



**Return application to:**  
**The Barton Center**  
**Volunteer Application**  
**PO Box 356**  
**N. Oxford, MA 01537**

## 2025 Volunteer Application

*Per our COVID-19 protocols, all campers are highly recommended to be vaccinated, and staff are required to be vaccinated and boosted prior to the start of camp.*

*(This application and all releases on it will be valid throughout the entire 2025 calendar year. It applies to all Volunteers for Fall, Winter, Spring, and Summer programs. If any information changes during the course of this period, it is the applicant's responsibility to notify The Barton Center.)*

**ALL STATEMENTS BECOME PART OF THE BARTON CENTER FILES.**

**PLEASE TYPE OR PRINT CLEARLY**

Name: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Date of birth (optional): \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Most Frequently Checked Email address: \_\_\_\_\_  
 Mailing Address if different from above: \_\_\_\_\_  
 Do you have any physical or dietary restrictions? YES NO If so, how can we accommodate you? \_\_\_\_\_

How did you hear about The Barton Center? \_\_\_\_\_

**Please provide a copy of your driver's license.** Valid Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (If under 18, please list parent/legal guardian below.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION**

College or University: \_\_\_\_\_ Major: \_\_\_\_\_  
 Year of graduation: \_\_\_\_\_ Present or intended vocation: \_\_\_\_\_

**CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE**

Please list prior work and volunteer history in addition to clinical rotations (if applicable) **for the last five years**, including name of organization, address and phone number of a contact person at each place of employment or volunteer service. If you are able, please attach a resume or attach additional pages if needed.

Company	Dates	Address	Supervisor Name	Email	Phone Number

**REFERENCES**

Please provide 3 references whom we may contact. References cannot be relatives and should be knowledgeable about your character, experience, and ability. Examples are teacher/current or previous employer. No more than one current staff reference will be accepted.

Name	Address	Email Address	Phone #

**CERTIFICATIONS** (Please provide copies of your certifications. **Please also note: ALL STAFF MUST have your CPR/First Aid certification BEFORE volunteering at any program.**)

	Certification	Expiration Date
Lifeguard (LG)		
Water Safety Instructor (WSI)		
CPR and AED		
First Aid		
Wilderness First Aid (WFA)/ Wilderness First Responder (WFR)		
Challenge Course		
EMT		
Archery		
Other		

**IF YOU ARE A HEALTH CARE VOLUNTEER, PLEASE COMPLETE THE FOLLOWING:**

**LICENSES AND CERTIFICATIONS—Please check those for which you are certified.**

*(Must be current through the time you will be volunteering. Copies of all certifications must be attached.)*

- RN                                       NP                                       EMT:  
 1st Aid: Level \_\_\_\_\_       CPR : Level \_\_\_\_\_       Other \_\_\_\_\_

**The above information is true to the best of my knowledge.**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent or guardian (if volunteer is under 18)**

\_\_\_\_\_  
**Date**

**Please read carefully and sign below:**

I authorize the investigation of all statements herein, and authorize a background review through various licensing agencies, Motor Vehicle Departments, Child Protective Services, and/or law enforcement agencies. I forever release, acquit, discharge, covenant to hold harmless and furthermore indemnify The Barton Center for Diabetes Education, Inc., its affiliates, agents, officers, directors, and employees (paid and volunteer), and all other persons associated with The Barton Center for Diabetes Education, Inc. from personal injuries, property damage, or liability in connection with the same. I understand that if employed, I will be an at-will volunteer and that any agreement to the contrary must be in writing and signed by a Director. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by The Barton Center for Diabetes Education, Inc. I understand that volunteer staff positions require residence at the camp facility during program sessions. I have read all the enclosed materials. I understand and agree to the routines and protocols as they are stated therein and will govern my camp volunteer experience in accordance with these principles. I authorize The Barton Center to release or receive all medical records, for myself, including but not limited to those records pertaining to substance abuse and emotional or mental health.

I agree to submit to a professional drug screening and/or a drug-screening program, upon request of a Director.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICITY RELEASE**

The Barton Center takes photographs/digital media at all Barton camps, programs, and events. I understand that whenever I/my child/children/family members are on camp property or at camp events, we may appear in photographs/digital media.

I, \_\_\_\_\_, hereby give permission for The Barton Center to use photographs/digital media of myself/my child/children/family members for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that "photo sharing" refers to electronic services that the organization may use in order to publish pictures taken during summer sessions on a restricted website for parents to view while their camper is with us at camp.

**ACKNOWLEDGMENT AND RELEASE**

I/my child/children/family members wish(es) to participate in a program operated by The Barton Center for Diabetes Education, Inc. ("the Program"). I acknowledge that participation in the Program activities can involve the risk of injury to me/my child/children/family members or damage to property of mine, my child/children/family members. I understand that, due to the nature of some of these activities, such risks cannot be eliminated. I further understand that Program staff will engage in diabetes management with me/my child/children/family members but that my/my child's/my children's/my family member's diabetes may increase some risks of participation.

On behalf of myself/my child/children/family members, I voluntarily accept all risk of injury to me/my child/children/family members resulting from my/his/her participation in the Program. In consideration of me/my child/children/family members being permitted to participate, I, on behalf of myself/my child/children, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of my/my child's/children's/family member's participation in the Program (including diabetes management, transportation, including transportation to field trips off camp, and any other activities incident to such participation), and I hereby release, waive, discharge, hold harmless, covenant not to sue and covenant to indemnify The Barton Center for Diabetes Education, Inc. and its trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. (collectively "Releases"), with respect to any and all liability for any harm, injury, damage, cost or expense of any nature whatsoever, including but not limited to suffering and death, which I/my child/children/family member may incur, regardless of the cause, while participating in, or in transit to or from, the Program.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. If any provision of this Release is deemed so broad as to be unenforceable, such provision shall be interpreted to be only so broad as is enforceable.

**I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.**

Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Printed Name: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESS TO PARENT/GUARDIAN SIGNATURE (If under 18):**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release**

***(For Volunteers under the age of 18)***

This transportation permission slip is intended to cover numerous transportation scenarios. This information will remain on file for the 2025 calendar year.

My child, \_\_\_\_\_, has my permission to be transported during 2025 camp programs in vehicles owned and operated by staff members/volunteers employed by The Barton Center for Diabetes Education, Inc. for field trips, course-related activities, cultural and athletic events, time off, and other camp-related business. Any staff member/volunteer providing such transportation will be doing so outside their employment at Barton and any liability will remain with such staff member/volunteer.

No volunteer will be allowed to be transported from camp in a staff member or volunteer's car unless this signed permission slip is on file with the camp. I understand that my child will be obliged to abide by the camp-based rules while participating in this program.

\_\_\_\_\_  
Volunteer Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

**Overnight Release**

***(For Volunteers under the age of 18)***

It is **strongly** advised that minor volunteers of The Barton Center for Diabetes Education, Inc. return home on days off. The Massachusetts Board of Health requires parental consent, in the event that these arrangements cannot be met, and preparations will be made for your child to remain on campgrounds.

I \_\_\_\_\_ hereby give consent for my child \_\_\_\_\_ to remain with the camp team during the week and on days off during the summer sessions or attend the residence of another volunteer or staff member in the event of not being able to return home and take full responsibility of my child while attending the residence of another volunteer or staff member when applicable.

I understand that this form will remain in effect until the end of my child's term with The Barton Center.

\_\_\_\_\_  
Volunteer Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

**The Barton Center does not discriminate on the basis of economic status, race, religion, ethnicity, gender, gender identity, or sexual orientation.**