

Adult Volunteer Form



Volunteer Information

Which Camp(s) Are You Volunteering For:

* This form is for adult volunteers age 20 and above

- Kids Camp
 Jr. Hi. Camp
 Teen Camp

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 : 360.608.3074 Fax: 360.687.3537 Email: EJStaton@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!

