



SUMMER VOLUNTEER APPLICATION

(IMPORTANT: Both sides of application must be filled out completely, send application to Big Sandy Camp 52511 185th PL McGregor, MN 55760)

PERSONAL INFORMATION

EMAIL _____@_____

NAME _____ AGE _____ SEX _____ M/F _____ BIRTHDATE ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 () - () -

PHONE # _____ CELL # _____

MEDICAL INFORMATION

() - Home
 () - Cell
 () - Work

PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE # _____
 () -

PHYSICIAN'S NAME _____ PHONE # _____

HEALTH INSURANCE COMPANY _____ INSURANCE ID # _____ GROUP # _____

HEALTH HISTORY

EPILEPSY	Y	N	HEART TROUBLE	Y	N
CHICKEN POX	Y	N	SKIN TROUBLE	Y	N
ASTHMA	Y	N	ALLERGIC TO:		
CONVULSIONS	Y	N	PENICILLIN	Y	N
DIABETES	Y	N	INSECT STINGS	Y	N
EAR TROUBLE	Y	N	OTHER (LIST)	_____	
EMOTIONAL PROBLEMS	Y	N			

DATE OF LAST TETNUS BOOSTER _____

LIST ANY ACTIVITY RESTRICTIONS DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (OTC or Rx) THAT YOU ARE ON . PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP (Please attach additional note if necessary)

I understand that every effort will be made to safeguard all volunteers. I agree not to hold Big Sandy Camp liable for any illness or mishap from any cause whatsoever.

I give Big Sandy Camp permission to dispense medication (Rx and OTC) to the volunteer named above to manage illness and injury directed by Big Sandy Camp medical protocol.

I also give camp full authority in dealing with discipline. I understand that any volunteer disregarding camp rules is subject to being sent home.

Big Sandy Camp may use comments, photos, and video of the volunteer named above in its promotional materials.

In the case of an emergency, if I cannot be contacted, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for and to order injection, anesthesia or surgery for the volunteer named above.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____
 Or signature of Volunteer (if over 18 yrs old)

DESIRED DATES FOR VOLUNTEERING:

1ST CHOICE: FROM _____ TO
2ND CHOICE: FROM _____ TO

DATE OF LAST VISIT TO BIG SANDY CAMP _____, AS A VOLUNTEER, CAMPER, OR STAFF _____.

REFERENCES

PASTOR/YOUTH LEADER CHURCH		PHONE #
PAST EMPLOYER	ADDRESS	PHONE #
ADULT FRIEND	ADDRESS	PHONE #

LIFE EXPERIENCES

(Please complete all of the following questions, use additional sheet if needed)

1- Are you a Christian? _____ If so, please describe briefly your experiences in coming to Christ and growing as a believer.

2- Why are you interested in working at Big Sandy Camp?

3- In what ways have you worked with children in the past? Please describe when? Where?
And what did you do?

ANSWER THE FOLLOWING QUESTION ONLY IF YOU ARE 18 YRS OLD or OLDER
4- Have you ever been involved, as an adult, in any incident of child abuse? (This does not include any occurrence where you were the victim, it applies only to offenders) **YES / NO**

THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I WILL WHOLEHEARTEDLY AND WITH RESPECT SUPPORT THE MISSION OF BIG SANDY CAMP AND ABIDE BY ITS RULES AND POLICIES.

SIGNATURE OF VOLUNTEER APPLICANT

DATE

It is a policy at Big Sandy Camp for all staff under the age of 18 to remain on the grounds or within a directly supervised camping activity at all times during working hours. This also applies to free time unless written permission is given by a parent or legal guardian.

Please note: Volunteers will not be allowed to stay at camp over a weekend or any unsupervised overnight while camp is not in session.

Comments:

X _____

Signature of parent or guardian