

**Volunteer Information Sheet**  
**Wonderland Camp**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Emergency Contacts:**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please list any known medical conditions, limitations or illnesses:**

\_\_\_\_\_

**Please note the dates you have set up to volunteer at Wonderland Camp:**

\_\_\_\_\_

**Note: If you have not yet set up dates to volunteer with Alena Robinson, Program Director, please do so by calling the camp office at (573) 392-1000.**

**Medical Consent: If you are under 18, your legal guardian must sign for you.**

**In the event of a medical emergency and I cannot be reached, I hereby give Wonderland Camp Foundation's Program Director permission to seek emergency services for:**

Name of Applicant: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Consent: If you are 18 years or older, please sign below.**

**In Case of a medical emergency, I hereby give Wonderland Camp Foundation's Program Director permission to seek emergency medical services for myself.**

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