



Returning Volunteer Application Update

Spring Retreat **Summer Camp**
(check one)

A	D	I
P	C/NS	S
For office use only		
Retreat/Camp Dates:		

PLEASE PRINT ALL RESPONSES AND PROVIDE COMPLETE INFORMATION

PERSONAL INFORMATION

VOLUNTEER'S NAME

	M.I.	
<i>First</i>		<i>Last</i>

MAIDEN NAME or OTHER ALIAS (if applicable)

GENDER *Male* **AGE at time of** **DATE OF BIRTH** **RACE**
(circle one) *Female* *the* retreat/camp _____ / _____ / _____

SOCIAL SECURITY NUMBER **DRIVERS LICENSE NUMBER** **DL STATE**
 _____ - _____ - _____ _____ - _____ - _____ _____

HOME PHONE **CELL PHONE**
Area Code Telephone Number Area Code Telephone Number

WORK PHONE **E-MAIL**
Area Code Telephone Number _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

OCCUPATION _____

EMPLOYER _____

HEALTH

Will you be bringing medications to the retreat/camp? **YES** **NO** *(circle one)*

If yes, do any of your medications require refrigeration? **YES** **NO** *(circle one)*

Date of last tetanus shot: _____ / _____ Red Ribbon Trails recommends that all attendees have had a tetanus shot within the last 10 years or receive a booster before attending a Red Ribbon Trails event.

Month **Year**

Date of last TB Test: _____ / _____ Test Results (please circle one) **POSITIVE** **NEGATIVE**

Month **Year**

Red Ribbon Trails recommends all attendees to have been tested for TB within the last year. Those who have tested positive for TB in the past must provide a letter, (dated within the last year), from their physician advising of their TB status and their ability to attend and/or work at a retreat/camp with immune comprised attendees, including HIV+ persons, to attend Red Ribbon Trails events.

Returning Volunteer Application Update

Page 2

EMERGENCY CONTACT INFORMATION

NAME

DAYTIME
PHONE

Area Code

Telephone Number

EVENING
PHONE

Area Code

Telephone Number

ADDRESS

CITY

STATE

ZIP

INTERESTS AND EXPERIENCE

Please list any **specific** interests/talents you would like to share with campers.

Would you be willing to lead an activity? If **YES**, what activity?

YES **NO**

Check all areas of interest. Indicate areas of experience with an "E"

Physical Activities

Swimming

Are you currently a certified lifeguard?

YES

NO

Sports

If yes, which sports?

Camp Games

Musical Activities

Instrument Playing

If yes, what instrument(s)?

Leading Songs

Photography

Digital Photography

Are you familiar with printing digital photos?

YES

NO

Photography

If **YES**, are you MAC proficient?

YES

NO

Creative Activities

Arts and Crafts

Please list any

Face Painting

specialties.

Story Telling

Therapeutic Activities

Mental Health Therapy

Please list

Art Therapy

specific training
and certification.

AGE GROUPS: Indicate age group(s) with which you have most experience or prefer to work.

2 - 4

5 - 9

10 - 12

13 - 17

Returning Volunteer Application Update

Volunteer Name _____

VOLUNTEER APPLICANT AGREEMENT, CONSENT, AND RELEASE

Please be aware that by participating in Red Ribbon Trails Retreat/Camp you will be waiving and releasing all claims for injuries or loss of property damage that you might sustain in any manner out of this program and/or the use of facilities or equipment.

Acknowledgement of Risk or Injury Clause: As a participant in the Red Ribbon Trails program, I recognize and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such programs, or the use of equipment.

Initials _____

Waiver of Claim for Injury: I agree to waive and relinquish all claims that I may have against the Families' and Children's AIDS Network (FCAN), LSC and Associates, Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, State CARE Consortia, and their officers, agents, servants, employees, and affiliates for injuries or damages as a result of participating in Red Ribbon Trails Retreat/Camp or using the facilities or equipment.

Initials _____

Release from Liability Clause: I do hereby release and discharge the Families' and Children's AIDS Network (FCAN), LSC and Associates, Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, State CARE Consortia, and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program or the use of facilities or equipment.

Initials _____

Indemnity and Defense Clause: I further agree to indemnify and hold harmless and pay defense costs and defend the Families' and Children's AIDS Network (FCAN), LSC and Associates, Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, State CARE Consortia, and their officers, agents, servants, employees, and affiliates from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program or the use of facilities or equipment.

Initials _____

The undersigned, in case of emergency and in the event that I am incapable of consent and the contact person designated on page one of the volunteer application cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Red Ribbon Trails Coordinator. Such permission shall include all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital.

Initials _____

The undersigned recognizes the right of the Coordinator, in his/her absolute discretion, to terminate the stay of any participant in Red Ribbon Trails Retreat/Camp due to disciplinary actions or medical conditions which might jeopardize the health and safety of self or others at the Retreat/Camp.

Initials _____

Signature of Volunteer _____

Date _____

PLEASE COMPLETE THIS FORM & SEND TO: Red Ribbon Trails ● c/o Deborah Vazquez ● 53 W. Jackson #304 ● Chicago, IL 60604 OR fax to 312/786-9203