Where every scout writes her own story...

Adult Registration

Volunteer Day Camp 5D

Wednesday, June 17 through Saturday, June 20, 2026

Auglaize County Fairgrounds

1001 Fairview Drive, Wapakoneta, OH 45895

Wednesday and Thursday 1:00 - 5:00 p.m.

Friday 5:00 p.m. with overnighter to Saturday 9:00 a.m.

Registration Deadline: May 25, 2026

Dear Volunteer:

Thank you for your interest in volunteering at day camp! At camp, girls will have the opportunity to try new things in a fun, safe and nurturing environment. They will discover their values and talents through a variety of outdoor activities. Girls will learn new skills and create new memories that will stay with them long after day camp is over.

At day camp girls will learn to live by the Girl Scout Law. Girls will also connect with other girls and adults, learn how to work together as a team, and use that teamwork to take action and make the world a better place. We hope you see the value in this progressive opportunity for your Girl Scout and will help keep the history and tradition of day camp alive.

Our camp theme this year is Fairy tale; Where every scout writes her own story! Let your imagination soar as we explore our own storybook world through crafts, game play and activities. We'll end the week with a Royal Ball, including visits from local queens and princesses!

Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns, please contact the day camp director.

Day Camp Administrative Staff:

Site and Program Director:	Bobbi Donovan	419.996.9271	bobbidonovan@gmail.com
Business Director:	Christina Sunderland	567.356.1096	sunderlandchristina@yahoo.com
Culinary Director:	Amy Wagner	419.303.9318	amy.wagner615@gmail.com
Secretary:	Laura Little	937.479.4824	llittle12934@gmail.com
First Aiders:	Stacie Mullins	567.204.0603	stac_03_1999@gmail.com
	Jaime Miller	937.418.3519	bugvball10@aol.com

Adult Volunteers Are Always Needed:
Program Aide led day camps are run by a dedicated team of specially trained Cadette, Senior and Ambassador Girl Scouts who work year round to make this enriching opportunity possible for girls. Adult volunteers are needed to help offer support at camp and to ensure the appropriate Adult-to-Scout ratio. Without the support of volunteers, camp is not possible. A troop must have a volunteer representing daily. A background in Girl Scouting is not necessary.

All Adult volunteers are required to have a current Girl Scout membership and updated background check. A background check needs completed once every 3 years. **Adults who do not have a current background check will not be permitted to volunteer. Training is mandatory for ALL volunteers**.
Let your troop leader know to forward you an application to print and mail in.

Becoming a Girl Scout:
Sign up to be a Girl Scout online at www.GSWO.org/join. You can register through September 30, 2026 or through September 30, 2027; pricing available online

Day Camp Fee:

Girl Scout Daisies/Brownies (grades K–3)	$ 50
Girl Scout Juniors (grades 4–5)	$ 50
Girl Scout Cadettes (grade 6)	$ 50
Girl Scout PAs (CSA grades 7-12)	$ 60
Volunteer	$ 5
Tagalongs Boy or Girl (eating only)	$ 5
T-shirts for a volunteer attending (optional) each	$ 15
Plus Size shirts XXL and XXXL for camper or volunteer (add for each)	$ 4
Late Registration Fee (if applying May 26 – May 31, 2026)	**$ 5**

Make Checks Payable To: "GSWO Wapakoneta Day Camp 5D"

Adult Volunteer Registration Form
Where every scout writes her owns story…
Girl Scout Day Camp 5D: 2026

Volunteer's Name:_____Phone: _____

Address:_____City:_____State:_____Zip:_____

Email: _____Cell Phone:_____

DOB:_____

Volunteer is a: ✈ Currently registered Girl Scout ✈ Re-registering Girl Scout ✈ New Girl Scout

Are you a leader/assistant leader? ✈ Yes ✈ No

Troop #:_____Troop Grade Level in Fall:_____ Service Unit #: _____

If No, which troop/girl will you be representing:_____

ADULT VOLUNTEERS

Adult Volunteers (18 years and older) are REQUIRED for each troop every day. If a girl is attending without her troop, she must have an adult volunteer to help out at least one day that week. We will need full-time or part-time volunteers. Please let us know when you are available by filling in the days and times below. IT IS A REQUIREMENT THAT WE HAVE ENOUGH ADULTS PRESENT TO MEET NATIONAL GIRL SCOUT SAFETY WISE REGULATIONS.

MONDAY:	✈Yes	✈No	Time: _____
TUESDAY:	✈Yes	✈No	Time:_____
WEDNESDAY:	✈Yes	✈No	Time:_____
THURSDAY:	✈Yes	✈No	Time:_____
FRIDAY:	✈Yes	✈No	Time:_____
FRIDAY OVERNIGHTER	✈Yes	✈No	Time:_____

VOLUNTEER AGREEMENT: I am over 18 years old. I volunteer to work the time specified above or time agreed upon with the Day Camp Committee. If I am not able to work the time agreed upon, I will contact a committee member ASAP to let them know. I understand I will need to attend a volunteer training for day camp on a date to be announced later.

All adult volunteers are required to have a current Girl Scout membership. A Girl Scout membership ensures that adults involved in Girl Scouting are covered under Girl Scouts of Western Ohio insurance in case of accident or incident. Membership, in a volunteer role, will also need a background check; this protects the safety of all youth involved. Background checks are completed every 3 years.

Be advised that additional steps may need to be taken to secure your Girl Scout volunteer role. Emailed instructions will be sent out and action must be taken at that time. Adults who do not have a current background check will not be permitted to stay at camp.

SIGNATURE: _____

Tagalong Information:
You may need to bring along young children in order to volunteer. The child will need to have activities brought to entertain themselves. The child may not enter any of the unapproved buildings and must be supervised by the volunteer. The child is welcome to eat along with the campers for the daily snack and the supper on Friday for a fee of $5.00.

I wish to bring along a Tagalong. ✈ Yes ✈ No

Name _____Age_____

Name _____Age_____

Name _____Age_____

T-shirt: Volunteers may purchase a camp T-shirt. Volunteer shirt color is different than camper.

T-Shirt Sizes for Volunteer: Adult ✈ SM ✈ MED ✈ LRG ✈ XL ✈ XXL ✈ XXXL

Shirt cost is $15.00. Plus sizes XXL and XXXL are an additional $4.00

Food: Volunteers are welcome to eat along with the campers for the daily snack and the supper on Friday for a fee of $5.00.

Volunteer Finance Table		
Adult Girl Scout Membership fee (if applicable) ✈ must be submitted online		
Adult T-shirt (optional)	Quantity	$
Adult eating with campers (optional)		$
Tagalong eating with campers (optional)	Quantity	$
Total Due	$	

Please mail completed Adult Registration Form and Medical History Form along with payment to:

Laura Little
12934 Ashburn Rd.
Wapakoneta OH 45895
Registrations will be accepted until May 25, 2026
($5 late fee applies after May 25th)

Volunteer Training Dates:
TBD

Adult Medical History

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Dentist's Name: _____ Phone: _____

Insurance Company: _____ Contract #: _____

Through (Employer): _____ Insured Name: _____

Emergency Contacts

Name: _____ Relationship to Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medications

Current Medication(s), dosage(s) and frequency: _____

_____

_____

Allergies: Check all that apply. Specify what reaction to look for and first aid/treatment your physician recommends.

- ❒ Penicillin _____
- ❒ Other Medicines _____
- ❒ Food Allergies _____
- ❒ Bee/Wasp/Insect Stings _____
- ❒ Plants (Poison ivy, etc.) _____
- ❒ Asthma _____
- ❒ Hay Fever _____
- ❒ Other _____

Other Health Conditions: Check all that apply.

- ❒ Diabetes
- ❒ Convulsions/Seizures
- ❒ Heart Defect/Disease
- ❒ Rheumatic Fever
- ❒ Sickle Cell Trait/Disease
- ❒ High Blood Pressure
- ❒ Bleeding/Blotting Disorders
- ❒ Other: _____
- ☼ Hearing Impairment
- ☼ Visual Impairment
- ☼ Emotional Behavior/Disturbance
- ☼ Sleep Disturbance
- ☼ Ear Infections
- ☼ Urinary Infections
- ☼ Musculoskeletal Disorders
- ☼ Bedwetting
- ☼ Constipation
- ☼ Menstrual Cramps
- ☼ Nosebleeds
- ☼ Motion Sickness
- ☼ Fainting

Please explain any items that are checked and indicate any information that would be useful in relation to any of these health conditions.

Chronic or Recurring Illnesses: _____

Operations or Serious Injuries (Include dates): _____

Are there any other facts not listed that would be important information to the first-aider, nurse or doctor that may treat you for any illness or injury?

Immunization History:

	Year Primary Series Completed	Date of Last Booster
Diphtheria/Whooping Cough/Tetanus	_____	_____
(D.T.P.) Tetanus (TD)	_____	_____
Measles/Mumps/Rubella (MMR)	_____	_____
Oral Polio	_____	_____
Tuberculin Test (Most recent) Result:	_____	_____

"

In the event that reasonable attempts to contact my designated person in an emergency have not been successful, I hereby give my consent for the administration of any treatment deemed necessary by medical personnel. This health history is complete and accurate.

_____ _____

Signature of Participant Date