



Camp Discovery

Volunteer Application Form

Not another moment lost to seizures

Instructions: This form is due **by July 15**. (1) Print clearly (2) For information call: 206-547-4551 (3) Complete entire form for each volunteer (4) Mail only to: EFNW, 2311 N. 45th St., #134, Seattle, WA 98103

- Forms not completely filled out and signed will not be accepted.
- Volunteers must be 18 years or older to volunteer at Camp Discovery.

Volunteer Name _____ **Date** _____

Birth Date _____ **Month** _____ **Date** _____ **Year** _____ **Gender:** _____ **Male** _____ **Female**

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **Email** _____

Facebook, My Space, Twitter Profile Name _____

Emergency Contact Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Fax** _____

Email Address _____



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Did you graduate? Yes___ No___ If college, what degree?_____

School_____ City_____ State_____

List Additional training or life experiences; special skills you bring with you (activities, hobbies, other volunteer experiences, etc.):

I am: Employed Unemployed Self-employed Retired

Occupation/Title: _____

Employers Name: _____

Address _____

City _____ State _____ Zip _____

Supervisor Phone _____ Supervisor Email _____

- My employer offers a time-off program for volunteers
- My employer offers a donation matching program for my volunteer hours

(If you have a resume, please attach it to the application.)

References:

1. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____





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Volunteer Name: _____

Camp Discovery Schedule

Sunday, August 21 _____ Yes, I will volunteer on this day/night

- 8:00 am Volunteers Arrive
- 8:30 am - Training for camp counselors and volunteers
- 10:00 am - Campers Arrive
- Noon – Lunch, afternoon activities
- Evening – Dinner, evening activities

Monday, August 22 _____ Yes, I will volunteer on this day/night

- Morning – Breakfast, morning activities
- Noon – Lunch, afternoon activities
- Evening – Dinner, evening activities

Tuesday, August 23 _____ Yes, I will volunteer on this day/night

- Morning – Breakfast, morning activities
- Noon – Lunch, afternoon activities
- Evening – Dinner, evening activities

Wednesday, August 24 _____ Yes, I will volunteer for this half-day

- Morning – Breakfast, morning activities, prepare campers to leave camp
- Noon – Camper families arrive, camp ends
- I'd like to volunteer, but not as a Camp Cabin Leader/Counselor _____
- I am a registered nurse: Yes ___ No ___ State Registered: _____



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Health Information (Mandatory for application approval)

Name: _____

• Do you have Epilepsy? _____ Yes _____ No (if no, proceed to next page)

• Seizure Type(s): _____

• What type(s) of medication are you on and the daily dosage for each? _____

• Please describe what your seizures look like to others: _____

• Date of last known seizure(s) _____

• Estimate how often seizures occur:

_____ Hourly _____ Several times a day _____ Weekly _____ Monthly

Other (describe) _____

• Describe typical TRIGGERS for your seizures, if any (i.e. certain sounds, heat, lack of sleep, emotional or physical stress, too much sun) _____

• Describe any AURA you may experience?(warning signals, upset stomach, ringing ears, dizziness) _____





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- How long does it take for you recover after a seizure? _____

- Describe changes in activities that might be needed after a seizure (a nap or quiet time)

- Do you have a Vagal Nerve Stimulator (VNS) implant? _____Yes _____No

For health conditions other than epilepsy...

- Please describe in other medical, disability, and mobility conditions:_____

- Are you on any medication for the conditions described above? _____Yes ___No

- What type(s) of medication are you on and the daily dosage for each?_____

- Do you have any hiking restrictions? _____No _____Yes

- Do you have any swimming/diving restrictions? _____No _____Yes

- Do you have any contact sports restrictions? _____No _____Yes

If yes, please describe restrictions for hiking, swimming/diving, sports_____





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Volunteer Name: _____

(Assigned at Camp: Cabin Name _____)

• **Medications – Over the Counter:**

It is okay to provide me with the following over the counter medications if necessary:

- Tylenol
- Aspirin
- Ibuprofen (Advil or Motrin)
- Anti-Diarrhea
- Throat Lozenges
- Sudafed Cold Tablets
- Benadryl
- Hydrocortisone cream
- Other (list):

• **Medications - Prescriptions:** (attach separate list if necessary)

Medication	Dose of each pill	Pill(s) are taken at what time?	How many pills are taken at this time?	What is the total dose to be taken at this time	Signature/ initials of nurse after administration (Office Use Only)
		9:00 am <input type="checkbox"/>			
		12:00 <input type="checkbox"/>			
		5:00 pm <input type="checkbox"/>			
		9:00 pm <input type="checkbox"/>			
		9:00 am <input type="checkbox"/>			
		12:00 <input type="checkbox"/>			
		5:00 pm <input type="checkbox"/>			
		9:00 pm <input type="checkbox"/>			
		9:00 am <input type="checkbox"/>			
		12:00 <input type="checkbox"/>			
		5:00 pm <input type="checkbox"/>			
		9:00 pm <input type="checkbox"/>			
		9:00 am <input type="checkbox"/>			
		12:00 <input type="checkbox"/>			
		5:00 pm <input type="checkbox"/>			
		9:00 pm <input type="checkbox"/>			

Any known drug allergies? No _____ Yes _____ please specify: _____

Signature _____

Date: _____





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VOLUNTEER AGREEMENT (please read carefully)

In signing this form, I fully agree to the following conditions and I fully understand the following items:

- I am willing to volunteer for Camp Discovery and abide by all rules and regulations.
- With any Camp Discovery activity there may be a degree of physical and emotional risk involved.
- There may be physical activities involved with Camp Discovery programs that could harm me.
- I may be outdoors in the natural elements for some Camp Discovery programs.
- I may be exposed to cold water, swimming, kayaking, boating and other water activities.
- I run the risk of experiencing hypothermia and drowning in water related activities.
- I may be walking on logs, rocks or cables and may climb walls while harnessed in ropes.
- I will be exposed to outdoor cooking, camp fires, use of stoves and other kitchen materials.
- I may be exposed to wildlife and the risk of forest fires and other fire dangers.
- Accidents may occur even if Camp Discovery staff and volunteers do their best to ensure safety.
- In the event that emergency contacts cannot be reached, the Director of Camp Discovery or the Camp Medical Staff has my permission to act as my agent in an emergency concerning my health and welfare.
- I hereby give permission authorizing Medical Staff to give medications to me as outlined in the medication section of this form and as the circumstances may require.
- I also agree that any first-aid treatment may be given to me as needed.
- I certify that all information submitted in this volunteer application, or in my resume, interview, or other information is true and complete and that I have not knowingly withheld any information that would affect my application to volunteer with the Epilepsy Foundation Northwest and Camp Discovery.
- I understand that my references will be checked and that background checks will occur with the States of Washington and Oregon and other states or countries as deemed necessary.
- I will be evaluated for job performance and may be terminated for poor performance or inappropriate behavior as deemed necessary by Camp personnel.
- I hereby consent to the use, publication, display, and/or media broadcast by or on behalf of the Epilepsy Foundation Northwest or Camp Fire USA, any photograph, video or digital image and any reproduction thereof in which I may be portrayed or identified, and that the Epilepsy Foundation Northwest and Camp Fire USA may use, publish, broadcast and display such photographs, videos, digital images or reproductions thereof, in whole or in part, for any business purpose in their individual discretion, including media coverage of Epilepsy Foundation Northwest or Camp Fire USA activities or programs. I waive any claim for compensation of any type for such use.
- Camp Discovery retains the right to enforce its rules and if necessary send home, without refund, any volunteer infringing on the rights of others.
- I agree not to hold Camp Killoqua, Camp Fire USA – Snohomish County, Camp Fire USA, Camp Discovery, the Epilepsy Foundation Northwest, or the Epilepsy Foundation of America; it's staff or volunteers from any and all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my participation in any camp activities associated with me attending Camp Discovery.
- I will fully participate in camp programs (except as noted by physician or on health form), on or off premises, subject to the camp policies, rules and regulations.
- I hereby testify that I have never been convicted of a felony, and I understand no person will be granted permission to volunteer with the Epilepsy Foundation Northwest if there is a past or present conviction of crimes in a sexual nature, for crimes against a child, or for crimes of violence.
- I have read all Camp Discovery materials and have inquired about questions or concerns I may have.
- All camp forms will be completed and returned by **July 15**.

Volunteer Signature: _____ Date: _____

Print Volunteer Name: _____



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