



# Natick Community Services

People Driven. Service Focused

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Community Services  
Director

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Recreation & Parks  
Director

To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Wednesday, May 1, 2019. Our volunteers work one on one with an assigned camper each week. Therefore, we have a limited space each week for volunteers. We expect to need between 37 - 42 volunteers each week. You will be notified by the end of May regarding your week assignments.

- "Volunteer Application Form" filled out **COMPLETELY** by Applicant
- Your **MOST RECENT** (within 2 years of requested sessions end) Physical and Immunization Form (computer printout from physician).  
**Please confirm that your immunizations are current with your health care provider.**
- Completed Essay (*First year applicants only*).
- SORI and CORI Forms (State mandates you include last 6 digits of Social Security # where noted on CORI.)
- MANDATORY PHOTO ID • DO NOT cut the ID/photo - please leave on 8-1/2 x 11 sheet.**  
The State has mandated that we require a Government issued Picture ID of all Volunteer's/CIT's and Staff.  
(Ex: Drivers License, Passports, Student ID, Alien Reg. Card, Employment Author. Card, US Military ID Card)  
\* Please contact us if you have a question about acceptable ID's.
- Concussion Training Certificate ([www.headsup.cdc.gov](http://www.headsup.cdc.gov)). Please take the Coaches in Youth Sports Training.

## New Volunteer Essay Questions:

**What qualities do you think you can bring to the program to make it better?**

**What experiences, if any, have you had that would be helpful in working with children and adults with special needs?**

**What do you want to get out of Camp Arrowhead this summer?**

Please mark these important dates below on your calendar. Attendance is **mandatory** for volunteers.

- **Saturday, June 1 • New Volunteer Meeting** at Cole Center • 4:00 - 6:00 pm
- **Friday, June 21\*\* and Saturday, June 22 • All Day Training** at Arrowhead for All Volunteers.

**\*\* NOTE: If school snow days run into Friday, June 21, the 2nd Training Day will be Monday, June 24. The training on Saturday, June 22 will take place in either case.**



# Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

## CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 and above.)

Applications will **NOT** be accepted without a copy of your **MOST RECENT** Physical and Immunization Printout dated within 2 years from your requested camp session **END DATE** and your completed Essay.

**PLEASE NOTE: AS PART OF THE APPLICATION PROCESS, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT NOT THEIR PARENT/GUARDIAN.**

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Volunteer Cell Phone

Address \_\_\_\_\_  
Street Town Zip

E-Mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Volunteer's E-mail Parent's E-mail (optional)

### Minimum 2 Week Availability Required

Note: We need you to list 2 choices for planning purposes - you may only receive 1 of the 2 weeks)  
Please note that photos of the applicant may be used for various publicity media's.

Please check off sessions desired in order of preference.

Dates	Preference	Dates	Preference
<input type="checkbox"/> Session 1 • June 25 - 28	_____	<input type="checkbox"/> Session 3 • July 8 - 12	_____
<input type="checkbox"/> Session 2A • July 1 - 5 (No Camp July 4th)	_____	<input type="checkbox"/> Session 4 • July 15 - 19	_____
<input type="checkbox"/> Session 2B • July 1-3 (ONLY)	_____	<input type="checkbox"/> Session 5 • July 22 - 26	_____
<input type="checkbox"/> Session 2C • July 5 (ONLY)	_____	<input type="checkbox"/> Session 6 • July 29 - August 2	_____

**Residential Camp Week**    **\*\* Check box if INTERESTED, but please note: Acceptance is based on Volunteer's performance at day camp.**

Sunday, August 11 - Saturday, August 17

Please list below any specific training and/or certified skills that you have received that would help you in this position. (i.e., educational courses, workshops, CPR, First Aid, Skill, Sign Language, etc.)

Type Of Training/Certified Skills	Year
_____	_____
_____	_____
_____	_____

Swimming Ability:     Confident Swimmer     Not Confident     Not a Swimmer

Do you have any previous experiences in this program or others related to the position you are applying for? If so, list each position, year and reference (i.e., babysitting, volunteer work, child care, etc.)

Type of Service	Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

I volunteer to assist in the \_\_\_\_\_ program and will work to the best of my ability. I have filled out the above information to the best of my knowledge.

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

I hereby give my child permission to **volunteer** in this program and will assume full responsibility in the event that any injury may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years)

# CAMP ARROWHEAD VOLUNTEER GENERAL HEALTH FORM

**IMPORTANT: WE STILL REQUIRE AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD ALONG WITH THIS PAPERWORK**

<input type="checkbox"/> <b>Volunteer</b>	<b>Session(s) #</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	<b>Residential</b> <input type="checkbox"/>
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Name: \_\_\_\_\_  
Last First Middle Home Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade **Entering** • Fall 2019 \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts)

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Health Plan/HMO: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

### IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1

Please check here if your child will need medication(s) to be administered at Camp

Name of Medications: \_\_\_\_\_

### Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasee's") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releases will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, parent or guardian)



