

Trail's Edge Camp
for Ventilator-Dependent
Children



2020 Volunteer Application

Name: _____ Nickname: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email Address _____

Sweatshirt Size _____ Preferred Camp Role _____

Work & Camp Experience

Employer: _____ Occupation: _____

Address: _____ Telephone #: _____

How did you hear about Trail's Edge Camp? _____

Have you attended any other children's camps? _____
If yes, Camp type? _____ Your Role _____

Do you have experience with children with disabilities? _____
If yes, please describe: _____

What is your last completed education? _____

Current licenses, certificates and/or other credentials: _____
Other: _____

Staff members are required to provide information regarding any criminal convictions.
(Other than minor traffic violations).

Do you have any criminal convictions? _____
If yes, please describe: _____

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Health History and Information

Name of Health Insurance Plan: _____

Policy Holder's Name: _____ Policy #: _____

Do you currently have an infectious disease?

Medication allergies: _____

Food allergies: _____

Environmental allergies: _____

Vegetarian: _____ Gluten Free: _____

Vegetarian options are available; however, camp is not able to accommodate all specialized dietary requirements.

Chronic or recurring illness: _____

Physical limitations: _____

Please list any current prescriptions or medications that you plan to bring to camp:

Have you received the Hepatitis B vaccine? _____

If no, Waiver: _____

Signature of Camp Participant _____ Date _____

Emergency Contacts

Name: _____ Phone #: _____

Name: _____ Phone #: _____

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Photography Consent

Trail's Edge Camp will photograph activities at camp to use for fundraising and publicity purposes. The following consent allows Trail's Edge Camp and or agencies to film for these reasons.

I hereby give my consent to Trail's Edge Camp and/or other organization invited to camp to take and use my photograph, audiotape, and/or videotape recording for education, promotional, advertising and/or fundraising purposes.

Signature of Camp Participant

Date

Consent for Emergency Medical Treatment

I hereby give my consent to receive medical care by Trail's Edge Camp Physician in the event of an emergency.

Signature of Camp Participant

Date