

Youth Volunteer

WV NATIONAL GUARD

Application
Ages 16-17

CAMP CONLEY 2025

YOUTH VOLUNTEER INFORMATION:

First Name

Last Name

Gender

Female

Male

Age as of June 1, 2025

Date Of Birth

Mailing Address

City

State

Zip Code

Name of High School attending:

Grade as of Fall 2025:

GPA:

T-SHIRT SIZE (Check One):

S

M

LG

XLG

List year/s in which you attended Camp and/or YLC

DO YOU WANT TO REQUEST TO BE ON A CERTAIN TEAM OR WITH A SPECIFIC COUNSELOR? IF YES, PLEASE LIST NAMES HERE:

PARENT/SPONSOR/GUARDIAN INFORMATION:

First Name

Last Name

Cell Phone Number

E-Mail Address

NATIONAL GUARD AFFILIATION:

Dependent of a Guard Member

Relative of a Guard Member

Dependent of a Guard Employee

Other

If listing relative or Other, please list military affiliation:

Military Unit:

Military Branch:

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RELEASE OF LIABILITY

State of West Virginia: This release of liability is made this _____ day of _____, 20____, by _____, a Parent or guardian of a potential participant in the West Virginia National Guard "Camp Conley" (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 _____ (Camper'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 en 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 Camp Conley 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 my child 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.

(Parent/Guardian Signature (REQUIRED))

Date

PHOTOGRAPHIC RELEASE

State of West Virginia

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 my child 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.

(Parent/Guardian Signature (REQUIRED))

Date

CODE OF CONDUCT

To ensure that Camp Conley 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 Camp Conley leadership, volunteers, and other members of Camp Conley 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 during the Camp.
6.	I will dress appropriately & in the required team shirt at all times.
7.	I will not use alcohol, tobacco, drugs, or engage in any behavior that is disrespectful to other Campers or Staff.
8.	I will NOT BRING any weapons such as knives of any kind.
9.	I will give all medicine to the Camp Nurse during registration.
10.	I understand that I will not be permitted to leave camp, unless approved by the Camp Director.
11.	I understand that Camp Conley will not be responsible for articles brought to Camp. This includes jewelry, cameras, radios, etc. I will not be allowed to have Cell Phones, Ipods, Ipads, and Smart Watches.
12.	I understand that visitors are not allowed in camp. Parents, if you must come to camp, you must contact the Camp Director. Camp has a tight schedule and we must be able to control who comes and goes. Anyone entering or leaving camp must sign in and out with the Camp Director.
13.	I will not haze campers, volunteers and staff.
14.	I will follow all health and safety regulations of the camp. Campers will be required to wear shoes at all times.
15.	I will stay within the camp boundaries at all times while at camp.
16.	I understand that I must limit my cell phone use while overseeing my assigned time at activities while with my team.
17.	I understand that I must be with my assigned team at all times.
18.	I understand that I will be sleeping in the barracks with my assigned team.

I understand that the consequences for violation of these rules could cause me to be removed from activities, a phone call to my parent, 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 have discussed the camp Code of Conduct with my child and feel he/she understands the rules. I understand that if my child is required to leave the camp, I will be required to pick up them up within a reasonable amount of time and Camp Conley fees will be forfeited.

Youth Signature: _____ Date: _____

My parent/guardian and I have the Code of Conduct with together and I understand I must follow the Code of Conduct while at camp.

Parent Signature: _____ Date: _____

LAST NAME, FIRST NAME: _____

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MEDICAL

******ALL INFORMATION IS REQUIRED.**

******THIS APPLICATION REQUIRES A PARENT/GUARDIAN SIGNATURE.**

******CAMPERS MAY NOT BE ABLE TO ATTEND UNLESS ALL BLANKS OF THE FORM ARE COMPLETED AND THE FORM SIGNED.**

PRIVACY ACT – HIPAA DISCLAIMER

Collection and use of personal data

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.

Disclosure

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:

Youth Volunteer Last Name:

Youth Volunteer First Name:

Age:

INSURANCE INFORMATION:

Insurance Provider:

Policy Holder Name:

Policy Number:

Group Number:

LAST NAME, FIRST NAME: _____

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EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN

Full Name:

Relationship to Youth Volunteer

Daytime Phone Number:

Evening Phone Number:

Email Address:

MEDICATION:

Current Medications: Please **DO NOT** stop regular medications during Camp.

Name of Medication:	Dosage:	Time(s) Taken	Reason for Medication

All medications for individuals under the age of 18 must be turned in to the Camp Nurse upon arrival at Camp Conley. All medications must be in its ORIGINAL CONTAINER WITH THE ORIGINAL LABELS.

Over-the-Counter Medications: Please check all over-the-counter medications that you authorize the Camp medical staff to give your Youth Volunteer should the need arise.

- | | | |
|--|------------------------------------|---------------------------------|
| <input type="radio"/> Ibuprofen | <input type="radio"/> Roloids/Tums | <input type="radio"/> Benadryl |
| <input type="radio"/> Tylenol | <input type="radio"/> Cough Drops | <input type="radio"/> Mylanta |
| <input type="radio"/> Chloraseptic Spray | <input type="radio"/> Cough Syrup | <input type="radio"/> Dramamine |

LAST NAME, FIRST NAME: _____

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PERSONAL HISTORY:

- 1. Does your teen have any food allergies? ___ Yes ___ No
If yes, list and explain: _____

- 2. Does your teen have any allergies to Bee Stings? ___ Yes ___ No
If yes, will they bring an Epi Pen?: _____
- 3. Does your teen have asthma? ___ Yes ___ No
If yes, will they bring an inhaler?: _____
- 4. Has your teen been designated as a special needs person or defined as having Attention Deficit Disorder? ___ Yes ___ No
- 5. Does your teen have any history of depression? ___ Yes ___ No
If yes, explain: _____

- 6. Does your teen have any history of aggression? ___ Yes ___ No
If yes, explain: _____

- 7. Is your teen allergic to any types of medications? ___ Yes ___ No
If yes, explain: _____

- 8. Has this camper had Covid-19 or have been exposed to someone with Covid in the past 90 days? ___ Yes ___ No

MEDICAL RELEASE:

In case of an emergency, I hereby authorize Camp Conley and/or accompanying counselors to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility or that of my child's health insurer.

Parent/Guardian/Volunteer Signature (REQUIRED) _____

Best phone number to be reached at during Camp: _____

Date _____

YOUTH VOLUNTEER BACKGROUND:

Have you attended Camp Conley and or Youth Leaders Camp, and if yes when?

Please tell us why you would like to be selected to attend Camp this year as a Youth Volunteer.

Please describe your leadership background, for example: 4H Clubs, Camps, Scouting Programs, Sport Leadership, School Leadership roles, FFA, Church Groups, ROTC, Future Leaders etc.

Please mail your Application, Medical Form, Code of Conduct Statement, and check/money order to:

WV National Guard
ATTN: Camp Conley, Kerrie Elmore
409 Wood Mountain Rd.
Glen Jean, WV 25846

*****EARLY BIRD REGISTRATION DEADLINE IS 1 APRIL 2025*****

Youth Volunteer Cost is: \$50.00

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

DATE RECIEVED: _____

AMOUNT PAID:

MAIL

EMAIL

CASH

MONEY ORDER

CHECK

FOR OFFICIAL USE ONLY: