

# The Nicole Daune Jackson Foundation Non-Minor Volunteer Application



## Contact Information

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

## Availability

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

## Areas of Volunteer Interest

<input type="checkbox"/> Events
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Deliveries

## Health History

<i>Check all that apply.</i>	<i>Allergies</i>
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Ivy Poisoning, etc.
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Food
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Drugs
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hypertension	<input type="checkbox"/> <i>Other (Specify)</i>
<input type="checkbox"/> Mononucleosis	
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> <i>Other (Specify)</i>	
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:

# The Nicole Daune Jackson Foundation Non-Minor Volunteer Application, Page 2



## Insurance Information

Health Insurance Co.	
Group # and/or ID #	
Social Security #	

## 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.

Name (printed)	
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.

The Nicole Daune Jackson Foundation reserves the right to do a background check on any person wishing to volunteer in situations where they will be in contact with any of our Camp Coley participants.

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.