

Camp Corazones Dates: July 19/20/21/22, 2018
New Mexico Army National Guard, Santa Fe

CAMP CORAZONES

VOLUNTEER APPLICATION

Return by: JUNE 15, 2018



DATE _____

NAME _____ Middle _____ LAST _____

T-SHIRT SIZE (S/M/L/XL) _____ DOB _____ SS# _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK (_____) _____

CELL (_____) _____ FAX (_____) _____

EMAIL _____

BI-LINGUAL? Y___ N___ GENDER: M___ F___ ETHNICITY _____

HOW DID YOU HEAR ABOUT CAMP CORAZONES? _____

WHAT IS YOUR INTEREST IN VOLUNTEERING WITH CHILDREN, WOMEN AND MEN
CHALLENGED BY HIV & AIDS? _____

WHAT AGE GROUP WOULD YOU LIKE TO BE WITH AT CAMP? (Children 5-12) _____

IN-KIND SERVICE PROVIDER Y___ N___

Describe your presentation/program: _____

Day/Time requested for your presentation: _____

In what other capacity would you like to volunteer? _____

RETURN:

CAMP CORAZONES
PO BOX 23766
SANTA FE, NEW MEXICO 87502

ARE THERE ANY EXISTING PHYSICAL/MEDICAL CONDITIONS THAT MIGHT LIMIT YOUR PARTICIPATION IN CAMP ACTIVITIES? _____

FOOD RESTRICTIONS: _____ ALLERGIES: _____

LIST 2 REFERENCES (not employer)

Name: _____

Name: _____

Address: _____

Address: _____

State/Zip: _____

State/Zip: _____

Work Number: _____

Work Number: _____

Home Number: _____

Home Number: _____

****BACKGROUND/CRIMINAL CHECKS**

DUE TO THE NATURE OF CAMP CORAZONES WE RESERVE THE RIGHT TO ACCEPT/REJECT POTENTIAL COUNSELORS, STAFF, OR VOLUNTEERS

SIGNATURE

DATE

THANK YOU FOR MAKING THEIR SUMMER CAMP EXPERIENCE FUN, EXCITING AND A HAPPY MEMORY THEY WILL REMEMBER FOR A LONG TIME!

RETURN: CAMP CORAZONES
PO BOX 23766
SANTA FE, NEW MEXICO 87502



CAMP CORAZONES

CAMP COUNSELOR BACKGROUND CHECK AUTHORIZATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

1. The information I have provided on the Camp Counselor Application is true and correct to the best of my knowledge. I understand that supplying false and misleading information is grounds for disqualification and/or removal from consideration as Camp Counselor.
2. By my signature below, I authorize Camp Corazones to obtain information about my past or current employment or job related activities. I give Camp Corazones the right to investigate my background and to request only appropriate information related to my qualifications and clearance for working directly with Camp Corazones. I release from liability any person, company or organization furnishing such information. I also acknowledge that any information gathered regarding clients or members obtained in the course of my service relationship shall be kept confidential.
3. I agree that if approved as a Camp Counselor for Camp Corazones I will not divulge outside of Camp Corazones any confidential information regarding clients or members obtained in the course of my service relationship.

NAME: _____

ADDRESS: _____

STATE/ZIP: _____

PHONE: _____

SIGNATURE

DATE

HOLD HARMLESS AGREEMENT
PLEASE SIGN AGREEMENT

I, _____, wish to conduct training associated with the
(Print Participant's Name)

New Mexico National Guard to be held on **July 18 – 22, 2018** at **Santa Fe, New Mexico**. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, and the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees shall not be liable for illness or injuries sustained while I am participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury. Nevertheless, I accept and assume responsibility and liability for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that may be sustained and which in any way arises out of or is related to my participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on my behalf, my estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that may be sustained as a result of my participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees to secure such emergency medical advice and services as may be necessary for my health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date _____

(Signature of Participant)

Emergency Telephone Number

Medical Conditions: No ___ Yes ___
"Yes" please list: _____

Allergies please list: _____

Medications please list: _____

