



VOLUNTEER APPLICATION 2010

DATE OF APPLICATION: _____

This application is for daily volunteers only

**PLEASE CHECK THE WEEKS YOU
WILL BE AVAILABLE**

- _____ Camp SMILE I June 28-July 3, 2010
- _____ Camp SMILE II July 5-10, 2010
- _____ Camp SMILE III..... July 12-17, 2010
- _____ Camp SMILE IV..... July 19-24, 2010

Please indicate days and times of availability:

**PLEASE
ATTACH
A
RECENT
PICTURE**

Please circle T-shirt Size:
S M L XL 2X 3X

All shirts are adult sizes
Only \$5
**Must have application by April
30, 2010 to guarantee shirt.**

For Office Use

Date Recd: _____

Date Conf: _____

Weeks: _____

Ref. Check: _____

CPR: _____

| | | | | |
|---------------------------------------|-----|---------------------------|---------------|---------------|
| NAME | AGE | SEX | Date of Birth | Email address |
| MAILING ADDRESS | | CITY | | STATE |
| EDUCATION-GRADE in HS/YEAR in COLLEGE | | NAME OF SCHOOL/WORK PLACE | | HEIGHT |
| GROUP AFFILIATION (If Applicable) | | HOME PHONE | CELL PHONE | |
| WEIGHT | | | | |

Experience with people with disabilities: _____

Certifications/Special skills (circle all that apply): RN Life Guard CPR First Aid Horses

Photography Sign Language Play musical instrument: type _____ willing to bring & play? _____

PLEASE ATTACH A COPY OF ANY CERTIFICATIONS AND THEIR EXPIRATION DATE.

Please circle areas in which you are interested in volunteering: Housekeeping Serving Meals Horseback Riding

Boating/Fishing Driving Transportation Trolleys Medical Taking Pictures Wherever Needed

Please list two individuals who have knowledge of your character; giving name, phone # and email address

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Family Doctor: _____ Phone: _____

Name of your Health Insurance Company:

Policy or Medicaid Number: _____

Hospital Choice: _____

RELEASE, WAIVER & INDEMNITY

The undersigned has volunteered to be a counselor at Camp SMILE, provided by United Cerebral Palsy of Mobile, Inc. The undersigned acknowledges that as a Counselor, he/she will engage in, and assist others in engaging in, sport, recreational and other activities which are, or may be, potentially dangerous. The undersigned hereby acknowledges that he/she understands that he/she will be engaging in, and assisting others to engage in such activities, and the undersigned hereby releases United Cerebral Palsy of Mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their respective agents, employees, successors and assigns, from, and hereby waives, any and all liability, claims, demands, actions, causes of action, expenses and damages in any way resulting from personal injuries, conscious suffering, death or property damage sustained by the undersigned arising out of the undersigned's participation in such camp activities. This Release, Waiver & Indemnity shall be binding upon the undersigned and his/her heirs, successors and assigns.

I hereby grant to the Camp Physician or his authorized representatives permission to furnish or arrange for the furnishing of such hospital and medical care as (Name of Counselor) _____ MIGHT REQUIRE DURING SUCH TIME AS HE/SHE IS A VOLUNTEER AT CAMP SMILE. This medical care shall include, but not be limited to, examinations, treatment, immunizations, injections, anesthesia, surgery and other procedures, etc. I understand that I shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said Counselor.

For and in consideration of Camp SMILE receiving the herein named counselor in the camp, and in consideration of the same, and any services which might be performed for the counselor, the undersigned, as natural guardian of said counselor, for and on behalf of the camp or the undersigned individually, hereby releases, acquits, covenants to hold harmless and indemnify the camp physician, Camp SMILE, and all other persons, firms and corporations associated with them, from all claims, damages, actions and causes of action of whatever nature may accrue to the said counselor or the undersigned, their heirs, executors, administrators, and legal representatives and assigns, arising out of any of the above procedures.

The undersigned further grants permission for said counselor to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of Camp SMILE.

If the undersigned counselor is under the age of nineteen years, his/her parent and/or legal guardian will also be required to execute this Release, Waiver and Indemnity. By doing so, the undersigned parent and/or legal guardian hereby releases United Cerebral Palsy of mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their agents, employees, successors and assigns, from, and hereby waive, all of the aforementioned liabilities, claims, demands, action, causes of action, expenses and damages in any way resulting from personal injury, conscious suffering, death or property damage sustained by the undersigned counselor and hereby agree to hold harmless, United Cerebral Palsy of Mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their agents, employees, successor and assigns, from and against all losses, claims, demands, actions or proceedings of any kind which may be initiated against any of the foregoing by any person and arising out of any action or inaction on the part of United Cerebral Palsy of Mobile, Inc. or such owner, agents, employees, successors, or assigns in any way related to any of the activities described in the preceding paragraphs or contemplated hereby.

Date Volunteer Name (Printed)

Volunteer Signature

Parent/Guardian Printed Name (If under 19 years of age)

Parent/Guardian Signature
(if under 19 years of age)

DO YOU SMOKE? ____ Yes ____ No

CAMP SMILE IS A SMOKE FREE FACILITY!

Please complete and return to: **United Cerebral Palsy of Mobile, Inc.**
Attn: Camp SMILE
3058 Dauphin Square Connector
Mobile AL 36607

***IF VOLUNTEERING AS AGROUP, PLEASE SEND IN ALL APPLICATIONS AT ONE TIME.**