

**DEADLINE: JULY 2, 2010**

**DEADLINE: JULY 2, 2010**



**WISCONSIN NATIONAL GUARD YOUTH CAMP  
VOLK FIELD/CAMP WILLIAMS  
JULY 30 – AUGUST 1, 2010  
VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
(Last, First, MI)

SSN: \_\_\_\_\_ Name for Name Badge: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Address: \_\_\_\_\_  
Street  
City State Zip code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Unit of Assignment/Affiliation: \_\_\_\_\_ Rank: \_\_\_\_\_

Service Component: \_\_\_\_\_ Military Occupation : \_\_\_\_\_ Civilian Occ: \_\_\_\_\_  
(If Applicable) (If Applicable) (If Applicable)

Special Skill (i.e.): certified life guard, CDL, combat life saver, paramedic (must provide certificate) \_\_\_\_\_

Have you ever been arrested for or charged with a crime against children? \_\_\_Yes\* \_\_\_No  
\*Provide a description of the case disposition: \_\_\_\_\_

Have you ever been asked to resign because of, or been decertified for a sexual offense? \_\_\_Yes\* \_\_\_No  
\*Provide a description of the case disposition: \_\_\_\_\_  
(NOTE: a routine police files check will be completed on all camp staff.)

Please indicate any medical issues/physical restrictions/allergies: \_\_\_\_\_

Please list any previous Youth Camp experience (include years attended and position held) or other experience working with youth:  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren) at camp? \_\_\_Y \_\_\_N If YES, what age group(s): \_\_\_\_\_  
Children's name (if last name different than yours) \_\_\_\_\_  
**All efforts will be made to not place parents and child(ren) in the same group.**

Please indicate your T-shirt size (Adult Sizes):  
\_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_X Large \_\_\_XX Large

\_\_\_ \$10.00 Registration Fee  
Please make check or money order payable to: **Wisconsin Youth Camp.**

**DEADLINE: JULY 2, 2010**

**DEADLINE: JULY 2, 2010**

Please indicate which Youth Camp Position(s) most interest you:

All efforts will be made to place you in your first choice but sometimes a need for volunteers in other areas prohibits this... counselors are in highest demand, due to required ratio of adult to camper. (Note: major positions are listed below)

1st Preference: \_\_\_\_\_

2nd Preference: \_\_\_\_\_

3rd Preference: \_\_\_\_\_

**MAJOR YOUTH CAMP POSITIONS:**

Youth Counselor (8-10 year old group)\*\*

Youth Counselor (11-13 year old group)\*\*

Youth Counselor (14-17 year old group – sleep in field)

Activities Personnel (8-10 year old group)

Activities Personnel (11-13 year old group)

Activities Personnel (14-17 year old group)

Security

Medical Personnel

Administrative Personnel

Logistical Personnel

Cooks

**\*\*Counselors will be expected to sleep in the buildings with the youth**

➤ Attendance at a training session is required for all volunteers prior to Youth Camp. (If you attended Youth Camp 08 or 09, you do not need to attend a training session this year.) Training will begin at 6:30 pm. Please choose from one of the following training locations and sessions, or pick a date for the Webinar. Respond to Tina Jeffords **NLT July 2, 2010**, contact information below as to the location and date you plan to attend. We must reserve the site locations for training. Please mark the following with date and location if training is needed –

\_\_\_\_\_ DO NOT NEED TRAINING – Attended in 2008 or 2009

\_\_\_\_\_ **8 July 10** or \_\_\_\_\_ **13 July 10**

\_\_\_ Live training in Madison at JFHQ, 2400 Wright St, Madison, Room 180

**Video teleconference at: (please mark location you will be attending)**

\_\_\_ Tomahawk Armory, 215 Armory Road

\_\_\_ Chippewa Falls Armory, 2811 E. Park Avenue

\_\_\_ Appleton Armory, 2801 W. 2<sup>nd</sup> Street

\_\_\_ Milwaukee Armory, 4108 N. Richard Street

\_\_\_ Fort McCoy –WMA, 90S. 10<sup>th</sup> Street

\_\_\_ Wausau Armory, 833 S. 17<sup>th</sup> Avenue

Webinars: \_\_\_ 22 July 10 or \_\_\_ 27 July 10 at 6:30 pm. Access Webinar at [www.WisconsinMilitary.org](http://www.WisconsinMilitary.org). More information about the webinar training will be posted soon.

This form is being signed under penalty of perjury. In addition, a false statement rendered by an employee may result in adverse action up to and including removal from Federal service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**APPLICATIONS ALSO AVAILABLE ON [www.wisconsinmilitary.org](http://www.wisconsinmilitary.org) OR WIJS-J1-Family ON THE WIARNG INTRANET or CALL: Tina Jeffords at 1-800-335-5147 (2) ext 3466/ DSN 724-3466 or email at [tina.m.jeffords@us.army.mil](mailto:tina.m.jeffords@us.army.mil)**

**RETURN APPLICATION, GENERAL RELEASE FORM, VOLUNTEER STATUS FORM, REGISTRATION FEE and SAFETY AGREEMENT no later than **July 2, 2010** to:**

**Wisconsin National Guard Youth Camp  
PO Box 8111  
Madison, WI 53708-8111**

**PRIVACY ACT STATEMENT**

Authority: 10 USC 3012 and 48 FR 25503, June 6, 1983

Disclosure: Voluntary, however, failure to furnish the information may result in non-selection for a volunteer youth camp position

Principal Purpose: To maintain a file of Youth Camp volunteers and to provide volunteers with any available monetary reimbursement for their volunteer expenses. Routine Use: Maintain a volunteer database

**VOLUNTEER  
GENERAL RELEASE, INDEMNITY AND HOLD HARMLESS  
AGREEMENT, AND COVENANT NOT TO SUE  
with PHOTO/MEDIA RELEASE**

**This is an important document. Please read it carefully before you sign and return it. If you have any questions about signing the document, please consult with your personal attorney. You may negotiate or bargain over the language in this document.**

In consideration for permission for me to use the facilities of Fort McCoy (US Army) and Volk Field for training, including recreation facilities, training areas, and the Ropes Confidence Course, I, \_\_\_\_\_ (volunteer), do hereby release, acquit, discharge, indemnify, and hold harmless Fort McCoy (US Army), Volk Field, the Wisconsin National Guard, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities by me, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct. This waiver of liability expressly releases the aforementioned parties from their own negligence, as well as my own.

Moreover, I hereby agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against Fort McCoy (US Army), Volk Field, the Wisconsin National Guard, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities by me.

I understand that the activities that I will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. By this waiver, I assume any risk and take full responsibility.

I have read and understand the nature and significance of this general release, indemnity, and hold harmless agreement and agree to its provisions.

**PHOTO/MEDIA RELEASE**

By checking this box I agree to the following provision:

I understand that the Wisconsin National Guard Family Program is developing photographic and multi-media materials which will illustrate activities of the Wisconsin National Guard Youth Camp. I grant to the Wisconsin National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Wisconsin National Guard or the Wisconsin Department of Military Affairs may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SIGNATORY

**-SEE PRIVACY ACT ON REVERSE SIDE-**

**PRIVACY ACT STATEMENT**

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for news stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Wisconsin National Guard Family Program.

ROUTINE USE: Information may be disclosed to Wisconsin National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations. Once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Releases of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.



**YOUTH CAMP STAFF STATUS FORM**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ RANK (If Military): \_\_\_\_\_

**(Needed for Invitation Travel Orders (ITO))**

\*\*\*\*\*

**Please check the appropriate responses for your status for Youth Camp**

I am a: **Military Member:** \_\_\_\_\_

**Civilian Volunteer:** \_\_\_\_\_ (Requires no pay Invitational Travel Orders; we will process)

**If you are a military member, please indicate your status for the duration of Youth Camp:**

- \_\_\_\_\_ AGR **on pass**. (You must request a pass from your supervisor/commander.)
- \_\_\_\_\_ Soldier, airman or other military member in a **drill status**. (You must complete paperwork through your unit.)
- \_\_\_\_\_ Soldier or airman in a **volunteer status**, and in no military status. (You will be placed on a no pay ITO Travel Orders.)
- \_\_\_\_\_ Military medical personnel (not in a military status) **functioning in your military specialty**. (You will require ADSW no-pay orders, we will process for you.)  
**PLEASE NOTIFY THE FAMILY PROGRAM OFFICE IMMEDIATELY IF YOU NEED ORDERS.**
- \_\_\_\_\_ Other status: \_\_\_\_\_

**ACCOMMODATIONS FOR YOUTH CAMP:** **counselors and medical staff must stay at youth camp site**

During camp, do you plan to stay:

- \_\_\_\_\_ In the billets/barracks, at no cost
- \_\_\_\_\_ At the Volk Field Campground at Volk Field at own expense – **(YOU MUST RESERVE YOUR OWN CITE)**
- \_\_\_\_\_ I plan to commute, as I live nearby
- \_\_\_\_\_ I plan to stay off-post **(YOU MUST MAKE YOUR OWN RESERVATIONS)**

*I desire to volunteer my services to the WING Youth Camp. 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 instrument thereof, except for certain purposes relating to tort claims and workmen'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 my volunteer services. I agree to participate in whatever training may be required in order for me to perform the work for which I am volunteering.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature) (Revised: Mar 03)

**Wisconsin National Guard Youth Camp  
July 30-August 1, 2010  
Volunteer Safety Guidelines/Agreement**

As a volunteer for the Wisconsin National Guard Youth Camp, held at Volk Field, July 30-August 1, 2010, I agree to follow the guidelines listed below, to ensure the safety and security of all campers, as well as volunteers, in attendance and in my care.

- ❖ Under no circumstances will an adult volunteer or paid staff be alone with a child or youth.
- ❖ All volunteers and paid staff will report any unsafe or harmful behavior involving another adult to their immediate supervisor, who will then report to the Camp Director immediately.
- ❖ All volunteers and paid staff are expected to know the children or youth assigned to them including any health concerns, emotional concerns, or any other issues that may impact the child's stay at camp.

By signing this form, you are agreeing to follow the above guidelines, as well as those listed in the handbook, at all times during Youth Camp 2010.

---

**Print Full Name**

---

**Signature**

---

**Date**