

We need your help! Our day camp is fully staffed entirely by adult volunteers. A Girl Scout background is not necessary. Training, which will prepare you for your role at day camp, is mandatory. Childcare is available at a small fee. Your non-Girl Scout children, ages 2 (toilet trained) – 12 may attend camp in their own units. Children of unit leaders working five full days will receive a reduced rate on their day camp fees.

All unit leaders must complete this form, as well as the Health History and Photo Release forms found in this packet. You will be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts if you are not already an approved Girl Scout Leader.

Ways adults can help: Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities that are planned by them and other volunteer adults that are assigned to that unit. They will also have the opportunity to assist girls in decision making as campers plan their unit activities for the week. Unit leaders must attend training which will prepare them for their role at camp. Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week.

Adult volunteers, please check all that apply:

Volunteer's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

If adult is not a currently registered Girl Scout member, you must register at <https://www.gsw.org/join> for \$25.00

Are you a leader/assistant leader? ☐ Yes ☐ No Troop #: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Do you have any camping experience? ☐ Yes ☐ No

Have you completed Tent Camp/Lodge Camp training offered by Girl Scouts of Western Ohio? ☐ Yes ☐ No

Date completed \_\_\_\_\_.

☐ I would like to work with: ☐ Daisy/Brownies ☐ Juniors – Day ☐ Juniors – Overnight  
☐ Jr. Program Aides ☐ Program Aides ☐ Other \_\_\_\_\_

There is an adult at camp that I would like to work with (name) \_\_\_\_\_

I will have my non-Girl Scout children (ages 2 and older) who will be attending camp with me. Please complete a registration form, medical form and photo release form for each child attending camp with you.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**T-Shirts:** T-shirts **cannot** be returned or exchanged. If in doubt, order the next larger size.

**Sizes:** Adult: ☐ SM ☐ MED ☐ LRG ☐ XL ☐ XXL ☐ XXXL ☐ Other \_\_\_\_\_

☉ I am able to work the following:

☐ All Week day only (full time) ☐ If not all week which days: \_\_\_\_\_  
☐ Day and Night (full time) ☐ If not every night, which nights: \_\_\_\_\_

☉ I will attend Day Camp Training (mandatory) on:

☐ **Saturday, April 19, 2025, 9:00 a.m. at Camp Butterworth**

**\*Additional steps will need to be taken to secure your Girl Scout volunteer role.** All adult volunteers are **required** to have a current Girl Scout membership and updated background check. Register and pay for your Girl Scout membership at [gsw.org/join](https://www.gsw.org/join) Membership with a volunteer role will trigger an emailed criminal background check which needs completed once every three years.

**Adults who do not have a current background check will not be permitted to volunteer.**

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

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 \_\_\_\_\_

Please list any conditions that a first-aid or health provider would need to know such as?

Allergies:

Medications;

Chronic illnesses, injuries or limitations:

**My Immunizations are up to date:**    ☐ Yes            ☐ No

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



# Release Form - Adult

## Photo Release For Adults



Date(s): Monday-Friday, June 2-6, 2025

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 8C Rolling Through the Decades

Location: Camp Butterworth, 8551 Butterworth Rd., Maineville, OH 45039

Activity: Camp is a great way for girls to explore leadership, build skills and develop a deep appreciation  
for nature.

### RELEASE FOR ADULTS

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. I hereby grant to Girl Scouts of Western, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this release will create any obligation on Girl Scouts of Western Ohio to make any use of the media or the rights granted in this release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this release and any use of the media by Girl Scouts of Western Ohio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Additional Phone (optional): (\_\_\_\_) \_\_\_\_\_

Email Address\*: \_\_\_\_\_ @ \_\_\_\_\_

*(\*will not be used for any other purposes or distributed to third parties)*

Region: \_\_\_\_\_ Troop#: \_\_\_\_\_ Service Unit: \_\_\_\_\_

