



LUMSDEN BEACH CAMP

Volunteer Application Form



PERSONAL INFORMATION:

Name: _____ Phone: Home _____ Cell _____

Email: _____ Church: _____

Address: _____
Street City Province Postal Code

I wish to volunteer at _____
Name of Camp Session Camp Dates

If you are unable to volunteer for an entire camp, we may still want your help. Please contact our Volunteer Coordinator.

Please check area(s) of interest. State first and second choice, if possible.

Assistant Cook	Craft Instructor
Child Care Provider	Spiritual Care Time Leader
Medical Personnel	Maintenance Assistant

Volunteer services can be credited towards the camper fee of your child or grandchild.

Volunteer Deductions

Primary I & II \$20 All other camps 50% off camper fees

Please deduct this from your child's / grandchild's camper fees at the time of registration.

- Please mail your application in as soon as possible as some volunteer positions fill early.
- A fee of \$10 per child per day will be charged for children not registered in the camp program. This fee is to assist in covering the costs of childcare, food and lodging expenses. All children of camper age must be registered for camp. Children not requiring childcare and not registered in the camp program are still required to pay the \$10/day fee.

Below please list the names and ages of ALL children coming to camp with you.

Name _____ Age _____ Registered for Camp (Y/N) _____

Will you need cabin space or will you bring a trailer? _____

List your involvement in your church: _____

Previous leadership experience: Please list in what capacity and where.

References:

Name	Phone #	Relationship

Health Information Form

Hospitalization # _____ Date of last tetanus toxoid _____

Please list any medical conditions or dietary restrictions that we should be aware of. i.e. Heart disease, asthma, diabetes, seizures, vegetarianism, celiac, other? Specify.

Are you currently on any medication? Please itemize.

Are you allergic to any drugs, stinging insects, foods, other? If so, how do they react?

ANY MEDICATION BROUGHT TO CAMP MUST BE CLEARLY LABELLED AND IDENTIFIED TO THE CAMP MEDICAL PERSON UPON ARRIVAL. THE MEDICAL PERSON WILL DETERMINE WHETHER YOUR MEDICATION NEEDS TO BE LOCKED SECURELY IN THE MEDICAL CABIN

SIGNATURE _____

Date _____

IN CASE OF EMERGENCY CALL

NAME (Please Print) _____

PHONE (H) _____

PHONE (W) _____

ALTERNATE NAME (Please Print) _____

PHONE (H) _____

PHONE (W) _____

DOCTOR'S NAME (Please Print) _____

PHONE _____

Criminals Record Search

We require all staff and volunteers to have a Criminals Record Search completed prior to attending camp. The Criminals Record Search is valid for three years and is **free to volunteers**. Searches can be processed at any Police station or RCMP.

Privacy Statement

Lumsden Beach Camp Inc. is committed to protecting the privacy of your personal information. We use the personal information on this application solely for the purpose of ensuring the safety of our campers and the quality of their experience while at camp. Applications are used for internal purposes only and will not be disclosed to any third party unless required by law. Your mailing and/or e-mail address may also be used to alert you to future LBC events and information. If you DO NOT wish to receive information about LBC in the future, please check this box:

Address applications to:

**LUMSDEN BEACH CAMP REGISTRAR
P.O. Box 29031
Regina, SK S4T 7X3**

For more information please call Donna at 924-2254 or e-mail at ynotu@lumsdenbeachcamp.com.

Volunteer applications must accompany camper registration, if applicable.