



Girl Scouts of Western Washington VOLUNTEER INFORMATION FORM

This information will be used to help assign adults to various volunteer positions and to ensure all necessary information is obtained and required training has been completed.
Thank you so much for your help with the planning.

Name _____ Your Camp Name _____

Address _____

Phone Number _____ Cell Phone _____ Email _____

Are you currently registered as a Girl Scout? YES NO Troop # _____ Service Unit _____

NOTE: Please register on the GSWW website – www.girlscoutsww.org

Have you completed a GSWW Volunteer Application and Background Check online for summer 2022?

NOTE: All volunteers for camp 2022 – YES NO

<http://www.girlscoutsww.org/en/for-volunteers/why-volunteer.html> Use zip code 98588 for McLeod

Visit the Volunteers Section on the website for Volunteer Learning Updates

Have you completed any of the following training programs? Girl Scout workshops:

Getting Started YES NO

Jump Into Journeys Day YES NO

Trip Planning YES NO

Build Your Outdoor Skills YES NO

Basic Overnight YES NO

Outdoor Overnight YES NO

Standard First Aid YES NO Expiration Date _____ (Attach copy of card)

CPR /AED YES NO Expiration Date _____ (Attach copy of card)

ARC Sports Safety _____ Exp. Date _____ Wilderness First Aid _____ Exp. Date _____ First

Responder _____ Expiration Date _____ ER Medical Technician _____ Expiration Date _____ Small

Craft Safety and Craft Certified in _____ Expiration Date _____ (Attach copy of card) ARC

Waterfront Lifeguard _____ Expiration Date _____ (Attach copy of card)

Water Safety Instructor _____ Expiration Date _____ (Attach copy of card)

Instructor of Canoeing Fundamentals _____ Date of Completion (Attach copy of card)

Instructor of Canoeing _____ Date of Completion (Attach copy of card) or Other _____

What other training, knowledge, or skills do you have that you could share with staff or with campers?

Previous experience with Residential Camp Programs? If yes, # years and positions _____

WHAT VOLUNTEER POSITIONS ARE YOU INTERESTED IN? (Prior experience and interest will be considered and we will attempt to give you your request but placement cannot be guaranteed. The Camp Director will contact you regarding an interview and placement to ensure you agree with the assigned position.)

ADMINISTRATIVE ASSISTANCE FOOD SERVICES HEALTH MANAGEMENT

PROGRAM STAFF: Waterfront, Archery, Outdoor Living Skills, Arts, Nature etc. _____

UNIT STAFF – Unit Leader, Unit Counselor

(Circle desired grade): 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Program Aide

T-shirt size for ADULT T-shirt: S M L XL XXL XXXL

POSITION PLACEMENT: _____

VOLUNTEER HEALTH HISTORY & CONSENT TO TREAT

Volunteers Full Name: _____ Date of Birth: _____

Emergency contact: _____ Best Phone: _____

Allergies

No known allergies
 I am allergic to (*please list allergy and reactions-use additional sheets if necessary*):
Food

Medications

Environment (plants, insects)

Other (chemical, latex, etc)

Check here to request follow up for Action Plan development with the Camp Nurse.
~ Please attach additional sheets inside if you need more room to write ~

Diet and Nutrition

Regular Diet Vegetarian Vegan Gluten Free

I have special food needs (*please describe - attach sheet as needed*)

Mental, Emotional and Social Health: Check "yes" or "no" for each statement

Have you:

1. Ever been treated for emotional or behavioral difficulties or an eating disorder?
Yes No

2. During the past 12 months, see a professional to address mental/emotional health concerns?
Yes No

Please Explain:

General Health History

If *any* of the following statements apply to you, please check the box to indicate “Yes.”

Has/Does the volunteer:

1. Ever been hospitalized? <input type="checkbox"/>	11. Had fainting or dizziness? <input type="checkbox"/>
2. Ever had surgery? <input type="checkbox"/>	12. Passed out/had chest pain during exercise? <input type="checkbox"/>
3. Have recurrent/chronic illnesses? <input type="checkbox"/>	13. Had mononucleosis (“mono”) in the past 12 months? <input type="checkbox"/>
4. Had a recent infectious disease? <input type="checkbox"/>	14. Started menstruation? Any problems? <input type="checkbox"/>
5. Had a recent injury? <input type="checkbox"/>	15. Have problems with falling asleep or sleep walking? <input type="checkbox"/>
6. Ever had back/joint problems? <input type="checkbox"/>	16. Had asthma/wheezing/shortness of breath? <input type="checkbox"/>
7. Have diabetes? <input type="checkbox"/>	17. Have a history of bedwetting? <input type="checkbox"/>
8. Had seizures? <input type="checkbox"/>	18. Have problems with diarrhea/constipation? <input type="checkbox"/>
9. Had headaches? <input type="checkbox"/>	19. Wears glasses, contacts or protective eyewear? <input type="checkbox"/>
10. Have any skin problems? <input type="checkbox"/>	20. Traveled outside the country in the past 9 months? <input type="checkbox"/>

Please explain any “Yes” answers in the space below, noting the number of the question(s) For travel outside the country, please name the countries visited and dates of travel. Use additional sheets if necessary.

Note: Volunteers that have any serious illness, injury or surgery in the last 18 months need a physical exam. The Physician’s Health Exam form can be found on our website www.girlscoutswv.org.

Restrictions

- I have reviewed the program and activities of the camp and feel that I can participate without restrictions.
- I have reviewed the program and activities of the camp and feel that I participate with the following restrictions or adaptations (*please describe below or on a separate sheet*).

Immunizations

Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record.

_____ Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps

_____ Flu _____ Diphtheria/Pertussis (DTaP/DT) _____ Hepatitis A _____ Hepatitis B

If you have not been fully immunized, please sign the following statement:

I understand and accept the risks to myself from not being fully immunized.

Signature of Volunteer

Date

Health Care Providers

Name of Camper’s Physician _____ Phone _____

Name of Camper’s Dentist _____ Phone _____

Medical Insurance Information:

I am covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides so the information is able to be read.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

Medications

- I (volunteer) will not take any daily medications while attending camp
- I will take the following medications while at camp. Please include dosage and times.

(Please list below. Attach an additional sheet as needed).

Please remember to send medications with a provided Medication Form, in the original containers, with physician prescription details. Medications in other containers, such as daily pill reminders, will not be accepted.

Note: Any person displaying symptoms of head lice will need to be treated at home and can return to camp when they are nit-free (usually 24 hours)

VOLUNTEER AGREEMENT

Name: _____ Service Unit # _____ County _____

Position Title: _____ Date of Appointment: (Mo/Yr) _____

Primary Phone: _____ Email address: _____

Full Mailing Address: _____

This agreement outlines the mutual general responsibilities of Girl Scouts of Western Washington and all its volunteers. Please read this agreement and sign below indicating that you have read, understood and agree to its provisions.

Girl Scouts of Western Washington agrees to:

- Provide access to the most up-to-date Volunteer Essentials and the Safety Activity Check Points online at www.GirlScoutsWW.org.
- Provide a position description and review as needed.
- Offer orientation to the position and/or assist in obtaining any required training.
- Provide assistance, support and encouragement to fulfill the requirements of the position.
- Provide supervision and evaluation.
- Assure recognition for time and energy devoted to the position.
- Carry liability insurance for all registered volunteers.
- Assure criminal background checks as part of the volunteer application process.
- Assure that volunteers shall be selected based solely on suitability to the position regardless of race, ethnicity, religion, age, national origin, gender, veteran status, sexual orientation (including gender identity), marital status, or the presence of any physical, sensory or mental disability.
- Consider this an at-will agreement, which may be ended by either party at any time for any reason.
- Promote a fun, enjoyable atmosphere of mutual respect and commitment to girls and Girl Scouting.

Girl Scout Volunteer agrees to:

- Become/remain a registered member of GSUSA.
- Attend appropriate position training, meetings and updates relating to the position stated above
- Read and uphold the most current policies, standards and procedures outlined in Volunteer Essentials and the Safety Activity Check Points.
- Support the mission, goals and values of the council and the Girl Scout movement.
- Fulfill the responsibilities of the position as outlined in the position description.
- Meet regularly with a supervisor for on-going support, feedback and information.
- Supply GSWW with up-to-date and accurate information regarding changes on the volunteer application packet, including criminal background check.
- Affirm that the Girl Scout movement welcomes volunteers and members regardless of race, ethnicity, religion, age, national origin, gender, veteran status, sexual orientation (including gender identity), marital status, or the presence of any physical, sensory or mental disability.
- Consider this an at-will agreement, which may be ended by either party at any time for any reason.
- Promote a fun, enjoyable atmosphere of mutual respect and commitment to girls and Girl Scouting.

VOLUNTEER CAMP ADDENDUM

1. Conduct of all camp volunteer adults must be in keeping with the responsibility each accepts, summarized in a camp volunteer position outline and the GSWW Volunteer Agreement.
2. All camp volunteers agree to adhere to the GSWW Camp Rules and procedures as outlined in Camping on GSWW Properties.
3. The Community Camp has specific goals of providing a safe community that is physically and emotionally safe for all campers. At times, this can be tiring for adult volunteers whom may have had a long active day of service and less sleep than normal. As an Adult Volunteer you agree to seek unit support as need arises, to support a friendly and warm response to campers during their stay at camp.
4. Volunteers shall have breaks, free from immediate responsibility for campers at least once a day for 2 hours, upon the approval of the Camp Director or designated alternate supervisor. All volunteers agree to take this time off to remain viable and strong for the camper day.
5. Volunteers shall be responsible for ensuring that alcoholic beverages and controlled substances are not taken or used on Council sites or taken or used during any activity involving members.
6. Volunteers agree to role model healthy living habits and appropriate behaviors to campers.
7. Smoking is only allowed in outside designated smoking areas, away from the presence of campers. Individuals using the designated smoking areas are responsible for keeping the area neat and clean
8. Camp adult under 21 years, and those who do not have an appropriate Driver's License and insurance shall not drive Council owned vehicles or transport children in private automobiles. All vehicles must comply with state standards and council transportation procedures.
9. Camp adult volunteers must obtain approval from the Camp Director to leave the site during the program operation through the designated check out procedure. Keys to automobiles are kept in central storage in the volunteer lounge for risk management and evacuation purposes.
10. Pets are not permitted unless for program implementation as approved by the Camp Director.
11. A current health history is required of all adult volunteers outlining any needs for accommodation. Adult volunteers agree to participate in the overall Camp Health Plan as directed by the Health Supervisor and Camp Director.
12. All personal possessions including but not limited to sports equipment, musical instruments, vehicles and aquatic equipment are the responsibility of the owner, and not Girl Scouts of Western Washington. Personal watercraft is not allowed on camp properties.
13. Dress and appearance standards for all staff shall be appropriate clothing for the activity and the community, providing a clean, neat, personal appearance as camp role models
14. Compliance to all Local, State and Federal Law is essential.

I have read and agree to above and agree to abide by them and the position responsibilities as assigned in the volunteer position outline. I agree to serve this camp community as a volunteer. I have read and understand the responsibilities of the volunteer position and agree to carry them out to the best of my ability. I believe that girls are the focus of everything Girl Scouts does and I will use the Girl Scout Mission, Promise and Law to guide my choices and actions. I will read and abide by the policies of GSUSA and GSWW (*Volunteer Essentials & Safety Activity Check Points*). If I am unable or unwilling to fulfill the responsibilities of the position, comply with the policies, or if I chose not to support the mission, values or goals of the organization, I understand that I may be asked to resign or be removed as a volunteer.

Volunteer's Signature

Date

PROCEDURES FOR INTERNET COMMUNICATION

We know that the Internet, when used wisely, provides many safe ways to stay in touch and communicate with friends from camp. We view Internet venues as your right to self expression and generally regard them in a positive light. However, once you identify yourself as a GSWW Community Camp Volunteer in a social networking profile, website, group page or blog, or use the camp name or logo, we require you to observe the guidelines below. Even if you do not intend to, and even if you state otherwise, once you identify yourself as a Community Camp Volunteer or use our camp name or logo or any official camp photograph or text, everything and anything that you post or say on the site can then be seen as a reflection of camp. These guidelines have been established to insure that all camp volunteers, campers, and families enjoy an emotionally and physically safe environment.

1. As a Community Camp Volunteer, before I....
 - a. Use the camp name or official camp logo or camp photograph
 - b. Add a link from my group page, profile or other site to the community camp website;
 - c. Include text or photographs that are the property of camp;
 - d. Include photographs of campers or other staff members;
 - e. Or create a camp "group page" with the above items... ..I must request and receive *prior written approval* from the Community Camp Director.
2. As a camp volunteer I agree to be respectful of the camp, its program, the campers and its volunteers in all communication in my profile, blog or other Internet sites and communications. This includes the following:
 - a. I will not use obscenities, profanity or vulgar language.
 - b. I will not engage in harassment or intimidation;
 - c. I will not post comments that are derogatory with regard to individual person's;
 - d. I will not engage in sexually explicit, suggestive, humiliating or demeaning comments.

As a camp volunteer I agree not to use a social networking profile, group page, blog, or other Internet medium to discuss behavior that is prohibited by camp policy, including but not limited to alcohol or drug use, sexual behavior, delinquent behavior, destruction of property, harassment or intimidation. I understand that girls under 13 should not be invited to social network groups as per GSUSA standards.

I understand that I may not give my cell phone number, e-mail, or AIM address, blog address or social networking site name or other contact information to a camper. I understand it is my responsibility to verify the Community Camp Volunteer to Camper communication process with the Camp Director.

Once I identify myself as a volunteer member of this GSWW Community Camp, the general public may see me as an ambassador or spokesperson of camp. I understand that it is therefore a condition of my volunteer placement that I agree to and adhere to the guidelines outlined above. I understand that if any of the guidelines outlined in this measure are violated, it may result in disciplinary action up to and including termination and/or legal action. I have read and understand the above guidelines and agree to their terms.

VOLUNTARY DISCLOSURE STATEMENT

1. I have never been convicted of a crime against a person.

(A crime against persons includes any of the following offenses: Aggravated murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment.)

2. I have never been found in a dependency action, domestic relations proceeding or disciplinary board final decision to have sexually abused, assaulted or exploited any minor or to have physically abused any minor.

3. I have completed a Background Check Authorization and Release Form within the last 3 years with Girl Scouts of Western Washington, and been approved, allowing us to obtain a report of any record of your criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions.

___ Under penalty of perjury, I certify that the above information I have provided is true, correct and complete.

___ I have read and completed page 1-8 in this document.

I understand that:

___ If I am placed as an adult volunteer, I can be discharged for any misrepresentation or omission in the above statement.

___ This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

___ An additional statement of disclosure is available to me, if any of the statements above are not true to request specific disclosure for review.

___ I also understand that if I am appointed as a volunteer, my volunteer service is conditioned on receipt of a satisfactory report and an annual review of the National Sex Offender Public Registry.

Printed Name Camp Volunteer Position

Volunteer Signature Date

Camp Director Signature Date