



CARROLL COUNTY FARM MUSEUM

FARM CAMP

2020 YOUTH VOLUNTEER APPLICATION

(For youth entering 7th grade and no older than 12th grade.)

Name: _____ Birthdate: _____

Grade in Sept. 2020: _____

Address: _____

Email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number: Home _____ Cell _____

Why would you like to volunteer at Farm Camp?

Please describe any experience you have working with children.

Please describe your knowledge of farm life and farming skills (past or present).

Please list your hobbies and special interests.

Please note at this time we only have volunteer spaces available for Farm Camp. By checking below, you confirm that you are available to volunteer for the entire week of Farm Camp.

_____ July 13-17 (Farm Camp)

Please include letters of recommendation from two persons not related to you. These should be people who can attest to your abilities and character with regards to academic, leadership and/or volunteer experiences and skills.

References for Letters of Recommendation:

<u>Name</u>	<u>Title</u>	<u>Phone Number</u>
1. _____		
2. _____		

Please return this application to the Museum no later than 4 p.m. April 1, 2020.

Completed applications should be mailed to: **Carroll County Farm Museum, 500 S. Center St., Westminster, MD 21157** and marked **Attention: Living History Camp**

Applications can also be dropped off at the Museum during regular business hours.

WINTER (through March 31): 9 a.m. to 4 p.m. Monday through Friday, noon to 4 p.m. Saturday and Sunday

SPRING (beginning April 2): 9 a.m. to 4 p.m. Monday through Friday, 9 a.m. to 4 p.m. Saturday, noon to 4 p.m. Sunday

We will contact prospective volunteers by April 3, 2020. All prospective volunteers who did not volunteer at or attend Living History Camp in 2019 are REQUIRED to complete an interview. Interviews will be scheduled when application is received.

If you have further questions, please call the Museum office at 800-645-4645 during business hours ~ 9 a.m. to 4 p.m. Monday through Friday.

Thank you for your interest in helping with Farm Camp!

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services at 410-386-3600 or 1-888-302-8978, MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event. Email: ada@ccg.carr.org



CARROLL COUNTY FARM MUSEUM PHOTO RELEASE

I hereby consent to the use and reproduction by the Carroll County Farm Museum and Carroll County Government of my own and/or my child's (or children's) photographic image while attending Living History Camp or Farm Camp 2020. Future publication includes newspaper stories, the Farm Museum and Carroll County Government website and Facebook page as well as Farm Museum brochures and publications.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this usage. I understand that my and/or my child's photographic images while on the Museum grounds will become the exclusive property of the Carroll County Farm Museum and Carroll County Government and will be used only for promotional purposes.

I agree that I will NOT be compensated for the use of my and/or my child's (or children's) photographic image.

Check ONE of the following AND fill out the information below:

I AGREE to the terms above: _____

I DO NOT AGREE to the terms above: _____

Date: _____

Child's Name (s): _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer Pick-up Form

This form must be completed and turned in before the first day of camp. Anyone who will be picking up your volunteer from camp, including a parent/guardian, must be listed. Siblings attending camp at the same time may be listed on the same form.

No child will be released to a person not included on this list.

Dates volunteer will attend camp:

From _____ to _____

Volunteer Name: _____

Sibling Name: _____

Primary Pick-up

Name: _____ Relationship to Volunteer: _____

Phone Number #1 (____) _____ ☐ Home ☐ Cell ☐ Work

Phone Number #2 (____) _____ ☐ Home ☐ Cell ☐ Work

Email: _____

I hereby authorize the following person(s) to pick up my child from camp:

Name (First, Last)	Relationship	Phone Number
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_____	_____	_____
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_____	_____	_____
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My child needs to be picked up early. Myself or the person(s) listed above will pick my child up on: _____ at _____.
(Day) (Date) (Time)

Signature of Parent/Guardian: _____

Date: _____