

VOLUNTEER STAFF APPLICATION
SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP
21-28 July 2012

Name: _____ Male Female Social Security #: _____
(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Primary Email Address: _____ Alternate Email Address: _____

Age : _____ Date of Birth: _____

Are you a Guard Member?: No Yes –

SCNG Member's Unit: _____ Rank/Title: _____

Check Swimming Level: Does not swim Beginner Intermediate Advanced

T-shirt size: (**adult sizes**) X-Small Small Medium Large X-Large XX-Large XXX-Large

Do you have any dietary requirements/restrictions? Yes No

If yes, please specify: _____

Do you have any physical restrictions? Yes No

If yes, please specify: _____

Do you have any medical conditions/allergies? Yes No

If yes, please specify: _____

Do you have any camp experience? Yes No If yes, explain _____

Why do you wish to serve as volunteer staff? _____

Have you previously participated as volunteer staff at Youth Camp? Yes No

If yes, what position (s) did you hold? _____

_____ Do you wish the same assignment (s)? Yes No

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Please indicate which area (s) where you would like to work as a volunteer: **(If more than one, please indicate 1st, 2nd or 3rd choice.)**

- _____ +* **Platoon Leader:** You will have overall responsibility for approximately 25 campers, as well as Senior Counselors and Junior Counselors. You will supervise all activities and movements of the group, as well as oversee instruction of drill and ceremony.
- _____ +* **Senior Counselors:** You will assist group leaders in all responsibilities as outlined.
- _____ * **Junior Counselors:** Serves as a mentor to the campers under the guidance of the Senior Counselor and Platoon Leader. Assists in carrying out the tasks assigned to the Platoon Leader and Senior Counselors. Requires previous experience with the SCNG Youth.
- _____ **Camp Chaplain**
- _____ **Administrative Support**
- _____ **Supply / Camp Setup**
- _____ **Arts and Crafts**
- _____ + **Safety and / or Security**
- _____ + **Medical Staff**

Minimum age for any position is 15 years old.

+ Must be 18+ years old to be considered for one of these positions.

* The above positions are **FULL – TIME** positions only. These individuals will be required to be at camp from Saturday, **21 July 2012** to Saturday, **28 July 2012**. Work hours at camp are NOT 8am -5pm. The camp starts at 6am and typically ends at 11pm and generally you're on call 24/7.

Please check if you are qualified and willing to instruct in any of the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Youth Motivation/Self Esteem | <input type="checkbox"/> Survival Tactics |
| <input type="checkbox"/> Flag Protocol and Courtesy | <input type="checkbox"/> Marksmanship / Gun Safety |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Swimming Lifeguard certified |
| <input type="checkbox"/> Safety in the Home | |

Are you available full-time or part-time? _____ If part-time, please list specific dates and times available in the space provided below.

ALL STAFF MUST ATTEND THE ORIENTATION ON 21 JULY 2012

Are you related to any of the child(ren) between the ages 10 – 13 who will attend camp? Yes No

Child(ren)'s name(s) and relationship: _____
(Last, First, MI)

Are you willing to stay in barracks with campers? Yes No

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Emergency contact Information:

Emergency contact: _____ Relationship to You: _____

Emergency Contact Telephone Number(s): _____

Alternate emergency contact, if person(s) listed above cannot be reached: _____

Relationship to You: _____ Emergency Contact Telephone(s): _____

Please return application, including Health Record and Waivers below, and copy of medical insurance card, no later than May 31, 2012, to:

**South Carolina National Guard Family Programs
ATTN: Youth Camp Director (STOP #34)
1 National Guard Road
Columbia, SC 29201-4766**

For further information, you may contact Mr. James E Harris, Jr, at (803) 667-2056, james.e.harris9.ctr@us.army.mil or Ms. Sherry Marsh at (803) 667-2059, sherry.j.marsh@us.army.mil from 7:30 am – 5:00 pm , Monday through Friday.

Note: All applicants will be notified by mail/email whether or not they have been accepted NLT June 15. Acceptance Packets/details will be sent to Volunteers as to dates, times, in-processing locations, items to bring, etc.

I, the undersigned, affirm that the information in this application is accurate and that I have read, understand, and agree to the following:

1. Staff positions are a 24 hour function. Volunteers understand that their role is not an 8-hour per day job.
2. **NO ALCOHOLIC BEVERAGES WILL BE PERMITTED IN CAMP AREA.** Counselors and volunteers who are housed in camper barracks will refrain from drinking alcoholic beverages.
3. **As a staff member of the South Carolina National Guard Youth Camp, I understand that the SCNG Youth Camp must run a SLED/DSS background check on me. This is not only for my protection but also serves as a safeguard for our most precious resource - our Campers.**

Volunteer's Signature

Date

SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP HEALTH RECORD

Name: _____ Male Female Date of Birth: _____
(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Please list information for two emergency contacts:

First emergency contact: _____ Relationship to Child: _____
Emergency Contact Telephone Number(s): _____

Second emergency contact: _____ Relationship to Child: _____
Emergency Contact Telephone Number(s): _____

**** IMPORTANT ****

This form must be filled out completely, signed, and returned to the State Family Program Office before **30 June 2012**.

HEALTH HISTORY: To be completed by the parent(s) or guardian(s). **All questions must be answered.**

Is the child in good health? Yes No (Check One)

Does the child suffer from allergies or require any medication(s)? Yes No (Check One)
If yes, please state type of allergies and or medication(s): _____

Does the child suffer from any illness, disease, or condition? Yes No (Check One)
If yes, please indicate specific illness, disease, or condition: _____

Name of treating physician: _____

Address of treating physician: _____

Telephone number of treating physician (including area code): _____

Is there any known physical disorder that might handicap the child while participating in the Youth Camp?

Yes No (Check One) If Yes, please list: _____

INSURANCE INFORMATION: **Attach a copy of the insurance card front and back to this form.**

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Holder: _____ Policy Number: _____

***** The South Carolina National Guard or Family Programs will not be responsible
for medical bills incurred by the campers*****

SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP WAIVERS

I hereby voluntarily waive any claim against the South Carolina National Guard, the South Carolina Military Department, or the United States of America for any or all causes which may arise in connection with the participation of _____
in the South Carolina National Guard Youth Camp. (Name)

Signature

Date

MEDICAL TREATMENT PERMISSION STATEMENT

If I, _____, become ill or injured while attending the South Carolina National Guard Youth Camp, I grant permission for the South Carolina National Guard Youth Camp Program to seek medical assistance as may be deemed necessary.

Signature

Date

MEDIA RELEASE

I, _____, may be interviewed and photographed by members of the media, to include newspapers, TV, etc. I give permission for the media to use these interviews and photos in their coverage of the South Carolina National Guard Youth Camp.

Signature

Date