

adult volunteer form



Volunteer Information

Which Camp(s) Are You Volunteering For:

- Kids Camp July 1-3, 2019
 Jr. Hi. Camp July 8-11, 2019
 Teen Camp July 15-19, 2019

*** This form is for adult volunteers age 20 and above**

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Age: _____ Male Female Phone: (____) _____ Cell: (____) _____
Phone AM: (____) _____ PM: (____) _____
Church You Attend: _____ Senior Pastor's Name: _____
Church Phone: _____
How long have you attended this church: _____ How long have you been a Christian: _____
In what areas do you serve within your church: _____

Background Information:

All volunteers and staff members at Grace Intl NW Summer Youth Camps are required to have a background check.

Please Fill Out Attached Form and Send To:

Landmark Church • 1504 W. Main St. • Battle Ground, WA 98604

Phone : 360.687.3104 Fax: 360.687.3537 Email: landmarkchurch@live.com

WE MUST RECEIVE THESE FORMS PRIOR TO THE START OF CAMP

Emergency Information:

Emergency Contact: _____ Relationship: _____
Phone AM: (____) _____ Phone PM: (____) _____

Medical Information:

Insurance Company: _____ Policy #: _____ Policy Holder Name: _____
Medications (Prescription and other): _____
Date of last Tetanus Shot: _____
Do you have any medical conditions that should be noted? _____
Allergies: Yes No If Yes, explain: _____
Do you have any special physical or medical needs we need to be aware of? If so, please explain: _____

Areas of Service:

In what area(s) would you be willing to serve? Circle all that apply.

CABIN LEADER CO-CABIN LEADER FOOD SERVICE DINING RM. RESTROOMS(clean, stock, etc.)

Do You Have A Current CPR/First Aid Card? Yes No Do You Have A Current Food Handlers Card? Yes No

Media Release:

I give my permission to be photographed/recorded for camp purposes only. Yes No

THIS FORM MUST BE SIGNED! To the best of my knowledge, the medical information is correct. I hereby authorize the executive staff or designated medical professionals to administer emergency medical assistance. I accept responsibility for payment of expense incurred as a result of medical treatment. I authorize designated medical professionals to dispense over-the-counter medications as needed to the individual listed above. I agree to be responsible for all costs associated with the medical care provided.

Volunteer Signature _____ Date _____

Authorizing Pastor's Approval (REQUIRED) _____ Date _____

"Grace International NW Summer Youth Camps" are an Alcohol, Drug, and Tobacco Free Zone!

