

# Wonderfully Made Family Camp - May 30-June 2, 2019

## Volunteer Application Form

- If you are interested in volunteering at Wonderfully Made Family Camp, please complete this application. We need volunteers in several areas, especially personal family volunteers, security team members, and medical volunteers. The questions below will allow us to gather your information, run a background check, and gauge your experience around individuals with special needs. You must be at least 14 years old to volunteer for Wonderfully Made Family Camp.

Please complete one application **per individual**, even if applicants are in the same family.

- Name \*

First Name  Last Name

- Gender \*

Male  Female

- Date of Birth \* \_\_\_\_\_

- Address \*

Street Address

Street

Address Line 2

City  State  
/ Province

Zip Code

- Email \* \_\_\_\_\_

example@example.com

- Phone Number \* \_\_\_\_\_

-Area Code Phone Number

- Type \*

Home  Cell  Work

- Emergency Contact Name \*

First Name  Last Name

- Emergency Contact Phone Number \* \_\_\_\_\_

-Area Code Phone Number

- T-Shirt Size \*

- Home Church \*

- How did you hear about this retreat? \*

- Are there any other volunteers you would like to share a room with?

- Volunteer Training will be on Thursday evening from 7-9 pm. If you have volunteered in the past, you do not need to arrive until 9 pm. Volunteers are needed from training until Sunday at 11:30 am. Preference will be given for those volunteers able to stay the entire time. Are you able to stay from 7/9 pm on May 30 until 11:30 am on June 2? \*

Yes  No

- Please describe your physical size/ability (height, weight, build, injuries, etc.). This will allow us to pair you with a task which suits your physical abilities. \*

- Do you have any special needs, medical conditions, or allergies? \*

- Please list any experience with special needs individuals (types of disabilities, ages, etc.). If you have any special training, qualifications, or certifications involving work with special needs individuals, please list those here. \*

- If you are specifically interested in serving as a medical volunteer at Wonderfully Made Family Camp, please list your experience/credentials in the medical field (work experience, patient types, special training like CPR, etc.). Experience does not need to specifically involve individuals with special needs, but such details, if applicable, would be appreciated. As you submit this application, please also submit a copy of your current license or certification in the next question.

- If you are interested in serving as a medical volunteer, please upload a copy of your current license or certification.

Browse Files

## Waivers

Please read the following statements and sign below if you understand and agree.

- Media & Medical Waiver

I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, voice, image, and physical likeness of myself and to use any such recorded matter for promotional purposes without further consent or compensation.

In case of emergency, every attempt will be made to contact the emergency contact on the first page of this application. If such a person cannot be reached, I hereby give permission to the medical personnel selected by the camp to order any necessary x-rays, tests, treatment,; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. I hereby grant permission for Hidden Acres to transport me, if necessary. I also give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for me. I hereby agree to be responsible for payment of all costs and expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

I understand that I may choose to participate in camp activities during this event and I covenant with Hidden Acres that I will never institute any action against Hidden Acres in regard to any personal injuries or injuries to property arising from any camp or related activities. I understand and acknowledge that camp activities have inherent dangers that no amount of care, caution, instruction, or experience can eliminate, and I expressly and voluntarily assume all risk for personal injury

sustained while participating in these activities, whether or not caused by the negligence of the released parties.

*If you are in agreeance with and understand the statements above, please sign below. If you do not agree, please do not submit this application.*

- Signature: \* \_\_\_\_\_
- All volunteers are required to complete a background check. Please check your email in the next few days for an email from "info@valley-church.com". It will mention Valley Church simply because that's the system we are using to run these checks. Please click on the link provided and complete the application.

Thank you!

## • **Waivers for Minors**

Please download the following PDF, print it off, and have a parent/guardian sign it. You will then need to mail the completed form to: Hidden Acres Christian Center, c/o Rachel Heisterkamp, 3837 Union Ave, Dayton, IA 50530

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Hidden Acres Christian Center  
c/o Rachel Heisterkamp  
3837 Union Ave  
Dayton, IA 50530

Thank you!

- Please print, complete, & mail to Hidden Acres \*  
Submit