



Check camp(s) below that you will be applying to volunteer at:

- Senior High Camp - June 12, 2017 - June 16, 2017
- Junior High Camp - June 26, 2017 - June 30, 2017
- Junior(Elementary) Camp - July 10, 2017 - July 14, 2017

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Other Contact Number \_\_\_\_\_ Email \_\_\_\_\_  
 Home Church & Location \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Youth Leader's Name(If you are a minor.) \_\_\_\_\_

For emergencies only. (All information is confidential.)

**Contact in case of emergency and parent cannot be contacted.**

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to You \_\_\_\_\_ Other Phone Number \_\_\_\_\_  
 Personal Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_  
 Hospital of Choice \_\_\_\_\_

Will you be driving to and from camp? Yes/No If so, Drivers License Number \_\_\_\_\_

**Please Complete for Medical Information(Parent/Guardian should complete for minors)**

Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Are you insured? Yes/ No Card Holder's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

I give Flat Creek Youth Camp personnel permission to use my photograph for registration and marketing as needed. **Yes / No**

X \_\_\_\_\_ Date \_\_\_\_\_  
**Volunteer's Parent/Guardian Signature(If applicant is a minor.)**  
 X \_\_\_\_\_ Date \_\_\_\_\_  
**Volunteer's Signature**  
 X \_\_\_\_\_  
**Print Name**



Please list any experience working with youth in camp, church or other settings.

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What do you consider to be the main purpose of a Christian camp? What is a camp volunteer's role in achieving this purpose? Why do you want to serve at Flat Creek Youth Camp?

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Training or Certificates related to position which you are applying:  
(ARC Lifeguard Certificate, First Aid/CPR, Other Certifications, etc.). List expiration dates.

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Please check any areas in which you would be willing to serve;

- Group Leader
- Group Shadow
- Dorm Parent
- Kitchen Help
- Music Teacher
- Class Teacher
- Recreation Director
- Craft Director
- Worship Leader
- Snack Shack Worker

While at Flat Creek Youth Camp we have had few issues of liability, we endeavor to assure the safety of its campers and volunteers. There are certain risks that come with the activities involved at camp. Consequently, a proper executed Release of Liability is required before anyone may attend a camp session. Such a Release of Liability is set forth below. If you are a prospective volunteer under eighteen years of age, one of your parents or your legal guardian must sign and date on the line below as designated -Volunteer's Parent/Guardian Signature. If you are a volunteer and you are not under the age of eighteen then you need simply sign and print your name below on the designated lines. If you have any questions regarding the meaning of this Release of Liability feel free to consult an attorney and send questions to Association Youth Director, Meagan Boger, at [mbogertelligman@hotmail.com](mailto:mbogertelligman@hotmail.com).

By signing below, I, \_\_\_\_\_ (Print neatly the appropriate name as described above) acknowledge and to the following.

1. I have read and understand the risks assumed and summarized above.
2. I understand that my participation in camp activities is voluntary.
3. In consideration of my attendance, or rather my child's attendance, at camp as a volunteer, I expressly assume the risks of such attendance. Further, for myself, and if needed on behalf of my child, I release and hold Flat Creek Youth Camp, including the associational churches, trustees, board members, employees, and volunteers, harmless from any and all claims or suits arising in any way from my attendance at Flat Creek Youth Camp for any property damage or injury to person.

X \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer's Parent/Guardian Signature (If applicant is a minor.)**

X \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer's Signature**

X \_\_\_\_\_

**Print Name**



## 2017 Staff References

It is required that each volunteer have three references with their application. One reference must be from your pastor. If you are a minor it would be appreciated if you could have a reference from your youth leader. A third reference is also required.

### Reference from Pastor

Pastor's Name: \_\_\_\_\_

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### Reference from Youth Leader(for minors) or other Reference

Reference's Name: \_\_\_\_\_

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### Additional Reference

Reference's Name: \_\_\_\_\_

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