

Muscular Dystrophy Adult Camp AUGUST 5TH TO 9TH, 2019

VOLUNTEER APPLICATION

Instructions: We appreciate your interest in volunteering for TJWF-MD Camp 2019 program. **PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY.** Please be sure the information provided in the application is correct and complete, if you need more space use the back of the pages. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for rejection of your application or your immediate dismissal from camp at TJWF's sole discretion. ***VOLUNTEERS WHO ARE CURRENTLY 17 BUT WILL BE 18 AT THE START OF CAMP MUST SIGN THIS APPLICATION ACCORDINGLY.**

Completion of this application does not guarantee you will be offered a volunteer position at TJWF-MD Camp. Acceptance is contingent upon evaluation of this application by the TJWF Camp Director, TJWF medical advisors and other TJWF risk-management personnel. All information you provide on this form will be used by TJWF's Camp Director to advise appropriate camp staff and volunteers only when deemed necessary. TJWF reserves the right to deny admission to camp or dismiss from camp a volunteer whose physical condition, mental condition, behavior, personal conduct, or influence on other camp participants is deemed detrimental to the camp community.

IF THIS APPLICATION IS NOT COMPLETED, YOU WILL BE REFUSED ADMISSION TO CAMP.

A recent **color photograph** of the applicant should be included with this application. This photo will assist the camp staff in identifying volunteers for medications and in ensuring the safety and security of all participants. While the photo need **not** be a passport photo, it should be a **recent color** photograph of only the applicant. This photo should be pasted below.

All 11 pages must be filled and returned NO LATER THAN JULY 15, 2019
Send to The Justin Woods Foundation at 18830 Golden State Blvd. Madera, CA. 93637
If you have any questions please call Sandy Smith at (559) 395-6341.

CHECK IN TIME AUGUST 5, 2019 AT 2:00 P.M.

CHECK OUT TIME AUGUST 9, 2019 NO LATER THAN 11:00 A.M.

**Place a recent picture of
Volunteer here**

A PRE-CAMP MEDICAL HEALTH EXAMINATION IS REQUIRED FOR ALL VOLUNTEERS (page 11). This section should be completed by the physician who usually and most frequently cares for the volunteer *and should not be a member of the applicant's family*. The volunteer must be evaluated by such physician or medical professional in the twelve months just prior to the camp session or at any time prior to the camp as may be required by TJWF.

2019 Volunteer Name _____

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SECTION ONE 👋👋👋 Volunteer Profile

Complete in black or blue ink only.

Name: _____
(Last) (First) (Middle) (Nickname/other surname if any)

Permanent Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____ Previous Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____

Address during School (If different): _____

Please identify all states lived in as an adult (18 and over): _____

Telephone #: () () ()
(Home) (Work) (Cell Phone)

Height: _____ Weight: _____ Age: _____ Date of Birth: _____ Sex: Male Female

E-mail Address: _____ Alternate E-mail address: _____

T-Shirt Size: (Adult or Youth) size _____ Languages Spoken: English Spanish Other (Please list): _____

EDUCATION (Attach additional sheets to provide more information if necessary):

Name of College or High School	City & State	Major Subjects	Year Degree Granted/Expected

EMPLOYMENT EXPERIENCE (List most recent experience first; attach additional sheets to provide more information if necessary):

Name of Employer	Nature of Work	Address & Phone	Supervisor Name & Phone #	Dates of Employment	Reason for Leaving

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CAMP EXPERIENCE (Camper, counselor or employee - list most recent experience first; attach additional sheets to provide more information if necessary):

Position	Camp	City & State	Name of Director	Dates

How did you hear about volunteer opportunities at for TJWF-MD Camp?

Please explain why you want to be a volunteer at for TJWF-MD Camp: _____

Have you had any experience in working with youngsters with disabilities? YES NO (CHOOSE ONE) If yes, please explain (and identify your supervisor) in this capacity, if any: _____

Please indicate any current certifications or credentials you have that would be helpful in the camp setting (attach documentation verifying credentials/certification). Check all that apply: First Aid: WSI:

CPR: Lifeguard: Chauffeur License: Boater safety: Other: _____

Please list your interests and hobbies: _____

VOLUNTEER REFERENCES AND CRIMINAL BACKGROUND CHECKS

Every volunteer applicant (new **and** returning) is required to provide at least three character references from **NON-FAMILY** members who have first-hand knowledge of the applicant's character, skills and abilities (e.g. employers, teachers, guidance counselors, youth group advisors, etc.). **Please provide all information for references.** TJWF staff or former for TJWF-MD Camp leadership may not be used as references. All references must be at least 18 years of age. TJWF **will** contact references so please be sure the persons named agree to serve as references.

REFERENCES:

If you are currently a full-time student, include a teacher/professor or (whenever possible) a current/former employer.

Name: _____ Title/Relationship _____

Address: _____ Years Known: _____

(Street)

Phone: ()

(City)

(State)

(Zip)

E-mail : _____

Name: _____ Title/Relationship _____

Address: _____ Years Known: _____

(Street)

Phone: ()

(City)

(State)

(Zip)

E-mail : _____

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CRIMINAL BACKGROUND CHECKS:

Have you ever been arrested for a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO (CHOOSE ONE)

Have you ever been charged for a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO (CHOOSE ONE)

Have you ever been convicted of a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO (CHOOSE ONE)

If yes to any of the above questions, please explain and give dates of the occurrence and disposition of the criminal charges. (A

"yes" answer will not automatically exclude you from consideration.): _____

Do you consent to and authorize TJWF to conduct a criminal background (CBC) investigation? YES NO (CHOOSE ONE)

Social Security # (required): _____ Date of Birth: _____ Driver's license # (if applicable): _____

Expiration Date: _____ Maiden or other surnames (if applicable): _____ Other

than by marriage, has your first or last name changed? If so, please list all previous names: _____

1.) Have you ever been arrested, charged or convicted of any crime relating in any manner to children and/or your conduct with them? YES NO (CHOOSE ONE) If yes, please explain (Use a separate sheet if necessary):

2.) Have you ever been arrested, charged or convicted of any crime including, but not limited to, the following? *Alcohol related/ assault and battery/ kidnapping/ distribution and trafficking of narcotics or other controlled substances/crimes of indecency/ sexual related crimes/ guns or weapons crimes.* YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

3.) Have you ever been adjudicated liable for civil penalties or damages involving sexual or physical abuse or been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

4.) (If applicable) Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children or for any other reason? YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

I understand that:

- a. TJWF may deny volunteer opportunities to any applicant who answers any of the questions numbered 1-4 above in the affirmative or who answers any question falsely.
- b. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. TJWF may deny volunteer service of any applicant for any reason in the best interests of the children at TJWF's sole discretion.
- d. This disclosure statement is subject to review by all TJWF staff with a need to know.
- e. I may be questioned further by TJWF staff or other personnel associated with camp on any answer I provide at TFWF's sole discretion.

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SECTION TWO Volunteer Health/Medical Information

The health and well-being of campers and volunteers are supervised by the camp medical staff. Please complete **all** requested information in the following sections. Please include any additional health concerns you may have that are not specifically requested in the spaces provided. To the extent any information is designated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA), TJWF agrees to abide by all applicable laws.

Name of applicant's primary care physician: _____

Address: _____ Phone #: () _____

MEDICAL INSURANCE COVERAGE

***Attach photocopy of
FRONT of
insurance card***

***Attach photocopy of
BACK of
insurance card***

Immunization Status:

An up-to-date immunization status is required to attend camp. Please list the dates of the most recent immunizations given to volunteer and attach a copy of immunization record.

Mumps _____ German Measles (Rubella) _____
Td (Tetanus) _____ TOPV or OPV or Salk (Polio) _____
Measles (Rubeola) _____ Flu/H1N1 _____

Have you (your child) had H1N1? YES NO (CHOOSE ONE) **OR** UNKNOWN

Immunization Documentation: (CHOOSE ONE)

- Copy of current official documented immunization record attached
- Religious Beliefs exemption form (if applicable by state law) signed by parent/guardian attached
- Medical exemption form signed by a physician and parent/guardian attached
- Signed Laboratory Proof of Immunity form attached

1. Please list any **MEDICATION ALLERGIES** volunteer has experienced: _____

2. Please list any **FOOD ALLERGIES** volunteer has experienced _____

3. ***OTHER ALLERGIES (e.g. sun, latex, plants etc.)*** _____

_*Since some campers may be accompanied by service animals, please indicate applicant's typical reaction to and severity of any animal allergies so that appropriate accommodations can be made.

2019 Volunteer Name _____

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Do you have a history of any of the following illnesses or conditions; or are you receiving medications for such illnesses or conditions?

Anxiety/Depression	YES	NO	Hepatitis/Hepatitis Exposure	YES	NO
Asthma	YES	NO	Homesickness	YES	NO
Back/Neck Pain	YES	NO	Indigestion	YES	NO
Bee Sting Reactions*	YES	NO	Panic Attacks	YES	NO
Bladder Control Problems	YES	NO	Peanut/Nut Allergy*	YES	NO
Constipation	YES	NO	Pet Allergy*	YES	NO
Diabetes	YES	NO	Pneumonia	YES	NO
Diarrhea	YES	NO	Seizures/Convulsions	YES	NO
Ear Infections	YES	NO	Severe Menstrual Cramps	YES	NO
Eating Disorder	YES	NO	Shortness of Breath	YES	NO
Emotional Problems/Self Injurious Behavior	YES	NO	Sinusitis	YES	NO
Frequent Colds	YES	NO	"Swimmer's" Ear	YES	NO
Hayfever	YES	NO	Urinary Tract Infections	YES	NO
Headaches	YES	NO	Wheezing	YES	NO
Heart Conditions/Problems	YES	NO			

*If you indicated any allergies above, will you be bringing an EpiPen to camp with you? YES NO (CHOOSE ONE)

If you answered "yes" to any of the above questions, please explain in detail: _____

Are you currently being seen (or been seen in the last 3 years) by a psychiatrist, psychologist, therapist or any other related specialist for any acute or chronic condition? YES NO (CHOOSE ONE)

If yes, list diagnosis and treatment plan: _____

If you responded "yes" to the previous question, may TJWF contact this person if the TJWF Camp Director or medical staff feels it is necessary and in your best interest or in the best interest of the camp community? YES NO (CHOOSE ONE)

Name of Contact: _____ Phone: (____) _____

Relationship to applicant (i.e. physician, psychiatrist, etc.): _____

Cell/pager: (____) _____ E-mail: _____

Do you have any medical, mental or emotional conditions which may affect your (your child's) ability to perform any of the essential functions of TJWF camp volunteer? YES NO (CHOOSE ONE)

If yes, explain: _____

Are you physically able to lift and care for a camper? YES NO (CHOOSE ONE)

If no, please explain _____

List any recent operations or serious injuries and the dates they occurred: _____

Please provide any medical information that is pertinent to your application and which the medical staff should be aware of: (e.g. special diet, pregnancy, motion sickness, recent or upcoming surgeries, serious injuries, depression, suicide threats or attempts, eating disorder, anxiety disorder, etc). _____

Have you been exposed to a communicable disease (e.g. head lice, strep throat, mononucleosis, etc.) in the last six (6) months? YES NO (CHOOSE ONE) If yes, please describe: _____

IMPORTANT: PLEASE NOTIFY THE TJWF OFFICE IF YOU HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION.

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MEDICATIONS

Camp regulations require that ALL medications be administered by the camp medical staff. All prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills", anxiety disorder medications) and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultations with the health staff. **PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK CAMP STAY PLUS 2 ADDITIONAL DAYS. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACY LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.**

Please complete the listing below with all medications, including non-prescription medications such as dietary supplements, you are taking, and the schedule by which they are given. (Attach a separate sheet detailing all other medications if additional writing space is required.)

Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given

I hereby give permission for TJWF camp medical staff to administer the following (or similar brand of) over-the-counter medications if deemed necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache	Acetaminophen or Ibuprofen	Diarrhea.....	Imodium AD
Upset Stomach	Pepto Bismol	Menstrual Cramps.....	Ibuprofen
Poison Ivy	Hydrocortisone cream	Allergy/Congestion/Cold	Benadryl/Sudafed
Constipation.....	Dulcolax/Fleet, Enema/MiraLax		

SECTION THREE 🖐️🖐️🖐️ Legal Releases—Guidelines and Agreements
PLEASE COMPLETE AND SIGN ALL PARTS OF EACH SUB-SECTION

MEDICAL CONSENT AND EMERGENCY CONTACTS

MEDICAL CONSENT

The health history contained in this application is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. I certify to the best of my knowledge, I does not have any contagious or communicable disease or condition. I also understand that TJWF and the camp are not responsible for illness due to previous injuries, poor health conditions or illness incidental to attending camp.

If there should be an emergency while I am at the TJWF-MD Camp or going to and from camp, I authorize treatment by the TJWF-MD Camp medical staff. TJWF-MD Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I also authorize routine treatment by the for TJWF-MD Camp medical staff during the week of camp. I authorize the TJWF Camp Director or medical staff of the camp to select and designate emergency medical personnel, nurses, physicians, and/or surgeons to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I further absolve TJWF, the camp and camp volunteers, staff and participants from any and all liability for their reasonable acts done in good faith.

ATTENTION LEGAL GUARDIANS:

Please list your emergency/vacation telephone number(s) and destination(s) if you will be away or traveling while camp is in session. Upon arrival at camp, please update the camp staff of any changes in your travel plans.

Destination/Travel Schedule: _____

Departure Date: _____ Expected Return Date: _____ Phone #(s) (____) _____

(____) (____) Address(es): _____

License Plate Number: _____

Cell Phone #: (____) _____ Pager #: (____) _____

2019 Volunteer Name _____

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EMERGENCY CONTACTS

In the event of a serious medical problem, the medical staff or the TJWF Camp Staff Coordinator will contact parents or persons listed below to advise them of the volunteer's condition, treatment or need for continued medical attention. If we are unable to reach you, we will call the emergency contacts you list below.

These individuals have been advised and have agreed to serve as emergency contacts:

Form with fields for Name of Primary Contact, Relationship to Applicant, City, Phone # - day, Phone # - Cell, and Secondary non-parent/legal guardian emergency contact.

PHOTO CONSENT

TJWF regularly photographs and films Camp for fundraising and publicity purposes. The following consent form allows TJWF to use your photograph or film for these purposes.

In consideration of The Justin Woods Foundation's ("TJWF's") permitting me to attend for TJWF-MD Camp, I hereby give my consent to TJWF, its officers, directors, employees, agents, chapters, assignees, licensees, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for use in camp yearbook, editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of TJWF.

This consent shall be binding upon me my heirs, executors, administrator, assigns, and all legal guardians.

ROSTER RELEASE

I hereby give my consent for my name, address, birthday, phone number and e-mail address to be included in the for TJWF-MD Camp Roster, and/or camp yearbook.

RELEASE

In consideration of The Justin Woods Foundation's ("TJWF's") permitting me to attend for TJWF-MD Camp, I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE that I may have against TJWF, its directors, officers, employees, counselors, volunteers, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I (or my child) may suffer while taking part in for TJWF-MD Camp or any activities connected with the TJWF-MD Camp. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event. I further understand that I assume all risks in participating in the TJWF-MD Camp. I further recognize that TJWF and the camp cannot be held responsible for personal injury, death, and loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. I also acknowledge that any activity in which I may choose to participate with TJWF campers or volunteers after the close of camp session is at my own risk.

This release shall be binding upon me (my child), my (my child's) heirs, executors, administrators, assigns I acknowledge that TJWF's Camp program typically may include but is not limited to the following activities:

Archery, Boating, Horseback Riding, Motorcycle sidecar or 3-wheel cycle rides, Swimming

In addition, the following special activities may be included in the camp program and I am accepting responsibility as stated above to participate:

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TJWF-MD Camp Policies

Please read the following for TJWF-MD Camp Practices and Policies Agreement carefully and thoughtfully, then sign the statement of compliance that follows.

RESPECT: Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a responsibility to respect the camp leadership, as well as the health and well-being of the TJWF camp community. Personal information about campers received during orientation or the camp session must be held in strictest confidence. Each camp participant is expected to be a considerate cabin mate and be respectful to people and their belongings. Profanity is not allowed and hazing and initiations are not permitted.

MEDICAL SERVICES: Every camp participant must turn in a completed medical status form prior to camp. The camp will provide medical care to anyone who becomes ill or injured during the camp session. All treatment and/or health care will be administered by authorized and licensed medical team members. Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

DRESS CODE: Females should wear one piece bathing suits only. Please do not wear "short shorts," low cut tanks, or shirts with inappropriate slogans. Shirts promoting liquor or with sexual references are not appropriate at camp.

MORAL BEHAVIOR: Everyone at camp is expected to behave in a morally upstanding way. Public displays of affection between campers and/or volunteers is not tolerated. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day.

CAMPGROUNDS: TJWF leases facilities to host local summer camp sessions. The camp's facilities and equipment should be treated with the utmost care and respect. All camp participants should take care not to damage or destroy any camp property and to be considerate of all wildlife on the campgrounds.

ACTIVITY SCHEDULE: Camp participants are expected to take part in the daily camp program by following the camp schedule and attending activities.

TIME OFF: Each volunteer is entitled to a daily break as scheduled by the TJWF Camp Director. Camp participants may not leave the campgrounds without written approval from the TJWF Camp Director.

TRAVEL-IN-THREE'S SYSTEM: All campers must be accompanied by at least 2 volunteers at all times. Always practice the "rule of three" during the camp week.

VISITORS: Visitor's Day is primarily for TJWF sponsors and key volunteers. No other visiting is permitted, including parents of campers, during the camp week.

VALUABLES AND CASH: Everyone is urged not to bring valued clothing, accessories, computer or camera equipment. TJWF and the camp are not responsible for loss or damage to personal property. For individuals who drive themselves to the campsite, you are required to turn your keys over to the TJWF Camp Director for safe keeping until departure day.

SMOKING: All participants must abide by the smoking policies established by the TJWF Camp Director and camp facility.

DRUGS AND WEAPONS ARE FORBIDDEN: The possession or use of alcoholic beverages and the possession or use of illegal drugs are strictly forbidden and will be grounds for immediate dismissal from camp. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well. The weapon will be confiscated and the participant will be dismissed from camp.

ALCOHOL IS FORBIDDEN: The possession or use of alcohol is strictly forbidden and will be grounds for immediate dismissal from camp.

In order to attend TJWF-MD Camp, I will adhere to the rules set forth here and those established before and during the camp session:

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1. I will respect the camp leadership and the entire camp community.
2. I (my child) understand(s) that the paramount interest at TJWF-MD Camp is the safety and best interests of the campers and that my main objective is to help provide a positive and safe experience for those youngsters in attendance.
3. I will serve as counselor/program staff/or general volunteer for the TJWF-MD Camp in a professional and courteous manner.

I have read the Practices and Policies and agree to abide by the policies detailed in this contract, as well as those established by the TJWF Camp Director and his/her designated camp assistants. I am fully aware that adhering to the above and any camp facility rules will be my sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I will have to make arrangements for transportation at my sole expense.

I have read the practices and agree to abide by the:

- Volunteer References and Criminal Background Check
- Administer over-the-counter medications
- Medical Consent
- Emergency Contacts
- Photo Consent
- Roster Release
- Legal Release
- TJWF-MD Camp Policies

detailed in this contract, as well as those established by the TJWF Camp Director and his/her designated camp assistants.

(Please Print) name of applicant _____

Signature of applicant _____

Date _____

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MEDICAL STATUS: TO BE COMPLETED BY PHYSICIAN

(Physician/Health Professional should not be a member of applicant's family)

This section is to be completed by the volunteer's primary care physician, or other primary medical professional and is used to determine if the applicant is eligible to volunteer at TJWF-MD Camp. This evaluation must take place in the twelve months prior to the camp session.

Volunteer's Name: _____ Age: _____

Vital Signs: Height: _____ Weight: _____ Pulse: _____ Resp. Rate (resting): _____

Blood Pressure (Resting, Sitting): _____

General Inspection: _____

STATUS, ESSENTIAL FINDINGS, DEVIATING FROM NORMAL

- Head _____
- Eyes/Vision _____
- Nose _____
- Mouth Teeth _____
- Ears/Hearing _____
- Neck/Thyroid _____
- Thorax/Lungs _____
- Heart _____
- Abdomen/Hernia _____
- Skin _____
- Lymphatics _____
- Spine _____
- Extremities _____
- Emotional Status _____


NOTE TO HEALTH PROVIDER:

1. The above named person wishes to participate as a volunteer at The Justin Woods Foundation - Muscular Dystrophy Camp. Participation involves group living and activities in an outdoor setting, a high level of physical activity, swimming, and attending to the needs of individuals with serious and often life-threatening neuromuscular diseases. At a limited number of camps, camp participants may be exposed to high altitude. **In your medical opinion, is TJWF-MD Camp an appropriate environment for this individual?** YES NO (CHOOSE ONE)
2. I have examined the person herein described and have reviewed his/her health history. **Is it your opinion that the applicant is medically, physically and emotionally able to participate as a volunteer at TJWF-MD Camp, which includes a high level of physical activity -- including lifting and caring for individuals affected by a neuromuscular disorder?** YES NO (CHOOSE ONE)

If no, please explain: _____

A PHYSICIAN/HEALTH PROFESSIONAL MUST SIGN IN THE SPACE PROVIDED BELOW:

*Physician/Health Professional should not be a member of participant's family.

 _____ Physician/Medical Professional's Name	_____ Address
_____ Physician/Medical Professional's Signature	_____ City ()

2019 Volunteer Name _____