2021 ThinkBridge Summer Camp Volunteer Application Form

ThinkBridge

think·create·innovate

Print clearly

Date of Application: _____

Return by email: psv@pa	acificasd.o	rg, or ma	ail: Pacifi	ca Schoo	l Volunte	ers, 375	Reina Del Mar, Pacifica,	CA 94044		
Personal Information:										
Name			Date of Birth			Current School & Grade				
Home Address	Street	Street Apt #		City			Zip			
Home Phone Number				Cell Phone Number			(circle the b	(circle the best number to reach you)		
Email Address (print cl	early)									
ADULT T-shirt Size:	□ xs	□s	□м	Пι	□ XL	(Volu	nteers receive free ca	mp T-shirt)		
Emergency Contact Information:										
Name							Relationship			
Cell Phone		Home Phone					Work Phone			
Medical Information:										
Primary Physician		Phone	#	Insura	nce Prov	ider	Dentist	Phone #		
Medical/Special Needs	s (please l	ist any a	allergies	s, medic	al condit	ions, m	edications or special c	considerations):		
Placement Informatio	n:									
ThinkBridge 2021 runs fo	or 4 weeks	June 21	– July 1	6. Camp	hours for	volunte	eers are 8:00am – 12:30	pm. You must be willing	to	
commit to at least two for	ull weeks o	of camp.	Select t	he week	s below th	nat you	are available. You may s	elect up to 4 weeks.		
☐ June 21-25		□ June	28 – Jul	y 2		July 6	– July 9 (July 5 holiday)	☐ July 12- July 16		
Special Areas of Intere	est/Talen	t (music	c, math,	compu	ters, rob	otics, o	ther):			

Medical and Publicity Release:

To be signed by parent or guardian if under 18.

As a parent or guardian, I hereby authorize agents of ThinkBridge Summer Camp and Pacifica School Volunteers to administer first aid to the volunteer named above for minor injuries. As a parent or guardian I hereby authorize the treatment of the volunteer named above by a qualified and licensed medical doctor/staff in the event of a medical emergency. This authorization is granted only after a reasonable effort has been made by the qualified and licensed medical doctor/staff to reach me. I agree to assume responsibility for expenses incurred in the handling of this emergency. I agree that I will hold ThinkBridge Summer Camp and Pacifica School Volunteers harmless from: 1.) bodily injury to a volunteer during Camp 2.) illness or conditions related to Covid-19 3.) property damage or loss due to any accident or incidences arising out of my child's participation in ThinkBridge Camp. In addition, volunteers are subject to the safety conditions and applications of the Think Bridge Camp Cpvid Safety Plan established for the healthy operation of camp. ThinkBridge and Pacifica School Volunteers staff may take photographs and/or videos during ThinkBridge Summer Camp. These photographs and/or videos may be used in program publicity, newsletters, social media, and exhibits for educational and promotional purposes only. By signing below I agree to the terms included in this volunteer registration form: