

# Volunteer Form

Camp date you are coming to:

June 19-23 \_\_\_\_\_

July 6-8 \_\_\_\_\_

***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.***

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? \_\_\_\_\_

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.

# Volunteer Health Form

(Please type or print)

Camp date you are coming to:

June 19-23 \_\_\_\_\_

July 6-8 \_\_\_\_\_

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
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Yes	No	Tylenol/Advil	headache
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Yes	No	Benadryl	Poison Ivy, Nasal problems
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Yes	No	Dramamine	Nausea
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Yes	No	Pepto Bismol	Stomach Distress
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Yes	No	Topical medications	Cut & Abrasions
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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** \_\_\_\_\_