

**MOORECROFT CAMP
VOLUNTEER
MEDICAL & PERSONAL INFORMATION**

PLEASE PRINT

Last Name _____ First Name _____ Date of Birth (m/d/y) _____

Street Address _____ City _____

Prov _____ Postal Code _____ Home Tel () _____

Other Tel () _____ Email _____

Emergency Contact Name _____

Emergency Contact Number () _____

DATES YOU WILL BE STAYING AT CAMP:

Arrival Date: _____, 20__ **Departure Date:** _____, 20__

What is your position while you are at camp? _____

MEDICAL INFORMATION:

Are you a vegetarian? Yes No (circle)

Food Allergies _____

BC Medical Card # _____ *Note: If you are not covered by BC Medical Insurance you are required to purchase Travel/Trip Insurance. Please provide a copy for the Nurse to check on the first day of camp.*

Family Doctor's Name _____ **City** _____ **Tel()** _____

For your safety while you are staying at camp, is there any medical condition that we should be aware of (for example; allergies to bee stings): _____

Please indicate if you would be interested in helping in any of the following areas in the future; (see attached information sheet for more details):

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Summer Programs | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Board Member | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Committee Member | |

1563 Stewart Road
Nanose Bay, BC
V9P 9E7

Phone 250 468 7511
Fax 250 468 1867
email moorecroftcamp@shaw.ca

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