



Volunteer Registration for The Great Gluten Escape Camp

July 10 – 15, 2011

Please return completed form to The Great Gluten Escape Camp, 1019 Rockefeller Lane, Allen, TX 75002 or Fax: 972-759-9817.
For more information, contact Diana Webb, GGE Registrar at registrar@greatglutenescape.org or 972-727-4654.

Volunteer Information:

Name: _____ Age: _____ DOB: _____ Gender: _____
 Last First Middle I.

Address: _____
 Street City State Zip Driver License # State

Phone: () _____
 Home Cell/Other Email

Employment: _____
 Current Employer Employer's Phone Length of Employment

*Diagnosed Celiac: Yes No | Gluten Intolerant: Yes No | Dairy/ Casein Free Diet: Yes No (If checked yes, you will be required to eat DFCF at camp)

The camp will serve gluten-free food and accommodate dairy/casein free and nut free diets. Effective in 2009, we will not accommodate any other special dietary restrictions. There will be no exceptions to this policy. We cannot guarantee that all food products used at camp have been manufactured in gluten-free and/or nut-free facilities.

T-Shirt Size: Adult: S M L XL

*Ethnicity: Black Hispanic Asian/Pacific Islander Native American Caucasian

EMERGENCY NOTIFICATION:

 Name Phone Other Phone Relationship to Counselor

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HEALTH HISTORY:

Allergies: Animals _____ Soy _____ Nuts _____
 (Check all that apply) Food _____ Plants/Pollen _____ Medicines/Drugs _____
 Insect Bites/Stings _____ Peanuts _____ Other _____
 If severe allergic reaction occurs, is an epi pen necessary? Yes No If, yes, include epi pen with medications.

Check if you wear: Contacts Glasses Dental Appliance Other _____

Chronic /Recurring Conditions: Asthma / Respiratory Problems Diabetes Emotional Disturbances Headaches Bleeding / Clotting Disorder Hearing Impairment
 Kidney Disease Ear Infection Sickle Cell Trait or Disease Fainting Hypertension Musculoskeletal Disorders
 Heart Disease Seizures Epilepsy Nosebleeds Constipation Other _____

May be Given: (Check all that apply) Acetaminophen Insect Repellent Benadryl Antiseptic Ointment
 All medications are gluten-free Ibuprofen Sunscreen Calamine Claritin

How did you hear about us: _____

VOLUNTEER QUESTIONNAIRE:

Which age level would you prefer? Please mark 1st, 2nd, 3rd choice. (We cannot guarantee choice.) _____ age 7-9 _____ age 10-12 _____ age 13-15

What experiences have you had with kids other than your own? _____

What are your outdoor experiences? (camping, outdoor cooking, etc.) _____

REFERENCES (CANNOT be related)-- Please list name, email, phone number, and address (we use email when possible).

1 _____
 Name Email Phone Address

2 _____
 Name Email Phone Address

3 _____
 Name Email Phone Address