



# Teen Volunteer Form 2010

Camp Valaqua  
Box 339 Water Valley, AB  
T0M 2E0  
Ph. (403) 637-2510 Fax 637-2183  
www.campvalaqua.com

You must be 14 years or older as of July 1, 2010 in order to qualify for a volunteer position. Please fill out the following form and mail or fax to the camp office (be sure to fax your write-up as well!). You will receive confirmation regarding the granting of your request.

1. Name: \_\_\_\_\_ 2. Birthdate: \_\_\_\_\_ 3. Phone: \_\_\_\_\_

4. Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

5. Alberta Health #: \_\_\_\_\_ 6. Home Church: \_\_\_\_\_

7. Please explain any allergies or medical concerns. List any medication you are currently taking:

\_\_\_\_\_

### 8. Volunteer Are

- Kitchen Help
- Maintenance

### 9. Dates Available

- |                                |                                |
|--------------------------------|--------------------------------|
| <b>July</b>                    | <b>August</b>                  |
| <input type="checkbox"/> 11-16 | <input type="checkbox"/> 8-13  |
| <input type="checkbox"/> 18-23 | <input type="checkbox"/> 15-20 |
| <input type="checkbox"/> 25-30 | <input type="checkbox"/> 22-27 |

10. Adult references: Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

11. Using the back of this sheet, please write a short statement (1-2 paragraphs) describing why you would like to volunteer at Camp Valaqua this summer.

12. Please read the *Teen Volunteer Agreement* and then sign below:

### Teen Volunteer Agreement

1. Valaqua is a Christian camp and I will conduct myself in a Christian manner. I will refrain from using foul language, drinking, or smoking while I am volunteering at camp.
2. Camp is for campers. My presence at camp helps campers have a good week. I will take care not to interfere with campers or the camp program.
3. I will keep tape players and radios out of sight and sound of campers at all times.
4. I will follow the curfew, wake-up times, and all other expectations as set by the Manager, Director and/or Head Cook.
5. I will keep my living area tidy, and will clean before I leave.
6. I recognize I am a part of a community of people while I am at camp and I will do my best to co-operate with all camp staff, CIT's and volunteers.
7. Visitors are not allowed to drop in during the week. If I must see a visitor, I will arrange it through the Camp Director.
8. If I wish to leave the camp property at any time during my stay at camp, I realize that I must obtain permission from the Camp Director and follow the procedures established by the camp.
9. I realize failure to abide by the above may result in my being sent home at my expense.

I have read the Agreement and agree to abide by the conditions outlined in it:

Teen's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 13. Parent or Guardians statement:

I understand that the Camp Valaqua staff will do it's best to give our child the necessary support and supervision needed. I hereby give camp personnel the authority to act on our behalf in case of emergency. I give permission to Camp Valaqua to authorize medical treatment for my child if necessary (parents will be notified), understanding that I am financially responsible.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_