



**Baltimore Woods  
Nature Center**  
*Nature in your hands*

# Teen Volunteer (TV) Registration Form

Return this completed form, your completed medical form, and T-Shirt size to:  
Camp Director, Baltimore Woods Nature Center, PO Box 133 Marcellus, NY 13108, or fax to 315-673-3671

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TELEPHONE# \_\_\_\_\_

T-SHIRT SIZE: Adult sizes only    S        M        L        XL

**TV REQUIREMENTS:** Family Membership with BWNC (\$40). Minimum age is 14. This program is offered only to previous campers and their families. If the individual never attended BWNC Camp, they must get permission from the Camp Director to apply. This program is not advertised to the public. This is a volunteer program set up by BWNC for older children to help them gain leadership skills and to continue their environmental awareness experience.

**PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:**

**Have you been a TV before?** (Circle one)    Yes        No        If yes, for how many years? \_\_\_\_\_

Camp sessions begin July 11<sup>th</sup> and continues through September 2<sup>nd</sup>. There are eight weeks of camp. Remember, your preference will be honored on a first-come, first-served basis.

What week(s) this summer would you be able to help BWNC? (Check *no more than two*.)

**Camp Week:**     Week 1 (7/11-15)         Week 2 (7/18-22)         Week 3 (7/25-29)         Week 4 (8/1-4)  
                    Week 5 (8/8-12)         Week 6 (8/15-19)         Week 7 (8/22-26)         Week 8 (8/29-9/2)

**I will be able to work additional weeks this summer if needed.** (Circle) Yes    No

**TV Training:**

All TVs must attend one of the following training sessions. Please email [Camp@baltimorewoods.org](mailto:Camp@baltimorewoods.org) if you have a conflict.

(Check one)     6/28 at 10-2PM         6/30 at 10-2PM

Each TV must personally write a paragraph telling Baltimore Woods why you would like to volunteer for camp this summer. (Use back side if you need more room).

As a Teen Volunteer, I understand that I will act in a safe, responsible way and will respect the authority of the camp counselors and BWNC staff during camp.

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

**Signature of Parent/Guardian is also required (if TV is under 18 yrs. of age):**

*I hereby consent to the use of any camp photographs taken of my child/dependent by the Baltimore Woods Nature Center or its representatives, to be used for educational, editorial and/or BWNC promotional uses only.*

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

# 2016 PROGRAM MEDICAL FORM

**This form is valid within the 2016 calendar year.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Phone (Daytime) \_\_\_\_\_ Home \_\_\_\_\_

OR

Parent Guardian Name \_\_\_\_\_ Phone (Daytime) \_\_\_\_\_ Home \_\_\_\_\_

If not available in an emergency, please notify:

Name/Relationship \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

**IMPORTANT:** Please notify the office at Baltimore Woods if your child is exposed to any communicable disease during the two weeks prior to program attendance.

**PARENTS AUTHORIZATION:**

This health history is correct so far as I know, and the person herein described has permission to engage in all activities at Baltimore Woods except those noted below.

In the event I cannot be reached in an emergency at the above numbers, I hereby give permission to the physician selected by the BW Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

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

NOTE: It is very important that the following information is ACCURATE and updated.

**HEALTH HISTORY: (Check and/or give approximate dates)**

Ear Infection _____	ALLERGIES:	DISEASES:
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Ivy Poisonings _____	Measles _____
Diabetes _____	Bee Stings _____	German Measles _____
Behavior _____	Penicillin _____	Mumps _____
	Other Drugs _____	Asthma _____

Operations or Serious Injuries (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Other Diseases or Details of Above \_\_\_\_\_

Any Specific Activities to be Encouraged \_\_\_\_\_

Restricted \_\_\_\_\_

Physician's Name and Telephone Number \_\_\_\_\_

**IMMUNIZATON HISTORY:** Please give month and year when immunized or the disease was contracted. Parent or guardian must fill in the dates below, or attach immunization records to this form. Your doctor can fax records directly to BWNC at 673-3671. NYS Liability Coverage does not allow BWNC to contact the doctor directly for this information.

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTap</b>					
<b>dT/Tap</b>					
<b>OPV/IPV/eIP</b>					
<b>MMR</b>					
<b>Hepatitis B</b>					
<b>Varicella</b>					
<b>Hib</b>					
<b>Pneumococcal</b>					
<b>Other</b>					

Note: This BWNC Summer Camp Program is licensed, as required by the NYS Dept. of Health. The program will be inspected twice this summer and inspection reports will be on file at :Onondaga County Health Dept. 421 Montgomery St, 12<sup>th</sup> FL, Syracuse, NY 13202