

# Caddoodles

## August 10-13, 2020



## Adult Volunteer Registration Packet

---

Thank you for volunteering for the Caddoodles program!

- **All Caddoodles Adult Volunteers MUST be registered Girl Scout Members.**
  - If you are not currently registered, please use this link to complete the process: <https://girlscouts.secure.force.com/>. Or contact the Girl Scouts River Valleys Council office at 800-845-0787.
- **Adults who volunteer full-time receive one FREE camper registration.**
- There is not a registration fee for Adult Volunteers. Without volunteers, the Caddoodles Program cannot take place.
- Adult volunteers will receive a Caddoodles Camp T-shirt at no cost.
- Adults are required to attend a volunteer orientation/training night the week before camp. Date/Time/Location TBD, you will receive an email with information regarding this required training.

### ***Registration packets must be received by June 29<sup>th</sup>.***

This registration packet is a fillable PDF form\*.

1. Download this file to your computer.
2. Complete all fields with the information requested.
3. Print the completed packet.
4. Sign and Date all required lines.
5. Mail completed packet to:

**Caddoodles Camp  
PO Box 131522  
Roseville, MN 55113**

\* If you are unable to complete the form online to print, you may print the form and write-in all required information. Ensure to print legibly.

Thank you for Volunteering! We look forward to creating wonderful memories together.

# Adult Volunteer Registration Form – 2020

**Volunteers receive one FREE camper registration.**

Camper Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**Your preferred camp name:**

*How shall we address you at camp?* \_\_\_\_\_

Last Name:		First Name:		Initial:	
Address:					
City:		State:		Zip Code:	
Preferred Phone:		Secondary Phone:			
Email:					

**Volunteer Availability**

**A Full-time Volunteer means that you will be at camp 4 days and 3 nights.**

**FULL TIME: Monday, 9:00am to Thursday, 4:00pm. Both days and nights.**

Part Time: Indicate times below when you are available – please note that full time volunteers will be placed first and part-timers will be used to fill in as needed.

*Daytime: Monday Tuesday Wednesday Thursday*

*Overnight: Monday Tuesday Wednesday*

**Note: Daytime = 9:00am – 6:00pm Overnight = 6:00pm – 9:00am**

**Adult volunteers will receive a Caddoodles Camp t-shirt at no cost.** Please indicate the size you would like. All t-shirts are adult unisex sized.

Small                      Medium                      Large  
 X-Large                      2-Xlarge                      Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Volunteer Experience

Please identify whether you have had experience and/or are willing to assist in the following areas. We will provide training/information where needed. *Check all that Apply.*

	Experienced	Willing to Assist/Lead	Keep Me Away		
Fire Building					
Power Tools					
Knots					
Kitchen Volunteer					
Flag Ceremony					
Arts & Crafts					
	Certified	Willing to Lead	Experienced	Willing to Assist	Keep Me Away
Adventure Course					
Archery					
Canoe/Kayak					
Lifeguard					
Basic Outdoor Skills					
Intermediate Outdoor Skills					
First Aid Training					
CPR Training					

**Here are a few questions to help you have a great experience.** *Select No/Yes/Does Not Matter*

Are you a returning Volunteer?		No	Yes	# Years
Would you like to be stationed at one spot and be the expert for the day?		No	Yes	DNM
Would you like to have a different station every hour just like the girls?		No	Yes	DNM
Are you an early riser or a late-night person?		Late	Early	DNM
Have you ever spent the night in a tent before?		No	Yes	
Will you need a Girl Scout trail tent?		No - have my own		Yes
Do you have any special talents you would like to share with us?				

Concerns? We will be having a volunteer meeting about one week prior to Caddoodles. This will allow us to meet each other and we will go over all expectations.

# Adult Volunteer Health History Form – 2020

## Volunteer Contact Information:

Last Name:	First Name:	Initial:	
Address:			
City:	State:	Zip Code:	
Birth Date:	Camp Name:		

FIRST EMERGENCY CONTACT	
Name:	
Relationship:	
Address:	
City / State / Zip:	
Emergency Phone:	

SECOND EMERGENCY CONTACT	
Name:	
Relationship:	
Address:	
City / State / Zip:	
Emergency Phone:	

## Dietary Restrictions: *The following restrictions apply.*

Egg

Gluten Free

Dairy

Peanut/Nut

Other – Specify: \_\_\_\_\_

## Emergency Information

Family Medical/Hospital Insurance Carrier – Are you covered by medical insurance?      Yes      No

Carrier or Plan Name: \_\_\_\_\_ Group/ID #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES:** List all known allergies (**medication, food, environmental**) and **describe reactions** as well as **management plan**:

**MEDICATIONS:** List all medications (including over-the-counter or non-prescribed drugs) taken routinely. Please bring enough medication to last the entire camp session. **Keep prescription medication in its original pharmacy containers that identifies the prescribing physician, the name of medication, the dosage and the frequency of administration.**

**No medications are taken on a routine basis.**

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**Please check here if all immunizations are up to date.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health or Activity Restrictions:** *list any additional information we should be aware of regarding your health or limitations/restrictions for any activities you may participate in at Caddoodles Camp.*