

Volunteer Name: _____

Please number the weeks you would like to volunteer.

Use 1 for your first choice, 2 for your second choice and 3 for your last choice.

If you are unavailable for any weeks, please leave them blank.

Living History Camp

June 27- July 1 (rising 3rd and 4th graders) _____

July 11-15 (rising 5th and 6th graders) _____

Farm Camp

July 18-22 (rising 4th, 5th and 6th graders) _____

T-shirt size: Child M Adult S Adult M

All volunteers must complete an in-person volunteer interview before being considered for this opportunity. Please number the interview slots you are available using 1 for your first choice, 2 for your second choice and 3 for your last choice.

Friday, April 15

3:00pm _____ 3:15pm _____ 3:30pm _____ 3:45pm _____ 4pm _____ 4:15pm _____

4:30 pm _____ 4:45pm _____ 5pm _____ 5:15pm _____ 5:30pm _____ 5:45pm _____

6:00pm _____

Saturday, April 16

12pm _____ 12:15pm _____ 12:30pm _____ 1pm _____ 1:15pm _____ 1:30pm _____

1:45pm _____ 2pm _____ 2:15pm _____ 2:30pm _____ 2:45pm _____ 3:00pm _____

3:15pm _____ 3:30pm _____ 3:45pm _____ 4pm _____

Sunday, April 24

12pm _____ 12:15pm _____ 12:30pm _____ 1pm _____ 1:15pm _____ 1:30pm _____

1:45pm _____ 2pm _____ 2:15pm _____ 2:30pm _____ 2:45pm _____ 3:00pm _____

3:15pm _____ 3:30pm _____ 3:45pm _____ 4pm _____

Friday, April 29

3:00pm _____ 3:15pm _____ 3:30pm _____ 3:45pm _____ 4pm _____ 4:15pm _____

4:30 pm _____ 4:45pm _____ 5pm _____ 5:15pm _____ 5:30pm _____ 5:45pm _____

6:00pm _____

Our mandatory volunteer training session dates are listed below.

All volunteers must attend ONE of these sessions.

Saturday, May 21
Friday, June 17

12pm-1:30pm
4pm-5:30pm



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 2022. 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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Name (First, Last)	Relationship	Phone Number
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Name (First, Last)	Relationship	Phone Number
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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) (Time) (Date)

Signature of Parent/Guardian:

Date: _____



WAIVER AND RELEASE: COVID-19

Name(s) of Participant(s):

Name(s) and Dates of Event (s):

I, on behalf of my child(ren) or myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact and that the Carroll County Government does not warrant or guarantee that you, your child(ren), your spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in Living History Camp and/or Farm Camp. I have independently evaluated the risks of being exposed to or infected by the COVID-19 virus and have determined to participate or allow my child(ren) to participate in Living History Camp and/or Farm Camp.

Parent Permission

I, on behalf of my adult self or (we), parents(s) of [or legal guardian(s) for] the above participant, hereby consent to my/her/him participating in Living History Camp and/or Farm Camp at the Carroll County Farm Museum. On behalf of myself and/or the participant listed above, I accept the waiver of liability and assumption of the provisions of this agreement.

Date:

Printed Name:

Date:

Printed Name:

Guardian(s)

Adult Self/Parent(s) and/or Legal

YOUTH CAMP HEALTH HISTORY
STAFF MEMBER/VOLUNTEER

Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person: _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____

HEALTH INFORMATION:

Are there any pertinent health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For staff members/volunteers who currently reside **within** the United States, a United States territory, or the District of Columbia: Do you have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For staff members/volunteers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Staff Member/Volunteer Signature or
Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years)
MDH-4767 (12/2017)

Date