

Day Camp Adult Volunteer Registration Form

You will receive a \$20 credit on a Girl Scout registration by volunteering for the complete 3-day session

Name _____ Day Phone _____ Evening Phone _____

Address _____ City/Zip _____

Name of Girl Member with whom you are registering _____

I would like to volunteer with Troop _____

Day Camp T-Shirt (optional): \$10.00 Circle size: AM AL AXL AXXL TOTAL ENCLOSED: \$ _____

I am a registered Girl Scout: Yes No I am a: Doctor Nurse First Aider

I would like to be placed with Troop # _____ .

Please specify any special needs: _____

Adult Health History

Date last Tetanus shot: _____

Diseases (please circle): Chicken Pox Measles German Measles Mumps Other (list) _____

Allergies (please list): _____

Chronic/Recurring Illness (please explain): _____

Operations or serious injuries: _____

Hospitalizations: _____

Other diseases or details of above: _____