

CAMP BEE TREE

MOUNTAIN ADVENTURE 2017

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.

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 8th
- _____ Clean up after camp on Saturday July 15th
- _____ Prepare snacks to be served at Camp Bee Tree

Monday, July 10 through Friday, July 14 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 14th

MEDICAL FORM (please fill one form per participant)

Participant Name: _____ Grade as of May 2017: _____

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