



MEMBERSHIP APPLICATION
PRINT CLEARLY – USE BLACK INK ONLY
ANNUAL DUES: \$30 (Kids) \$35 (Teens) \$60 (Family)
 I understand it is my responsibility to notify Camp Fire of any change in my child's health and/or emergency contact information.
All information requested is confidential and is critical in the everyday operation of Camp Fire.

Youth Membership Form
Office use: Valid from
 _____ to _____

Youth Name			Mailing Address		
Student ID:			City	State	Zip
Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Address – if different		
Grade	School		City	State	Zip
Ethnicity: (Choose one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino			Home Phone		
Race: (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White <input type="checkbox"/> Multi-Racial

Middle & High School Teen Contact Information	
Youth Email Address	
Youth Cell Phone	
Why do you want to volunteer?	
Best way to contact you: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> MySpace	
Shirt Size	Fan, Friend or Follow us @ Camp Fire Sunshine Central Florida

Mother	Primary Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father	Primary Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Employment		Place of Employment	
Email Address <small>Would you like to receive the email version of our newsletter? <input type="checkbox"/> No</small>		Email Address <small>Would you like to receive the email version of our newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
Work Phone		Work Phone	
Cell / Alternate Phone		Cell / Alternate Phone	
Do you have any skills or abilities you'd like to share? (please list)		Do you have any skills or abilities you'd like to share? (please list)?	
Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If parent is unavailable, name of emergency contact			
Name	Relationship	Phone(s)	

Volunteer Youth Corps / Volunteer Agreement	
Youth Volunteer Agrees <ul style="list-style-type: none"> • To approach each project or challenge with a positive attitude and aim to have fun while working hard. • To not use profanity or inappropriate language, not participate in inappropriate displays of affection, and not use drugs, alcohol, or tobacco while with the VYC. • To respond positively to any reasonable request made by staff or leadership. • To be inclusive of everyone and keep an open mind about new experiences, showing respect to adult staff, youth leaders, other teens, and yourself. • To be prepared for and on time to projects and call if you cannot make it before the day of the project or trip. 	VYC Agrees <ul style="list-style-type: none"> • To be welcoming and inclusive of all VYC members without passing judgment or putting down anyone. • To provide a safe working environment and any necessary training to use tools properly and safely and to never request a teen do something outside of their ability or unsafe. • To create an enthusiastic, positive experience for teens. • To provide qualified, trained staff and mentors during projects and trips. • To recognize and support the efforts of any teen and validate any properly documented service hours upon request.
Youth Volunteer Signature	VYC Representative Signature

Participant Name:

Should your child be restricted from any activity? Yes No If yes, please describe:

Does your child have any behavior concerns that staff/volunteers should be aware of? Yes No If yes, please describe:

Camp Fire is required to provide statistical information to United Way of Central Florida and other funders. Some of the funding relates directly to serving families who are experiencing some type of financial hardship. By providing the information below, the council is better able to fulfill these requirements.

If your child is enrolled in the public school system do they **qualify** to receive: Free lunch? Yes No Reduced lunch? Yes No

If your child is enrolled in a private school or home school setting, would they **qualify** to receive a scholarship or other assistance? Yes No

Is your family experiencing financial hardship? Yes No If yes, please explain:

Camperships

Camp Fire’s Campership Program is designed to provide money or financial assistance to youth and teens that would not otherwise be able to attend camps, service projects, educational and other fee-based programs. Campership applications are available on request.

Betty Keinert Scholarship Donations

Betty Keinert, our former long-term Executive Director, had a commitment that no child should be denied the opportunity to participate in Camp Fire based on their limited financial resources. She established a Scholarship fund to provide assistance to families with membership and other fees. Scholarship funds are distributed through an application process to ensure the most deserving recipients will be given the opportunity to participate.

I would like to make a contribution of \$ _____ to the Betty Keinert Scholarship Fund.

If your child has had a serious accident or illness within the past twelve months or is subject to a more serious health condition or if there is any activity restriction, at the discretion of the Executive Director, further information from a physician may be required. Camp Fire staff and volunteers may not be qualified to care for some children with special needs. Further information may be required to determine if Camp Fire can meet your child’s needs and abilities.

I understand that I will be notified as soon as possible in case of emergency affecting the child on whose behalf I make this application (“my child”). I, on my own behalf and on behalf of my child, hereby waive and release Camp Fire Sunshine Central Florida , Inc., Camp Fire and its employees, affiliates, volunteers and directors, and owners/operators of the facility where my child is engaged in a Camp Fire activity (Collectively referred to as “Releasees”), for all claims, liability, loss and damage whatsoever on account of any injury or death of any person and from any damage to, destruction of, or loss of use of any property which at any time may be suffered or sustained by any person or entity arising as a result of any act or omission, negligent or otherwise, of Releasees or their agents, except for claims arising from gross negligence or willful acts of Releasees or their agents that may arise from participation in activities of Camp Fire.

I UNDERSTAND:

- that my child is expected to participate in the annual fundraisers.
- it is my responsibility to provide or arrange for transportation to and from activities, or I am willing that the club leader/activity supervisor or Camp Fire staff or volunteers provide transportation for my child.

I GIVE MY PERMISSION:

- for my child to attend all scheduled Camp Fire activities for the time period indicated, including those held away from the regular meeting site.
- to use photographs and/or video in which my child appears for Camp Fire Sunshine Central Florida or council publicity including online sources such as the Camp Fire website & Facebook page.
- for Camp Fire staff to contact my child if sixth grade or older by phone, email, or through a social networking site.

Signature of Parent or Legal Guardian _____ Date _____

STAFF USE: DATE PAID ____/____/____ AMT: \$ _____ CASH _____ CHECK _____ CHARGE _____ SCHOLARSHIP \$ _____ VYC SHIRT DATE _____
FAMILY MEMBERSHIP NAME _____ BETTY KEINERT SCHOLARSHIP CONTRIBUTION \$ _____ INPUT DATE _____