

Date Received:

Amount Paid:



WV NATIONAL GUARD

CAMP CONLEY 2025

VOLUNTEER INFORMATION:

First Name

Last Name

Gender

 Female Male

Date Of Birth

Phone

E-mail

Mailing Address

T-Shirt Size

 S M LG XLG 1XL 2XL 3XL 4XL

For Camp Conley, please check what position you prefer to work with:

 Lead Team Counselor Team Counselor Logistics Medical Food Services Transportation Night Duty Admin

Other/and or Class Instructor: _____

If you are a team counselor and you would like for your children and/or other team counselors to be assigned to your team as well, you MUST indicate that here: _____

NATIONAL GUARD AFFILIATION:

 Member of the WV National Guard Spouse or Dependent of a Guard Member Relative of a Guard Member Relationship: _____ Civilian Employee of the WV National Guard Other _____

Guard Member's Name/Rank: _____

Guard Member's Unit: _____

Guard Member's Phone Number: _____

ARE YOU ATTENDING CAMP ON ORDERS?

 YES NO

VOLUNTEER HISTORY:

Have you ever served as a Youth Camp Adult Volunteer?

YES

NO

If so, list position held and year(s):

Have you had a finger print background check within the last 5 years?

YES

NO

Please list all previous volunteer experience:

Organization

Volunteer Role/Duties

Year

Organization	Volunteer Role/Duties	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

CODE OF CONDUCT

To ensure that the WVNG Youth Camps is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

1.	I will be courteous and respectful towards others at all times.
2.	I agree to value and respect others' ideas regardless of whether they are not the same as my own.
3.	I agree to respect authority and comply with the requests of the WVNG Youth Camp leadership, volunteers, and other members of Camp Staff.
4.	I will take full responsibility for any damage to personal or public property due to my actions.
5.	I will actively participate in all activities and meals with my team or squad at all times.
6.	I will dress appropriately at all times in required uniforms and or camp shirts.
7.	I will not use alcohol, tobacco, drugs, or engage in any behavior that is disrespectful to others.
8.	I will have a signed health statement and emergency info on forms.
9.	I will limit use of cell phone while in activities with my team or squad giving the campers I am responsible for my undivided attention.
10.	I will ensure that the campers assigned to me are accounted for at all times.

I understand that the consequences for violation of these rules could cause me to be removed from activities, or dismissal from the camp. I understand that if I am not able to remain in good standing during the camp and with the commitments set forth above, I will be required to leave. I understand that if I am required to leave the camp, I will leave post and Youth Camp fees will be forfeited.

Volunteer Signature: _____ **Date:** _____

RELEASE OF LIABILITY

State of West Virginia

This release of liability is made this _____ day of _____, 20____, by _____, a Volunteer in the West Virginia National Guard "Youth Camps" (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the Adjutant General's Department State of West Virginia, the United States of Defense, the Camp program and any other federal or state government entities or corporate sponsors thereof (all collectively referred to hereafter as "West Virginia National Guard") from any and all liabilities in exchange for participation does hereby state: WHEREAS, the said _____ (Volunteer's Name), (hereinafter referred to as "Applicant") desires the use of services, grounds facilities and/or equipment of the West Virginia National Guard for participation in the Camp does hereby state that: In consideration of the mutual advantages, benefits and purpose to be achieved thereby; the use of said grounds, facility or equipment for the purpose and activities described is hereby approved, conditioned upon the applicant releasing the West Virginia National Guard and its agents, servants, employees, volunteers, Soldiers and Airmen of and from any and all claims, demands, action causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any person or property arising out of the described activity or any other activities relating thereto conducted by Applicant or in route to and from these activities. The undersigned Applicant understands and agrees that there are certain risks attendant to these activities by signing this agreement expressly authorizes travel to and from various activities in West Virginia National Guard vehicles. The Applicant individually and on behalf of the minor child hereby expressly and voluntarily assumes all risks and hazards of injury to the minor child and his or her property resulting from participation in WVNG Youth Camps to the full extent allowable under federal and state law. In the event of accident or injury, the West Virginia National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the West Virginia National Guard from liability for same. I understand that my liability for property damage and personal injuries caused by myself is the same as required by state and federal laws. Applicant understands the above terms and conditions and acknowledges that it has carefully read the above statement and willingly complies with the terms and conditions thereof, understanding that it voluntarily assumes all risks and hazards of injury to Applicant resulting from participation in the described activities.

Volunteer Signature (REQUIRED)

Date

PHOTO RELEASE

State of West Virginia County

I hereby authorize the Adjutant Generals Department, State of West Virginia, the United States Department of Defense, the Camp program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred as "West Virginia National Guard") to utilize photographs of myself for promotional purposes. I hereby waive any monetary or other rights that I might have to inspect and/or approve the finished product of the advertising, promotions, or news copy and consent to its use in whatever way the West Virginia National Guard deems appropriate. I hereby consent to the release of said photographs to broadcast and print media such as non-governmental newspapers and publications, television, cable, or radio stations. I understand that the rights and title to the released information shall remain with the West Virginia National Guard or the recipient.

Volunteer Signature (REQUIRED)

Date

VOLUNTEER NAME: _____

Volunteer

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MEDICAL

PRIVACY ACT – HIPAA DISCLAIMER

The West Virginia National Guard (WVNG) is committed to protecting the privacy of your personal information. The WVNG does not collect or record personal information, other than information you choose to provide through our application. WVNG staff use personal information collected from your application to respond to the individuals needs during the Camp. We will not disclose your personal information to a third party without your consent, unless we are required or authorized to do so in an emergency situation, by law or other regulation. In the event of an investigation into suspected unlawful or improper activity, a law enforcement agency or government agency may exercise its legal authority to inspect the application.

GENERAL INFORMATION

Full Name:

Address:

Date of Birth

Cell Phone

Insurance Provider:

Policy Holder Name:

Policy Number:

Group Number:

EMERGENCY CONTACT INFORMATION:

Full Name:

Relationship to Volunteer:

Daytime Phone Number:

Evening Phone Number:

Email Address:

VOLUNTEER NAME: _____

Volunteer

WV NATIONAL GUARD

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PERSONAL HISTORY PLEASE CHECK ALL THAT APPLIES:

CHECK ALL THAT APPLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Fainting |

Please explain all YES answers or concerns you may have in relation to Camp Conley or YLC:

Please list any allergies such as food allergies and or bee stings:

MEDICAL RELEASE:

In case of an emergency, I hereby authorize WVNG Youth Camp and/or accompanying staff to obtain medical aid for myself, if they deem necessary. I agree the cost of such medical care is my responsibility or that of my health insurer.

Volunteer Signature _____ Date: _____

CAMP CONLEY 2025

**DUE TO REQUIRED BACKGROUND CHECKS ,
NO APPLICATIONS WILL BE ACCEPTED AFTER May 1, 2025**

Please mail your application packet along with a **check/money order for \$50.00** to:

**West Virginia National Guard
ATTN: Kerrie Elmore YOUTH CAMPS
409 Wood Mountain Rd.
Glen Jean, WV 25846**

**Please make checks payable to:
WVNG State Family Council**

**Questions? Contact: Kerrie Elmore at 304-201-3234 or 304-972-5813,
Email: kerrie.a.elmore.mil@army.mil**

FOR OFFICIAL USE ONLY:

- MAIL
- EMAIL
- DROP OFF

- CASH
- MONEY ORDER
- CHECK
- ON ORDERS

DATE RECIEVED: _____