

106th Rescue Wing
2014 Galaxy Camp
 Junior Counselor Application
 21- 25 July 2014

Name:		Preferred Name for Nametag:	
Parent/Sponsor Name:		Parent Email:	
Unit: Unit Ext #: Rank:			
Address:			
Phone:		Alternate Phone:	
Age:	Date of birth:	T-Shirt Size (adult size shirts): circle one <div style="display: flex; justify-content: space-around; width: 100%;"> Medium Large </div>	

Please complete the following questions:

What skills and abilities will you bring to the GALAXY CAMP?

Why do you want to volunteer at the GALAXY CAMP?

List any experiences working with children. Please specify age groups:

List any school or community organizations you belong to, offices held and/or honors received.

Have you participated in the GALAXY CAMP before? Describe your experience.

Is there anything else you would like us to know about you?

Do you have any questions or concerns for the staff regarding the GALAXY CAMP?

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read Carefully

I understand that the GALAXY CAMP '14 will be held from 21-25 July 2014 from 0800-1600 and will be held at 106th Rescue Wing Air National Guard Base. Furthermore, I understand that I will be required to remain on site and with an adult counselor during the entire session.

The above statements are true and complete to the best of my knowledge. Any falsification, misrepresentation, or incompleteness in this disclosure alone is ground for disqualification or dismissal. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

STATEMENT OF VOLUNTARY PARTICIPATION, LIABILITY RELEASE, UNDERSTANDING AND AGREEMENT

I acknowledge that my child is voluntarily choosing to participate in the GALAXY CAMP '14 Youth Program from 21-25 July 2014 from 0800-1600, with my consent. This program is designed for "hands on" activities, teamwork, self-confidence, and visits to military work areas. There will also be an off base trip in which we will utilize the base buses. I acknowledge that I have been informed of the risks involved in such activities, and I agree not to hold the US Government, the New York National Guard, the National Guard of the United States, its employees, the GALAXY CAMP '14 Youth Program personnel, agents, or representatives ("released parties") liable should injury/death or disability result from my child's participation in the GALAXY CAMP '14 Youth Program as a result of passive or active negligence of the released parties. I take full responsibility and legal liability for any damage to government or GALAXY CAMP '14 Youth Program property caused by my child.

I understand that at the Galaxy Camp '14, the Airman & Family Readiness Program Manager reserves the right to terminate the participation of my child at any time when it is deemed to be in the best interest of either the child or program.

I give consent for my child to be photographed during participation for base public affairs, and program history.

I acknowledge that I, _____ acting as legal parent/guardian of _____ have read the above statements and grant permission for him/her to participate in the Galaxy '14 Youth Program.

Signature of Applicant

Date

Signature of Parent/Guardian of Applicant

Date