



**Volunteer Info:**

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female Religious Affiliation (if any) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number (\_\_\_\_\_) \_\_\_\_\_

Food Allergies  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Drug Allergies  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Volunteer Info continued:**

Other Allergies  Yes  No If yes, please explain \_\_\_\_\_

Dietary Restrictions  Yes  No If yes, please explain \_\_\_\_\_

Please list any physical limitations and describe them fully (terrain, etc) \_\_\_\_\_

T-shirt size:  Adult Small  Adult Medium  Adult Large  Adult X-Large

Do you speak any language other than English? \_\_\_\_\_

Why do you want to be a volunteer at Camp Koala? Please be specific, it helps. Thanks!!

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

**Volunteer Info continued:**

**Educational Background:**

Name of Institution	Course of Study	Degree/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional Licenses / Certifications:**

Type	State	Date	Number	Exp. Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personal Information** - Please feel free to use additional sheets of paper if necessary. These questions are used to pair you with the most appropriate Little Buddy.

Do you have any interests such as hobbies, sports, or any special talents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children?  Yes  No What ages? \_\_\_\_\_

What experiences have you had working with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information continued:**

What experiences have you had at other camps or outdoor activities? Have you ever been a camp counselor before? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do your interests lie at Camp Koala with regards to being a volunteer?

- Big Buddy
- Arts & Crafts
- CPR/Red Cross Certified Lifeguard
- Jr. Counselor / Gopher
- Therapist
- Session Leader
- Help Setup/Breakdown
- Food Service
- Other - Please Explain: \_\_\_\_\_

If you are not applying to be a Big Buddy, what times are you available throughout the camp weekend? The entire weekend, Fri-Sun? \_\_\_\_\_

**Bereavement History** - please list any significant losses you have experienced throughout your life:

Relationship to the Deceased	Year of death	Your age at death	Cause of death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Health Information:**

Are there any activities that you may not be able to participate in while at camp? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**Health Information continued:**

Physician Name \_\_\_\_\_ Phone Number (\_\_\_\_\_)\_\_\_\_\_

Can you swim? Yes No Are you certified to administer CPR? Yes No

Are there any medical conditions we/our Staff Nurse should be aware of? Please be specific. ANY and ALL Medications you wish to have the Staff Nurse administer to you during your stay must be accompanied by your physician's signed letter with dosage, name of medications and times given.

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To the best of my knowledge, the above information is correct and accurate.

\_\_\_\_\_  
Signature of Volunteer Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission to agents of Camp Koala to administer first aid to me and authorize emergency transport to the nearest acute care facility.

\_\_\_\_\_  
Signature of Volunteer Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include a photo of yourself with your application or email one to [director@campkoala.org](mailto:director@campkoala.org) for your file. This helps us to recognize you when you arrive.

## Camp Koala Indemnification Agreement

1. I give my permission to be photographed, videotaped, audiotaped or interviewed during Camp Koala. This material may be used for future publicity of Camp Koala including for use by the news media.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Volunteer

### Release:

2. I release and discharge Camp Koala, Inc., its agents, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I ever had or now have or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my negligence or any other fault.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Volunteer

### Indemnification Agreement

3. I agree to indemnify and hold harmless Camp Koala, Inc. for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which I ever had or now have or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my attendance at Camp Koala, including but not limited to, injury caused by or arising from Camp Koala's own negligence.

I, the undersigned, have read this release and understand all of its terms.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Volunteer

## **Big Buddy Volunteers:**

### **I understand that I must:**

- Be age 18 or older
- Complete the application packet in full
- Attend the required training session TBA
- Be physically able to be a companion to my camper throughout the entire weekend
- Submit to a background check (\$6.95 fee, paid by Camp Koala, or you can opt to donate this fee on background site)
- Keep any and all medications in the nurse's station at all times

### **Responsibilities:**

- Provide emotional support and friendship to your assigned camper and to other campers
- Participate in all groups sessions and physical activities
- Report any concerns for your camper to the Director
- Be with your camper at all times, no exceptions
- Assess camper participation and progress and provide feedback during adult group sessions
- Respect the privacy of all campers and camp activities

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Signature of Big Buddy