



# Camp Manatawny

## Volunteer Application Instructions

**THANK YOU** for your interest in working as a volunteer at Camp Manatawny. Without the many hours of dedicated service provided by over 400 volunteers each year, Camp Manatawny could not continue to offer its programs. For over 41 years volunteers have contributed greatly to the “Excellence in Ministry” experienced by all who attend Camp Manatawny.

**Volunteer Application Process:** We ask that all perspective volunteers fill out some necessary paperwork as part of an application process. Only one set of paperwork needs completed per calendar year. Simply indicate the various programs and sessions that you would like to work. *After the application process is submitted*, the directors of the requested camp programs will be notified of your completed application.

***For those 18 years and over***, please complete the ADULT application packet:

- Adult Staff Application Form
- Medical Form
- Background Check Request Form

*The Background Checks that we perform are paid by the camp and are processed through ChoicePoint. For information on ChoicePoint's privacy policies, go to [www.privacyatchoicepoint.com](http://www.privacyatchoicepoint.com). As an alternative, you may provide current certified documentation of background screening done for your employer.*

***For those under 18 years of age***, please complete the YOUTH application packet:

- Youth Staff Application Form
- Medical Form

### **Where to send the application materials:**

The completed documents must be sent to the business office by email, fax or mail.

*To submit by email:* Attach the documents to an email to [reg@manatawny.org](mailto:reg@manatawny.org)

*To submit by fax:* Fax completed documents to the Camp Office at 610-689-0174

*To submit by mail:* Send documents to 33 Camp Road, Douglassville, PA 19518

# Camp Manatawny Youth Staff Application Form

(For those under 18 years of age)

**Please circle sessions and programs you desire to work:**

E-1 E-2 I-1 I-2 J-1 J-2 S-1 S-2 Camp Sunshine Camp CAP

**Please print clearly:**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex: M\_\_\_ F\_\_\_

Grade in school: \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Preacher/Elder \_\_\_\_\_ Phone \_\_\_\_\_

Camp sessions previously attended as camper \_\_\_\_\_

Session you plan to attend this year \_\_\_\_\_

Prior Staff Role(s) at Camp \_\_\_\_\_

**Personal References** (Preacher, Elder, Directors, Employer, Etc.):

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## Camp Manatawny Parental Consent

**Must be accompanied by Medical Form**

I, \_\_\_\_\_ as parent or legal guardian of give my permission for  
(Print or type name of parent or guardian)

\_\_\_\_\_ to work at Camp Manatawny as a volunteer staff member.  
(Print name of youth)

In case of medical emergency, I give my permission for him/her to receive medical care.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or guardian)

# Camp Manatawny Staff Medical Form

Name of staff applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*If applicant is under 18 years of age*

Parent/ guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Year of last Tetanus shot: \_\_\_\_\_

*We highly recommend that you consult your doctor to be sure you have current Tetanus protection. If for any reason a booster is needed while at Camp, it will not be covered under the camp insurance policy, and you would be responsible for the cost.*

Pre-existing or current medical conditions:

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

List medications you might bring to camp:

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

Please list allergies:

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

Dietary Restrictions for medical reasons:

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

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Camp Manatawny carries accident and injury insurance. It does not carry insurance for illness. In the event of accident or injury, the Camp's insurance will only cover what is not covered by your family's insurance. The Camp's insurance does not cover pre-existing conditions. Any special or exceptional medical conditions should be carefully explained on a separate sheet and submitted with this form.

**Authorization:** To my knowledge this health information is correct. I understand that my insurance carrier will be the primary coverage for any medical bills incurred.

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