



Natick Recreation and Parks Department

“People Driven. Service Focused.”



To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by **Friday May 15, 2026**. Our volunteers work one on one with an assigned camper each week. We anticipate a need for 35-45 volunteers each week, therefore space is limited. You will receive a contract with your awarded weeks in June.

- “Volunteer Application Form” filled out **COMPLETELY by Applicant**
- Your MOST RECENT (within 18 months) Physical and Immunization Form (computer printout from physician with signature).
Please confirm that your immunizations are current with your health care provider.
- SORI and CORI Forms (State mandates you include last 6 digits of Social Security # on CORI.)
- MANDATORY PHOTO ID • DO NOT cut the ID/photo please leave on 8 1/2 x 11 sheet.**
The State has mandated that we require a Government issued Picture ID of all Volunteer’s/CIT’s and Staff.
(Ex: Drivers License, Passports, Student ID, Alien Reg. Card, Employment Author. Card, etc..)
* Please contact us if you have a question about acceptable ID's.
- Concussion Training Certificate (www.headsup.cdc.gov). Please take the Coaches in Youth Sports Training.
- Completed Essay (First year applicants only).

New Volunteer Essay Questions:

What qualities do you think you can bring to the program?

What experiences, if any, have you had that would be helpful in working with children and adults with special needs?

What do you want to get out of Camp Arrowhead this summer?

Please mark these important dates below on your calendar. Attendance is mandatory for volunteers.

- **Tentative: Friday, June 19 & Saturday, June 20** in person training on site at Camp Arrowhead 1055 Worcester Street • **8:30-3:30pm** – If you cannot attend you must shadow for a full camp day prior to receiving volunteer weeks.

**** NOTE: All paperwork must be in prior to being awarded weeks. We have limited spaces for volunteers.**

All participants are expected to bring a bagged lunch. Knowing that it is easy to forget we try to have some options onsite for emergencies.



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CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 or above.)

PLEASE NOTE: AS PART OF THE APPLICATION PROCESS, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT NOT THEIR PARENT/GUARDIAN.

Name _____ Telephone # (____) _____
Volunteer Cell Phone

Address _____
Street Town Zip

E-Mail _____ T-Shirt Size _____
(Required Volunteer's E-mail)

Date of Birth: _____ Age: _____ Pronouns: _____

School: _____ Grade Entering • Fall 2024 _____

Parent/Guardian 1 Name: _____ Relationship _____ Phone _____
E-Mail _____
(Optional guardian E-mail)

Parent/Guardian 2 Name: _____ Relationship _____ Phone _____
E-Mail _____
(Optional guardian E-mail)

Have you volunteered for Camp Arrowhead in the past?

Yes

No

Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts))

1) Name: _____
Relationship: _____ Telephone #: _____

2) Name: _____
Relationship: _____ Telephone #: _____

We will be sharing applicants contacts information with the PATH board for volunteer assistance and fundraising information. Please submit an email if you do not want your information shared. Information on PATH can be found on our website or attached to this app.

Please note that photos of the applicant may be used for various publicity media's.

Volunteer's Signature _____ Date _____

I hereby give my child permission to **volunteer** in this program and will assume full responsibility in the event that any injury may occur.

Parent/Guardian Signature _____ Date _____
(If under 18 years)

CAMP ARROWHEAD VOLUNTEER GENERAL HEALTH FORM

IMPORTANT: WE STILL REQUIRE AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD ALONG WITH THIS PAPERWORK

Insurance Information

Health Plan/HMO: _____

Policy or Group #: _____

ALLERGIES/MEDICAL CONDITIONS: _____

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1

Please check here if the applicant will need medication(s) to be administered at Camp

Name of Medications: _____

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasee's") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releases will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____

(If under 18, parent or guardian)

Date _____



CAMP ARROWHEAD Volunteer Schedule Request

Which volunteer opportunity are you applying for? (You can select both)

For more information on if you want to be a 1:1 aide or a CIT please check out our website at camparrowheadnatick.com

<input type="checkbox"/> 1:1 Aide (ages 14+)	<input type="checkbox"/> CIT Volunteer Position (ages 16+)
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Training Dates:

Volunteer training dates are mandatory. Please check the dates you are available to attend.

- Friday, June 19
- Saturday, June 20
- CIT will have an additional training day that will be communicated via e-mail closer to June

If you cannot make both training dates you will be asked to shadow 1 day during a week prior to your scheduled volunteer week. Please note the dates you would be available to shadow:

Please list any notes we need to know for assigning your weeks (i.e., carpooling with other volunteers, preference for weeks assigned, etc.)

(Note: We ask that you list at least 2 choices of availability in order for us to have flexibility in assigning individuals weeks-If you only are requesting to volunteer for 1 you can indicate that as the total number of weeks you hope to receive.)

Please check the dates you are available and then list them in order of preference with 1 being your first choice. Indicate if the total number of weeks you are requesting is less than the amount you are available.

Date(s) available:

- Week 1 • June 23-26
- Week 2 • June 29-July 2
- Week 3 • July 6-10
- Week 4 • July 13-17
- Week 5 • July 20-24
- Week 6 • July 27- 30

#_____Indicate the total # of weeks you hope to receive

Residential Camp Week

Sunday, August 9 - Saturday August 15

**** Check box if INTERESTED: Acceptance is based on volunteer's performance at day camp & previous years**

**Please note that photos of the applicant may be used for various publicity media's.*



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• APPLICANT...	
• PLEASE CHECK APPROPRIATE BOXES •	
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Volunteer

THIS FORM IS TO BE FILLED OUT BY CAMP VOLUNTEERS ONLY

COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's Name: _____ Lauren Meurer

Address: _____ 179 Boden Lane

_____ Natick, MA 01760

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requested by: _____ *Lauren Meurer, Director* _____ Lauren Meurer • Director • NRPD
Signature of SORI Authorized Employee

I hereby request that the following information be used to determine whether the individual identified below is a sex offender required to register in Massachusetts.

COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

Subject's Name: _____ **Date of Birth:** _____ / _____ / _____
(*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Address: _____
Please DO NOT use PO Box Numbers

_____ Town, State and ZIP

Personal Identifying Characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other Information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

PATH *for inclusion*

Parents' Association for The Handicapped, Inc.

PATH for adaptive opportunities is a local organization that exists to support programs for people with disabilities run by the Natick Recreation and Parks Department. Our financial support helps to keep programs like Camp Arrowhead Day Camp, Camp Arrowhead Residential Camp, and Skyline programs affordable for participants living throughout the Metrowest area. This year PATH has committed to contributing \$30,000 to the camp programs to keep costs reasonable for campers, and allow volunteers to participate at no cost. In addition PATH offers financial aid in the form of camp tuition fee payments. PATH also provides college scholarships each year for former volunteers who plan to enter the fields of disability human services and medicine.

We are here to help, but we need your help. As you can imagine, fundraising during the last two years has been challenging for PATH, but we are committed to continuing our support for these valuable programs to keep them affordable. Your financial support is much appreciated. We would also welcome your gift of time in the way of helping us with publicity, your assistance with events such as Natick Days, and fundraising. Fresh ideas are welcome!

Email: pathtoinclusion@gmail.com