

Camp American Volunteer Registration

Volunteer Name _____ *Birthdate _____

Phone _____ Work Phone _____ Optional e-mail _____

Address _____ City _____ State and Zip Code _____

*Name and Phone of Emergency Contact _____

*Physician's Name and Number _____

*Medication used regularly _____

*Allergies _____

*Physical Limitations or Medical Condition _____

Special Dietary Needs _____

*Volunteers Insurance Information _____

Family members in Attendance with volunteer _____

Special skills and talent _____

Preferred Food (steak and lobster not available ☺) _____

I understand that as a Camp American volunteer I will receive no monetary compensation. I understand that I am expected to set a good example for all campers, adult and student. I will refrain from the use of course language, and **ABIDE BY THE CAMP AMERICAN DRESS CODE** and other camp rules. I understand that discipline will be administered by the **head counselor** and/or **camp director**. I may bring an unruly student to one of these people **at any time**.

Signed _____ date _____

kitchen staff recreation supervisor camp office/store staff doctor/nurse other

NEW VOLUNTEERS ONLY Please list 3 personal references

Name & Address _____ Phone _____

Name & Address _____ Phone _____

Name & Address _____ Phone _____

***Personal information is for use in case of emergency only.**

Questions? Call Chuck Michaelis at (614) 893-5986, e-mail director@campamerican.com, or see the Camp American web site at www.campamerican.com

Please return the completed volunteer registration form to:
Camp American 4635 Southcrest Drive Louisville, KY 40215