

Jim Eaton Summer Reading Camp
ADULT VOLUNTEER REGISTRATION

PLEASE RETURN
INFORMATION TO:

Mail: Eaton Reading Camp Office, 100 Genesee Street, Lockport, NY 14094
Fax: 716-433-3405 Email: Lpmcconchie@gracechurchlockport.com
Questions? Please Call 716-433-2878 X102

Name: _____ Nick Name: _____

Sex: M F Age: _____ Date of Birth: _____ Parish: _____

Cell: _____ Email: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Shirt Size: (pick one) Adult Small Adult Medium Adult Large Adult X Large

In Case of Emergency – *Should we need to use an emergency contact at any time during the camp day, please provide information for 1 Emergency Contact:*

1) Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

How did you hear about the Eaton Program? School Faith Community Website Neighbor
Other: _____

I have taken, or will take before my arrival at camp, “Safeguarding God’s Children” as required by the Episcopal Diocese of Western New York. Certification is good for 3 years. I understand arrangements may be made to take the course on-line if I prefer. I will send proof that I have taken the course to Leann McConchie c/o the Eaton Reading Camp Office, if it is not already on file with the Diocese of WNY.

I will submit to a background check.

I will complete the Eaton Program Volunteer Training

The Eaton Program retains the right to enforce its rules, and if necessary, send home any child or adult infringing on the rights of others or whose behavior/actions are otherwise unacceptable. If you are with the Eaton Program as a chaperone of children, you may be responsible for supervising the removal of one of your own who has been asked to leave.

The health history as well as the information on the original registration form is correct, to the best of my knowledge.

Signature: _____ Date: _____

Health Information

Medication Allergies

Describe reaction and management of the reaction

Food Allergies

Describe reaction and management of the reaction

Other Allergies (insect stings, hay fever, animal dander, etc.)

Family Dentist: _____ Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Health Insurance Company: _____ Phone: (____) _____

Policy/Group Number: _____

Anything else we need to know? NO, YES: