

Volunteer Form

Camp date you are coming to:

June 18-22 _____ Day/Overnight

July 15-18th _____ Overnight only

July 18th-21st _____ 9th-12th only

Name _____

Address _____

Phone number _____ Cell _____

Email _____

Church Home _____

Area that you would like to work in _____

Age you would like to work with _____

Will you be available for both weeks? _____

If not, which week available? _____

Day Camp or Overnight Camp? _____

***Assignments
will be made
where there is
a need; we
will try to put
you in areas
that you
would like if
at all possible.***

T-shirt size: () adult small () adult medium () adult large () adult XL

() adult 2XL () adult 3XL

(For Youth Juniors or Seniors only)

Grade Completed _____ or Age _____

Please attach a copy of your insurance card with your social security number in case of an emergency. If you need to be treated at a hospital or clinic your insurance will be used.

Camp date you are coming to:		
June 18-22	_____	Day/Overnight
July 15-18 th	_____	Overnight only
July 18 th -21 st	_____	9 th -12 th only

Volunteer Health Form

(Please type or print)

Volunteer's Full Name _____

Emergency Contact _____ Emergency Contact number _____

Insurance yes ___ no ___ Social Security # _____ (for Ins. Purposes only)

Policy Name _____ Company _____ Policy or Id # _____

Please attach a copy of your insurance card with your social security number in case of an emergency. If you need to be treated at a hospital or clinic your insurance will be used.

Name of Physician _____ Office Phone Number _____

Do you have ANY known allergies? (food, bug, medicine) _____

Is volunteer bringing medicines to camp? Yes ___ No ___

If yes, please list all: _____

Chronic, infectious, or recurring illness? _____

Any special needs which we need to be aware of? _____

Medication Orders: my child (for high school students) can have the following with the agreement of the nurse on duty:

Permission	Medication	Condition	Notes
Yes No	Tylenol/Advil	headache	_____
Yes No	Benadryl	Poison Ivy, Nasal problems	_____
Yes No	Dramamine	Nausea	_____
Yes No	Pepto Bismol	Stomach Distress	_____
Yes No	Topical medications	Cut & Abrasions	_____

Volunteer application continued

Parent's/Volunteer Consent & Release from Liability

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except noted by me. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. IN the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

I, as parent/guardian or legal adult 21 year or older of the named minor/ or myself do hereby release, waive and forever discharge Son-Rise Point Baptist Retreat and/or Panola County Baptist Association and any and all other supporting groups of Son-Rise Point Baptist Retreat, together with all their officer agents, officials and employees from any and all liability, claims, actions, or causes of action whatsoever arising out of, or related to any injury, illness, loss, or damage, including death, related to participation in Son-Rise Point Baptist Retreat activities.

I have read this entire document and have willingly agreed to the conditions contained herein. I give this full release of all claims on behalf of myself, my heirs, executors, administrators, and assigns.

X _____

Signed: Parent or Guardian

Date

I hereby authorize Son-Rise Point Baptist Retreat or Panola County Baptist Association to photograph, film video/audio record, and/or televise my image and voice. Any photograph, film or vocal recording produced of the undersigned may be used for promotional marketing, and/or publicity purposes and may be published in mass media publications, on Son-Rise Point Baptist Retreat or Panola County Baptist Associations website or Facebook pages, shown on television presentations or used for fundraising purposes. This release is effective until revoked in writing by undersigned. Such revocation shall be effective to prevent any expanded future use of photographs, films, or vocal recordings.

() Yes, You may photograph my child. X _____
Signature

() No, You may not photograph my child. X _____
Signature

In case of emergency, notify:

Parent's name _____ **Phone** _____

If parents cannot be reached, notify:

Name _____ **Phone** _____

