

# Wings of Eagles Ranch

## VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY Summer Camp 2017

**Please check which camps you will be volunteering for**

- Outdoor Adventure Camp I – June 12<sup>th</sup> – June 16<sup>th</sup>
- Outdoor Adventure Camp II – June 26<sup>th</sup> – June 30<sup>th</sup>
- Outdoor Adventure Camp III – July 10<sup>th</sup> – July 14<sup>th</sup>
- Horse Lover’s Camp – July 24<sup>th</sup> – July 28<sup>th</sup>

**PLEASE PRINT LEGIBLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

County: Cabarrus Rowan Stanley Mecklenburg Union Iredell

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Male  Female

How did you learn about the camp? \_\_\_\_\_

**Parent Information**

(For volunteers under the age of 18)

Parent/Legal Guardian Name:	Mom Cell:
	Dad Cell:

**Emergency Contact**

Name:	Relation:	Phone #
Name:	Relation:	Phone #
Physician’s Name	Phone #	
Preferred Medical Facility:		

**Health History**

	Yes	No	Explain
Had any recent injury, illness, infectious disease?			
Have frequent headaches?			
Do you have allergies? To What?			
Ever had a seizure/epilepsy?			
Ever feel dizzy during or after exercising			

**Allergic Reactions**

Do you have an allergic reaction to bug bites or bee stings?  Yes  No

If stung by a bee, do you give us permission to administer liquid Benadryl?  Yes  No

If No Please suggest form of treatment or alternative medication: \_\_\_\_\_

Do you allow Wings of Eagles Ranch to administer Advil/Tylenol?  Yes  No

**Camp T-shirt size** (please check one)

	Adult - Small	Adult - Medium	Adult - Large
	Adult - XL	Adult - XXL	Adult - XXXL

## **Volunteer Experience**

### **CAMP EXPERIENCE:**

Wings of Eagles Ranch Camp:  Yes  No # of years \_\_\_\_\_

Other Camps Experience?  Yes  No # of years \_\_\_\_\_

If yes, where did you work at: \_\_\_\_\_

Job description: \_\_\_\_\_

How many years: \_\_\_\_\_

### **Do you have experience in any of the following areas?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Team Building      | <input type="checkbox"/> Music/Puppetry/Drama | <input type="checkbox"/> Audio Visual Equipment |
| <input type="checkbox"/> Low Ropes Courses  | <input type="checkbox"/> Photography          | <input type="checkbox"/> Art                    |
| <input type="checkbox"/> High Ropes Courses | <input type="checkbox"/> Fishing              | <input type="checkbox"/> Boy Scouts/Girl Scouts |
| <input type="checkbox"/> Other _____        |   |   |

### **Do you have any of the following certifications/degrees/licensures?**

- |  |   |
|--|---|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> EMT                         | <input type="checkbox"/> Lifeguard        |
| <input type="checkbox"/> Ropes Course Facilitator    | <input type="checkbox"/> CPR/First Aid    |

### **Horse Experience**

Do you ride?  Yes  No Frequency?  Weekly  Monthly  Yearly

Do you own a horse?  Yes  No

Do you ride?  Western or  English

### **What would be your preferred interest at camp?**

Please understand that Wings of Eagles Ranch has the right to place volunteers in positions that we feel are best suited to the overall success of the camp.

- Group Leader (Over 21)  Counselor (Age 17 +)  Assistance Counselor (Age 16 +)
- High Ropes Facilitator (Age 18 +) (Experience : \_\_\_\_\_)
- Photography  Outdoor Adventures  Art  Music (Instrument : \_\_\_\_\_)
- Barn Helper (Age 14 +) (Barn Maintenance Cleaning/Grooming/Tacking (Mature-Age 13 +)
- Side walker (Age 15 +)  Horse Leader (Must have horse experience)  Grounds Maintenance Crew
- Camp Babysitter (Experience : \_\_\_\_\_)

### **Tell us about other activities/hobbies you like to do:**

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# Background Check

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

## **References – Must be non-family member and over the age of 25.**

Reference #1 Name/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference #2 Name/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference #3 Name/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Most recent  Employer  School Advisor

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **Criminal History (over 18 years)**

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Wings of Eagles Ranch to contact any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability of information provided in good faith.

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the Wings of Eagles Ranch Therapeutic Horseback Riding and Outdoor Adventures program.

✓ Applicant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

✓ Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicant is under 18 years of age

