

# Adult Volunteer Form



## Volunteer Information

### Which Camp(s) Are You Volunteering For:

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

- Kids Camp July 1-3, 2024  
 Jr. Hi. Camp July 9-12, 2024  
 Teen Camp July 16-19, 2024

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Male  Female  Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
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: [nwgicamp@gmail.com](mailto:nwgicamp@gmail.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!**



# BACKGROUND INFORMATION

I am volunteering for:

- Kid's Camp July 1-3, 2024
- Jr. Hi. Camp July 9-12, 2024
- Teen Camp July 16-19, 2024

I understand that the services I am providing are voluntary in nature and I do not expect to receive any compensation or benefits from Grace International NW Summer Youth Camps.

\_\_\_\_\_  
**Name (First, Middle, Last) Please Print**                      Volunteer signature                      Date                      **Authorizing Pastor's Signature**                      Date

For Volunteers Under the Age of 18: \_\_\_\_\_

\*Parent/Legal Guardian/Adult Assuming Responsibility, please sign above authorizing us to access background check for the minor listed on this form

## INFORMATION (necessary for Washington State patrol or other law enforcement agency background check)

\_\_\_\_\_  
 Name (please print full LEGAL name)                      Driver's License #                      State                      Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)                      Primary Phone #

\_\_\_\_\_  
 Address                      City                      State                      Zip

## DISCLOSURE

Pursuant to RCW 43.43.834(2), prospective employees or volunteers who will or may have unsupervised access to children under sixteen years of age during the course of his or her employment or involvement with this organization must complete the disclosure. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the crime(s) or finding(s), the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons as defined in RCW 43.43.830(6), and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of a child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?  
 YES  NO If YES, explain: \_\_\_\_\_

2. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually or exploited any minor or to have physically abused any minor?  
 YES  NO If YES, explain: \_\_\_\_\_

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  
 YES  NO If YES, explain: \_\_\_\_\_

4. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor?  
 YES  NO If YES, explain: \_\_\_\_\_

Grace International/Grace International NW Summer Youth Camps is authorized to request the Washington State Patrol or other law enforcement agencies to make available a prospective employee's or volunteer's record for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, disciplinary board final decisions, and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board's final decision. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

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