The Nicole Daune Jackson Foundation
Minor Volunteer Application

Contact Information

Minor Name	
Street Address	
City, State ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

___ Weekday mornings	___ Weekend mornings
___ Weekday afternoons	___ Weekend afternoons
___ Weekday evenings	___ Weekend evenings

Areas of Volunteer Interest

___ Events
___ Fundraising
___ Deliveries

Health History

Check all that apply.	*Allergies*
___ Frequent Ear Infections	___ Hay Fever
___ Contact Lenses	___ Ivy Poisoning, etc.
___ Heart Defect/Disease	___ Insect Stings
___ Convulsions	___ Food
___ Diabetes	___ Drugs
___ Bleeding/Clotting Disorder	___ Asthma
___ Hypertension	___ *Other (Specify)*
___ Mononucleosis	
___ Epilepsy	
___ *Other (Specify)*	
Operations or serious injuries (include dates):	
Chronic illness or medical conditions:	
Other diseases or health problems:	
Dietary restrictions:	
Current medications:	
Other physical/mental health information for Camp personnel:	
Family Physician:	Phone:

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Insurance Information

Health Insurance Co.	
Group # and/or ID #	

Emergency Contact

Name	
Street Address	
City, State ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

This history is correct so far as I know. I will keep the camp updated with ongoing or new medical information. In the event the Emergency Contact or the above named doctor cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to secure and administer treatment; including hospitalization.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Minor Name (printed)	
Minor Signature	
Parent/Guardian Name (printed)	
Street Address	
City, State ZIP	
Home Phone	
Cell Phone	
E-Mail Address	
Parent/Guardian Signature	
Date	

Our Policy

If you are interested in volunteering at our two-day Camp Coley in June you *must be able to attend our March, April and May monthly meetings.*

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.