

## New Mexico Forestry Camp 2010 Volunteer Contract

I \_\_\_\_\_ (print your name here) offer and agree to volunteer my services without compensation in wages in the position of camp counselor for the New Mexico Forestry Camp in accord with the following understandings:

- a. I will commit my time from Saturday, June 5th at 11:30 a.m. through 2:00 p.m. Friday, June 11th, 2010. I will make alternative arrangements with Marsha Hagerdon, counselor liaison, if necessary.
- b. I understand and accept my duties and responsibilities as indicated in the Forestry Camp position description provided to me. I agree to cooperate with all camp rules and regulations and reasonable requests.
- c. I understand that while living at camp, options of personal free time and opportunities to participate in the program activities will be coordinated among the counselor liaison
- d. Marsha Hagerdon or head counselor Arnie Friedt to assure that campers are always adequately supervised.
- e. I give permission to be photographed and pictures released for New Mexico Forestry Camp purposes.
- f. I understand the health and physical condition requirements for doing the work described in the position description including strenuous hiking at altitudes above 8000 feet.

**I certify that the statement I have initialed below is true:**

\_\_\_\_\_ I know of no medical condition or physical limitation that may  
(*initial here*) adversely affect my ability to perform my role as camp counselor.

I will not hold Forestry Camp or Rancho del Chaparral responsible for sickness or accident incurred in transit or at camp. I authorize treatment by a physician in case of emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I would like to request the following considerations in planning the camp menu:

Please make sure you provide us with three (3) people to notify in case of emergency on your Health History form and on the emergency contact information portion of this contract.

### **Emergency Contact Information**

First person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Second person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Third person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Please return this form to:

Marsha S. Hagerdon  
New Mexico Forestry Camp  
Mt. Taylor Ranger District  
1800 Lobo Canyon Road  
Grants, NM 87020