



## **2K23 Summer Camp Adult Volunteer**

Name of volunteer: (Male/Female) \_\_\_\_\_

Date of birth (day and month are okay) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### **Emergency Contact Information**

Please provide a person (other than yourself), who can be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary #: \_\_\_\_\_

### **Summer Program Volunteer Availability**

Please select week(s) that you are available or list your availability in the space provided below.

\_\_\_\_\_ Week 1 – CAM's Vision 2K23 Summer Camp (June 26 - 30)

\_\_\_\_\_ Community Excursion June 3, 2023, at the Southeast Regional Goalball Tournament 9am-3pm

\_\_\_\_\_ Community Excursion June 10, 2023, Day of hiking at a park to be determined 9am-2pm

\_\_\_\_\_ Community Excursion Date TBD Atlanta Braves Baseball Game at Truist Park

\_\_\_\_\_ Community Excursion July 22-23, 2023, Family Campout at Sweetwater State Park

### **Permissions and Acknowledgements**

~I give permission for photographs/video taken of me as a participant in the CAM's Vision 2K23 Summer Camp to be included on social media postings: Facebook, Twitter or Instagram to promote and showcase the services/activities offered through CAM's Vision Foundation, Inc. **Initial** \_\_\_\_\_

~Adult volunteers are asked to attend offsite field trips as representatives of CAM's Vision Foundation. Accordingly, CAM's Vision has accepted responsibility for the care and safety of all youth participating in its program and adult representatives agree to offer responsible care for all youth participants. **Initial** \_\_\_\_\_

The information on this form and the time I commit is willfully offered without an expectation of personal gain but for the successful outcomes and enhancement to the youth of CAM's Vision 2K23 Summer Camp.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_