Please return by March 15, 2020



KREWE de CAMP May 23 – May 29, 2020 VOLUNTEER APPLICATION

Please attach recent photograph

(please print or type)

Address: City: State : Zip Code:	Name:					Birth Date:
City: E-mail:						
Phone: (City:			S	State :	_ Zip Code:
School attending:	Phone: ()	_	F-mail·			
Parent or Legal Guardian: Address: City: State: City: Phone: [hm] (School attending:					Grade:
Parent or Legal Guardian: Address: City: State: City: Phone: [hm] (Height: ft.	in.	Weight:	lbs.	Sex:	T-Shirt size:
Address: City: State: Zip Code: Phone: [hm] (
City: State: Zip Code:	Address:					
Parent or Legal Guardian E-mail address: Other emergency contacts: Name:	City:				State:	Zip Code:
Parent or Legal Guardian E-mail address: Other emergency contacts: Name:	Phone: [hm] ()	-	[wk] ()	-	[cell] () -
Other emergency contacts: Name:	Parent or Legal Guardi	an E-mai	l address:	/		
Name:	Other emergency center	ota.				
Have you volunteered at a camp (such as Krewe de Camp or Camp Summer Tribe) before? If yes, how many years have you volunteered? If no, how did you hear about Krewe de Camp? Do you hold a lifesaving card? (If yes to one of the above, please attach a copy of your card) What extracurricular activities or hobbies are you involved with? Are you volunteering to satisfy a school's or organization's service requirement? If yes, please enclose any form that your school or organization will require us to complete in order for them to verify your service (if available). HEALTH INFORMATION	Name.					Phone: () -
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HEALTH INFORMATION (continued)

Allergies:		
hay fever	poison ivy	food allergies (please list)
	penicillin	no known allergies
other (please list below)	
Serious injuries or illness (plea	ase list dates):	
Chronic or recurring illness:		
Special medications:		
*** Date of last tetanus shot		
	at types of campers that y below – please check all t with braces wheelchair no communication	e the volunteer experience so meaningful. Listed you may be working with. If you have any that apply and explain why.
If you would you like to reque	st a particular camper, pl	lease list his/her name below.
Please describe what you feel form if needed.)	your contribution to Krev	we de Camp would be. (Please use the back of this
By my signature below, I cer	tify that the above info	rmation is correct and complete.
Signature		Date

Note: Application will be returned if any information is not provided. Please make sure that date of last tetanus shot has been provided and that you have enclosed a recent photograph.

CONSENT FORM AND LIABILITY WAIVER

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Campers:	I his form must	ne signed by	ine camper s	narent or i	legai guar	man and by	The camber it	the camper is over
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the age of 18.

Volunteers: This form must be signed by the volunteer and by the volunteer's parent or legal guardian if the volunteer is

under the age of 18.

In order for you or your child to attend camp, the following Consent Form and Liability Waiver is legally necessary.

- A. I hereby give my consent for my child to attend Krewe de Camp. In consideration of the acceptance of the below named minor and on behalf of myself, my child named herein, or our heirs, successors or assigns, I hereby release and waive any claim or cause of action which may accrue against Friends Helping Kids, Inc. or any person acting with its permission or authorization arising out of any injury to the minor or property of such minor during his/her stay at camp, in transit to and from said camp, or during any camp activity, for any claims which said minor in his/her personal capacity might have against Friends Helping Kids, Inc. or any person acting with its permission as herein stated and further to hold harmless and defend Friends Helping Kids, Inc. or any person acting with its permission or authorization from any and all losses, liabilities, claims and expenses that may occur from my child's participation in Krewe de Camp.
- **B.** I realize that photographs, videos, written extractions and voice recordings of my child may be taken during various activities for the purpose of illustrations, publications, websites, blogs and other purposes. I hereby authorize and give full consent to Friends Helping Kids, Inc. to publish and copyright all photographs, videos, written extractions and voice recordings in which my child appears while he/she is participating in any camp program. I acknowledge that I will not be informed or reimbursed for any such usage.
- C. I hereby give my permission for a duly authorized representative of Friends Helping Kids, Inc. to obtain emergency medical/dental care for my child in the event of such a necessity. I understand that I will be financially responsible for any such medical/dental service given to my child.

D. If I am over the age of 18, and attending can	mp myself as a camper or volur	nteer, I hold the provisions	set forth in preceding
paragraphs A, B, and C to apply not to my mir	nor child, but to me.		

Camper's/Volunteer's Name	_	
Camper's/Volunteer's Signature (if over 18)	Date	
Parent's/Legal Guardian's Name	_	
Parent's/Legal Guardian's Signature	– Date	

Please return original signed and completed application and consent by March 15, 2020 to:

FRIENDS HELPING KIDS, INC. Krewe de Camp P.O. BOX 1532 Mandeville, LA 70470

FriendsHelpingKids.org FriendsHelpingKids@gmail.com