 mm / dd / yyyy

**I am Hispanic or Latina:**  
 Yes  
 No  
 I choose not to share at this time

**Age range:**  
 18-29  50 and up  
 30-49

**Household income:**  
 \$0-\$14,999  
 \$15,000-\$34,999  
 \$35,000-\$49,999  
 \$50,000-\$74,999  
 \$75,000-\$99,999  
 \$100,000 or more  
 I choose not to share at this time

PARTICIPATION

**I will be participating in Girl Scouting as:** (check all that apply)  
 Volunteer—I am/will be volunteering for Girl Scouts  
 Parent/Family—I am a parent/guardian/family member of a Girl Scout  
 Girl Scout Alumnae—I was a Girl Scout, either as a girl, adult or both

**As a volunteer, I would like to participate in the following role(s):**  
 01—Advisor or Leader for a Group/Troop #  
 02—Assistant Advisor or Leader for a Group/Troop Advisor/Leader  
 03—Support Volunteer for a Group/Troop  
 11—Service Team or Unit Volunteer  
 12—Learning Facilitator  
 Other (specify) \_\_\_\_\_

**Representing Group(s)/Troop(s)/Service Unit Numbers:**  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
 SU \_\_\_\_\_ SU \_\_\_\_\_ SU \_\_\_\_\_

Community Partner  
 Staff—I am/will be employed by Girl Scouts  
 Other \_\_\_\_\_

GET INVOLVED

**PARTICIPATE WITH GIRLS DIRECTLY:** (check all that interest you)  
 **Camp:** Help girls connect with nature during day or overnight camp.  
 **Events:** Share your passions during half or full day events.  
 **Series:** Share your interests in a way that fits your schedule  
 **Travel:** Expand girls' horizons. Travel with girls across town or around the world!  
 **Troop:** Inspire and develop a group of girls on a regular basis.  
 **Virtual:** Interact virtually with Girl Scouts everywhere.

**GET INVOLVED "BEHIND-THE-SCENES":** (check all that interest you)  
 **Administrative:** Manage, support and recognize volunteers in your community  
 **Council Committees:** Assist in council-wide Girl Scouts operations  
 **Learning Facilitator:** Coordinate learning opportunities  
 **Fund Development:** Promote and advance the Girl Scout movement through family and corporate donations

ACCEPTANCE

**Media Permission**  
 When participating in Girl Scout activities I may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.

I wish to opt out at this time.

**The Girl Scout Law**  
*I will do my best to be honest and fair, friendly and helpful, considerate and caring, courageous and strong, and responsible for what I say and do, and to respect myself and others, respect authority, use resources wisely, make the world a better place, and be a sister to every Girl Scout.*

**The Girl Scout Promise**  
*On my honor, I will try:  
 To serve God and my country,  
 To help people at all times,  
 And to live by the Girl Scout Law.*

When making the GS Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."

*I accept and abide by the Girl Scout Promise and Law:*

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

**GIRL SCOUT MISSION**  
Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

**MEMBERSHIP OPTIONS:**

**Annual Membership**  
 Annual fee: \$15

**Lifetime Membership**  
 (Including permanent membership card and recognition certificate)  
 One time fee of \$375: Adults 18 years of age or older  
 One time fee of \$195: Girl Scout Ambassadors graduating from High School in this membership year in the month of: \_\_\_\_\_ (please submit by Sept. 1st of graduating year)

**YES!** I would also like to make a donation today that directly benefits girls in our area. Enclosed is my tax-deductible donation in the amount of: (check one)  
 \$500  \$250  \$150  
 \$100  \$50  \$25  
 Other: \$ \_\_\_\_\_

**PAYMENT INFORMATION:**

Annual Membership: \$ \_\_\_\_\_  
 Lifetime Membership: \$ \_\_\_\_\_  
 Donation: \$ \_\_\_\_\_

**Total Attached: \$ \_\_\_\_\_**

Cash  Check\*  
 Amex  Discover  
 Visa  MasterCard  
 Other \_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

\*Make checks payable to Girl Scouts

**THANK YOU FOR SUPPORTING GIRL SCOUTS!**  
 Learn more about Girl Scouts at [www.girlscouts.org](http://www.girlscouts.org).

**ADMIN USE ONLY:**  
 Council Code: \_\_\_\_\_  
 Service Unit/Team: \_\_\_\_\_  
 Group/Troop: \_\_\_\_\_

**Girl Scouts of Northern California**

1310 South Bascom Ave  
San Jose, CA 95128

**VOLUNTEER SERVICES AGREEMENT**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_ City State Zip

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I offer my services to the Girl Scouts of Northern California as a volunteer and understand that I will receive no monetary compensation for my work.

I agree to fulfill the responsibilities assigned to me and to abide by any Council policies or regulations that affect those responsibilities.

Conditions: (See Job Descriptions for your specific volunteer assignment)

**Training is a required part of your staffing obligation. This is accomplished by 18 hours of combined in-town, online and on-site pre-camp training. Training dates are:**

*April 2<sup>nd</sup>, Thursday 7pm-9pm (Location TBD) – Mandatory for new volunteers*

*April 23<sup>rd</sup>, Thursday 7pm-9pm (Location TBD)*

*May 15<sup>th</sup>, Friday 7-9pm (Location TBD)*

*June 13<sup>th</sup> (Saturday) 9am-3pm, Camp Site at Dunbar Elementary – Mandatory for all volunteers.*

Additional training opportunities (see attached page) are available to accomplish the 18 hour requirement. Please discuss your individualized plan with Camp Staff if you are not able to attend some of the training dates.

I understand that I am not considered an employee or agent of Girl Scouts of Northern California, and am not entitled to Sick Leave, Vacation, Health and Welfare Benefits, Retirement Benefits, or any other leave or benefit established by State Law or Board Policy for employees of Girl Scouts of Northern California.

I understand that, in the event of a situation which renders it appropriate to do so, either the Girl Scouts of Northern California or I may cancel this agreement.

Camp: **Sonoma Girl Scout Day Camp** Assigned Position: \_\_\_\_\_  
Dates: June 15-19th, 2015

\_\_\_\_\_  
Volunteer's Signature Date

\_\_\_\_\_  
Council Representative's/ Camp Director Signature Date

## Volunteer Training Information Sheet Sonoma Day Camp

Name: \_\_\_\_\_

Camp Nickname: \_\_\_\_\_

<b>Name of Training</b>	<b>Credit Hours</b>	<b>Date Taken</b>	<b>Location/Verification</b> Please provide dates of completion and where training was taken
Girl Scouting 101 and Becoming a Volunteer in GSNorCal (must have taken within past 3 years)	1 hour		
Safety Wise (must have taken within past 3 years)	1 hour		
The Girl Scout Program (must have taken within last 3 years)	½ hour		
Three Processes, One Powerful Program (must have taken within last 3 years)	1 hour		
Grade Level Courses (must have taken within last 3 years)	1 hour each		
Outing, Short Trips and Overnights (must have taken within last 3 years)	1 hour		
Troop Camping Certification (must have taken within last 3 years)	4 hours		
Health and Safety (current First Aid/CPR training)	4 hours		
Discoveree/Super Saturday/Fall Festival Courses (must have attended during current year)	1 hour each (up to 4)		1.
			2.
			3.
			4.
Returning Staff (must have volunteered at least 2 previous seasons at the same day camp on the same site)	Up to 6 hours		
SDC Volunteer Training: April 2nd <b>(Mandatory for new volunteers)</b>	2 hours		
SDC Volunteer Training: April 23rd	2 hours		
SDC Volunteer Training: May 15th <b>(Mandatory for all Unit Leaders)</b>	2 hours		
SDC Volunteer ON SITE training: June 13th <b>(Mandatory for All)</b>	6 hours		
SDC Online Volunteer Overview <i>Contact staff for login information</i>	2 hours		
<b>Total Training Hours Credited</b>			