

STAFF APPLICATION
Kentucky National Guard Youth Camp
27 July through 2 August, 2019
PENDING CONTRACT APPROVAL

All volunteer staff is required to attend orientation and training on Saturday, July 27th at 1000 at the Lake Cumberland Education Center.

Name: _____ Rank: _____ Social security: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone Number's: Home : (____) _____ Work: (____) _____ Cell : (____) _____

Age (must be at least 21) _____ Date of birth: _____ Gender: Male _____ Female _____

E-mail address: _____

KYNG unit affiliation: _____ Army or Air Guard unit?

Address of unit: _____

Is staff applicant: AGR _____ Technician _____ ADSW _____ M Day _____ Civilian _____

Any physical restrictions? Yes _____ No _____

If yes, explain:

Any allergies? Yes _____ No _____

If yes, explain:

Note: All allergies must be documented. (i.e.: bee stings, peanuts, grass, mold, food, plant, foliage, etc...)

Have you been a staff member at prior year youth camps? Yes / No (please circle)

If yes, what year? _____

What was your job? _____

Do you have other camp related experience? Yes / No (please circle)

If yes, explain

Why do you wish to participate in the Kentucky National Guard Youth Camp?

Do you have a child that will attend camp? Yes / No (please circle)

If yes, name of camper(s):

Please mail the following:

- ✓ Application
- ✓ Police record request
- ✓ DD 2793 Volunteer Agreement
- ✓ Health record
- ✓ Medical treatment statement
- ✓ Waiver of claim
- ✓ Media release form
- ✓ Copy of insurance card (military ID)
- ✓ Confidentiality Statement

Send to:

Boone National Guard Center
ATTN: KG-G9-FP (Kentucky National Guard Youth Camp)
100 Minuteman Parkway, Bldg. 124B
Frankfort, KY 40601

All applications and attachments can be mailed, e-mailed or faxed to the contacts below.

Cindy Culver
Lead Child & Youth Program Coordinator
Office: (502)607-1751
Fax: (502)607-1570
E-Mail: Cynthia.r.culver.ctr@mail.mil
Please copy: holly.j.eubanks.mil@mail.mil

Linda Jones
Child & Youth Program Coordinator
Office: (502)607-1593
Fax: (502)607-1570
E-Mail: Linda.s.jones36.ctr@mail.mil
Please copy: holly.j.eubanks.mil@mail.mil

STAFF HEALTH RECORD

Name: _____ Sex: _____ Date of birth: _____

Street address: _____

City: _____ State: _____ Zip code _____

Name of person to contact in case of emergency:

Name: _____ Relationship: _____

Street address: _____

City: _____ State: _____ Zip code _____

Emergency telephone number(s): _____

Health history:

Are you in good health? Yes / No (please circle) Any physical restrictions? Yes / No (please circle)
If yes, explain: _____

Any allergies? Yes / No (please circle)
If yes, explain: _____

Do you suffer from allergies or require any medication(s) for allergies? Yes / No (please circle)
If yes, please state type of allergies and/or medication(s): _____

Do you suffer from any illnesses, disease, or condition? Yes / No (please circle)
If yes, please indicate specific illness, disease, or condition: _____

Name, address, and telephone number of treating physician: _____

Is there any known physical disorder that Kentucky National Guard Youth Camp staff needs to know about while participating as a volunteer?
Yes / No (please circle) If yes please list: _____

Volunteer staff must have health insurance and provide proof of insurance in order to participate at Kentucky National Guard Youth Camp.

The Kentucky National Guard Family Programs, 4-H, Department of Fish and Wildlife, The American Red Cross, the Kentucky National Guard, and any of its staff, will not be responsible for medical bills incurred by the volunteers.

WAIVER OF CLAIM

I hereby voluntarily waive any claim against the Kentucky National Guard Youth Camp to include staff, The Kentucky National Guard, The Kentucky Military Department, or the United States of America for any or all causes which may arise in connection with my participation in Kentucky National Guard Youth Camp.

Typed/printed name of volunteer

Signature of volunteer

Date

MEDICAL TREATMENT PERMISSION STATEMENT

In event I become ill or injured while attending the Kentucky National Guard Youth Camp and I am unable to make decisions concerning my medical care, I grant permission for the Kentucky National Guard Youth Camp personnel to seek medical assistance as may be deemed necessary.

Typed/printed name of volunteer

Signature of volunteer

Date

MEDIA RELEASE INFORMATION

I understand that local and state level Kentucky news media, 4-H, The American Red Cross, The Department of Fish and Wildlife, Kentucky National Guard State Family Programs Office, and the Kentucky National Guard Public Affairs Office may be invited to view, photograph or film portions of the training, and to interview attendees. My photograph, image, quote or voice may be published, copyrighted or otherwise used in various social media channels.

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To prepare photographs for new stories written by military and civilian news media reporters to recognize the achievements of participants and members of the Kentucky National Guard.

ROUTINE USE: Information may be disclosed to 4-H, The Kentucky National Guard and National Guard Bureau agencies to include valid local and state level news media. Once information is published, it is considered public domain.

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

Typed/printed name of volunteer

Signature of volunteer

Date

Kentucky National Guard Youth Camp
Police Record Information Request

MUST BE COMPLETED BY ALL STAFF TO INCLUDE MILITARY PERSONNEL

To: _____
(Please leave blank)

I, _____, agree for the Kentucky National Guard Family
(Print your name)
Programs to request a police record check on me for its upcoming Kentucky National Guard Youth Camp.

Full name _____

Maiden or alias names _____

Social security number _____

Driver's License number _____

State Driver's License Number was issued _____

Date of birth _____

Gender _____ Race _____

Street address /PO box _____

City, State, Zip code _____

I understand that the law regulates the use of this information.

All background checks are good for one year from date submitted.

Typed/printed name of volunteer

Signature of volunteer

Date