

VOLUNTEER STAFF APPLICATION

Mississippi National Guard Summer Youth Camp (Kid's A.T.)

June 21-27, 2009
CAMP SHELBY
Hattiesburg, MS

Must be submitted by May 8, 2009.

Date Submitted: _____

NOTE: DUE TO CURRENT NGB POLICY ALL CIVILIAN VOLUNTEER STAFF SUPPORTING ANY YOUTH ACTIVITIES HOSTED BY THE MISSISSIPPI NATIONAL GUARD WILL BE REQUIRED TO HAVE A LOCAL LAW ENFORCEMENT BACKGROUND CHECK. THE FORM THAT IS TO BE COMPLETED IS INCLUDED WITH THE APPLICATION PACKET. IF YOU REFUSE TO COMPLETE THIS FORM YOUR APPLICATION CAN NOT BE ACCEPTED.

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____

Address: _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Age (**Must be at least 20**) _____ Date of Birth: (Month/Day/Yr) ____/____/____

T-Shirt Size: (Adult) Small Medium Large Extra Large 2X 3X 4X

Please list any physical restrictions you have? _____

Why do you wish to serve as volunteer staff? _____

Are you associated with the Mississippi National Guard; if so how? _____

Do you have KIDS AT camp or staff experience? Yes No If yes, please list position(s) you served in:

If yes, do you wish the same assignment? Yes No _____
(Assignment)

Check the area(s) where you would like to work as a volunteer: (**If more than one, please indicate 1st, 2nd or 3rd choice.**)

- **Group Leader:** Will have overall responsibility for a group of 30 campers, as well as counselors and junior counselors. Will supervise all activities and movements of the group from approximately 7:00 a.m. to 9:00 p.m. each day. Will instruct drill and ceremony.
- **Counselors:** Will assist group leaders in all responsibilities as outlined.
- **Night Counselors:** Will be housed in the barracks with campers and will supervise all activities of campers from approximately 7:00 p.m. to 7:00 a.m. Will maintain order in the barracks, ensure lights are out on time, ensure the personal hygiene of campers, ensure medications taken when appropriate, etc. Night counselors will have an individual lodging room for showering and rest throughout the day.
- **Medical:** Volunteers must possess certified medical training credentials.

The following areas also need volunteers. Duties falling within each area of responsibility are listed below that area. Volunteers **MUST** select at least one area of service, i.e. Those volunteering to work in supply may be asked to help with fishing/boating.

Admin	Supply	Activities	Public Relations
Safety/Security	Fishing/Boating	Swimming	Photographer
Operations	Archery	Arts and Crafts	Newsletter
Laundry	Bus Driver	Sports	
Dining Facility			

The positions listed on the previous page are **FULL-TIME** positions only. These persons will be required to be present for the entire duration of the camp which is Saturday June 20 through Saturday, June 27, 2009. **In order for your child to receive priority placement as a camper, junior counselor, counselor in training or junior staff, a parent, grandparent or legal guardian must be part of the full-time support staff.**

ALL STAFF MUST ATTEND THE ORIENTATION ON SATURDAY JUNE 20, 2009.

Do you have a child who will attend camp? Yes No

Please list Child's Name and Age: _____

Are you qualified to operate a 44-passenger military bus? Yes No

Would you be willing to drive a bus during camp? Yes No

List your special skills, areas of expertise, or talents in order of proficiency.

1. _____
2. _____
3. _____
4. _____

*** NO ALCOHOLIC BEVERAGES or TOBACCO PRODUCTS WILL BE PERMITTED IN CAMP AREA***

Counselors who are housed in camper barracks are expected to refrain from drinking alcoholic beverages or using tobacco products in front of youth. Your signature below constitutes your consent to a background check if necessary.

Volunteer's Signature

Date

Please return application, health record, and volunteer agreement (DA Form 4712-R) by May 8, 2009 to:

**Mississippi National Guard Summer Youth Camp
ATTN: Mr. Allen Pope, State Youth Coordinator
Post Office Box 5027
Jackson, MS 39296-5027**

For further information, you may contact Mr. Allen Pope at 601-313-6765 or 1-888-288-4898.

Name and address of Health Insurance Company: _____

Policy number: _____

◆ The Mississippi National Guard or the Family Program will not be responsible for medical bills incurred by the volunteer counselors.

I hereby voluntarily waive any claims against the Mississippi National Guard, the Mississippi Military Department, State of Mississippi or the United States of America for any cause of action that may arise in connection with my participation in the Mississippi National Guard Summer Youth Camp.

Date: _____ Signature: _____

VOLUNTEER AGREEMENT

For use of this form, see AR 608-1; the proponent agency is DCSPER

I desire to volunteer my services to the Mississippi National Guard Summer Youth Camp Program at Camp Shelby, Hattiesburg, Mississippi, June 20 – June 27 2009.
(Installation/Community; Unit)

I expressly agree that my services are being performed as a volunteer and that I am not, solely because of these services, an employee of the United States Government or any instrumentality thereof except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents occurring during the performance of approved volunteer services. I expressly agree that I expect no present or future salary, wages, or related benefits as payment for these volunteer services. I agree to participate in whatever training that may be required in order for me to perform the work for which I am volunteering.

TYPED NAME OF VOLUNTEER

SIGNATURE OF VOLUNTEER

DATE

ACCEPTED

TYPED/PRINTED NAME OF ACCEPTING OFFICIAL

SIGNATURE OF ACCEPTING OFFICIAL

DATE

DA FORM 4712-R, DEC 87