

# CAMP BEETREE 2018

FOOD-FAITH-FRIENDS



## DO YOU...

- like to work with kids?
- enjoy being outside in nature
- want to make a difference?
- love Camp BeeTree?

## WE NEED VOLUNTEERS...

Camp BeeTree is an all-volunteer camp. We need people to help with all of the tasks a camp experience like this requires. Please consider how you can help in the preparation for camp or in leadership in the camp experience. Please check below the ways you can volunteer to help.

## VOLUNTEER FORM

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteers who plan to drive or assist more than one day are required to fill out Towson Presbyterian's Child Protection Policy. We will conduct a background check on all volunteers over the age of 18.

T-Shirt Size: Adult-- Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

### Preparation Activities

- \_\_\_\_\_ Procuring speakers or making field trip arrangements
- \_\_\_\_\_ Publicity and marketing/Minute for Mission presentation
- \_\_\_\_\_ Shopping for food/supplies (reimbursed by TPC)
- \_\_\_\_\_ Preparing materials prior to beginning of camp
- \_\_\_\_\_ Computer work (name tags, rosters, etc.)
- \_\_\_\_\_ Registration prior to start of camp (April-June)
- \_\_\_\_\_ Prepare for camp by participating in a youth-only camp work day on July 7th
- \_\_\_\_\_ Clean up after camp on Saturday July 14th
- \_\_\_\_\_ Prepare snacks to be served at Camp BeeTree

Monday, July 9 through Friday, July 13 at Camp BeeTree in Parkton, MD

- \_\_\_\_\_ Prepare snacks (morning only)
- \_\_\_\_\_ Greet children, give out name tags, help with opening activity (morning only)
- \_\_\_\_\_ First Aid station/camp nurse
- \_\_\_\_\_ Lead a grade-level class
- \_\_\_\_\_ Help with crafts
- \_\_\_\_\_ Work with children at the stream
- \_\_\_\_\_ Lead/assist with recreation/ / field games
- \_\_\_\_\_ Help with Friday picnic at Camp BeeTree on July 13th

## MEDICAL FORM (please fill one form per participant)

Participant Name: \_\_\_\_\_ Grade as of May 2018: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Need to take medications at camp?  Yes  No

Please tell us of any medical conditions/activity limitations/precautions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Info:

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

I understand that, in an emergency, every attempt will be made to contact an immediate family member. However, in the event that one cannot be contacted, I request and authorize medical personnel associated with TPC's Camp BeeTree to provide all reasonably necessary medical care for my child including, but not limited to, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

\_\_\_\_\_  
Signature Name PRINTED Date