



MacKenzie Camp Volunteer Application Form

Volunteers are truly the backbone of our camp! They keep the camp operating and in good repair. If you are interested in volunteering please contact the camp office at 250-838-6293. Volunteer opportunities include, but are certainly not limited to, office, kitchen, maintenance, boat repair, fund raising, and programming. If you have time (no matter how little) we can find a job for you!

Name: _____

Address: _____

Postal Code: _____ email: _____

Phone: Day: _____ Evening: _____

Home Church: (if applicable): _____

Please check the area(s) where you would like to help out MacKenzie Camp:

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Property | <input type="checkbox"/> Champion for Camp |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Games (summer) | <input type="checkbox"/> Asst Cook (summer) | <input type="checkbox"/> Camp Liaison (summer) |

When are you available for volunteer service?

Day(s): _____ Times: _____

Camper Discount: I would like my volunteering to reduce the fees of the following camper (an equivalent number of days will be free): _____

Please check the skill(s) that you have to offer MacKenzie Camp:

- | | | | |
|-------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Computer | <input type="checkbox"/> Painting | <input type="checkbox"/> Out-tripping |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Canoe/Kayaking |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewing | <input type="checkbox"/> Environmental issues | |

Other experience, training or interests? _____

My Volunteer Health Form is completed, signed, and attached.

Note: a current Police Record Check is required. We will contact you to make arrangements.

Please return to: Mackenzie Camp Society, Volunteer Co-ordinator, Box 133 Armstrong, BC V0E 1B0 email: maccamp@shaw.ca or call us at 250-838-6293.

MacKenzie Camp Volunteer Health Information

Date of Birth: _____ Care Card #: _____

Family Doctor: _____ Phone: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Special Requirements regarding health care or diet:

Are corrective lens required? YES _____ NO _____ Allergies:

Are any of these allergies life threatening? YES _____ NO _____ Chronic conditions or recent illnesses

Medications you are taking (Including dosage):

Signature

Date of Signature