

# RAVENCREST CAMP

5239 Inadale Drive  
R.R.#2  
Strathroy, Ontario  
N7G 3H4  
519-289-0954

## Volunteer Application

Volunteer's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent's  
E-mail address: \_\_\_\_\_

Student's E-mail address: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ Father's Daytime Phone: \_\_\_\_\_

Emergency Contact: (if parents cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer : \_\_\_\_\_

## Medical Information

Please list any medical conditions and or medications:

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Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

# RAVENCREST CAMP

## Camp Session Requested

(please indicate first and second choice)

Teen Camp		Session 5 Aug 1 - Aug 7	_____
Session 1 July 4 - July 10	_____	Session 6 Aug 8 - Aug 14	_____
Session 2 July 11 - July 17	_____	Session 7 Aug 15 - Aug 21	_____
Session 3 July 18 - July 24	_____	Session 8 Aug 22 - Aug 28	_____
Session 4 July 25 - July 31	_____		

## Waiver, Release, Surrender, and Indemnity

In consideration of the above noted child being permitted to attend and take part in equestrian and other activities at Ravencrest Camp, I/we the undersigned parents of said child, my and her executors, administrators, successors, legal representatives and assigns do hereby remise, release and forever discharge, waive, surrender and agree to hold harmless protect and keep indemnified Ravencrest Camp, Michael Radan, Wendy Radan, their respective agents, servants, employees, independent contractors, and representatives from and against all injuries to the "parties who have herein executed this waiver" and their property, howsoever caused arising out of or in connection with activities at Ravencrest Camp. I/We individually and as parents and or guardians of the child named \_\_\_\_\_ acknowledge that I/we have read, fully understand and agree to this waiver, release, surrender, and indemnity. I/We agree that any photos taken at Ravencrest Camp, and that my child's likeness may be used for promotional purposes.

Parent

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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

**Please Note: Volunteers will be contacted by phone or e-mail to confirm acceptance of their application.**

**Volunteers are required to attend a mandatory pre-camp training weekend in June.**

# Volunteer Application

## Riding Information:

Where do you currently ride? \_\_\_\_\_

How often do you take lessons? \_\_\_\_\_

What are you working on in your lessons?

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What experience do you have working around horses?

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What experience do you have working with children?

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Have you had the opportunity to teach horsemanship and/or riding? Please explain:

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What other clubs or interests, other than riding, are you involved in?

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Have you attended Ravencrest Camp as a camper or a working student in the past? \_\_\_\_\_

Previous camp experience(at other camps)

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Why do you think you would make a good camp councillor?

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Do you have any first aid and/ or swimming certificates?

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What other volunteer opportunities have you been involved with?

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