



Children's Summer Camp 2024 Volunteer Application

Aug 19-23, 2024

Name: _____

Phone(s) _____

E- mail: _____

Date of Birth _____

Do you have First Aid Certification? Yes No If yes, describe _____

Have you completed a criminal record check within the last 3 years? Yes No
(For those 16 years and above)

IN CASE OF EMERGENCY: (this section MUST be completed)

Contact name, number, relationship _____

Alternate contact name, number, relationship _____

Physician's name and phone number _____

Your personal health care number _____

List allergies and/or allergic reactions (ex. penicillin, bee stings, food allergies, etc)

List any medications you now take:

(PLEASE MAKE SURE YOU BRING ALL NEEDED MEDICATION TO CAMP)

Should it be necessary for me to have medical treatment while participating in any activity at camp, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Signature _____

Dated _____

If you are under 19 years of age, we require your parent/guardian's signature.

Should it be necessary for my child to have medical treatment while participating in any activity at camp, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Parent/Guardian Signature _____

Dated _____