SGBA SUMMER CAMP – VOLUNTEER APPLICATION
Sunday, July 16th – Friday, July 21st 2017

PERSONAL INFORMATION
Name of Volunteer: ____ Gender: M / F Birth Date: ____/____/_______
Please PRINT Last Name First
Address: ____
Street *City* *State* *Zip*
Phone(s): (____) _____________ (____) _____________ Email: ____
Home *Cell*
Have you ever been convicted of anything other than a minor traffic violation? No __ Yes __ (if yes, please explain) _________________
____
_

CHURCH INFORMATION
Name of Church: ________________________________ Pastor: _______________________ Phone: (____) _____________
Address: ____
Street *City* *State* *Zip*

SGBA Affiliated? Yes __ No __ (if no, please include a reference from an SGBA pastor or official in the reference section below)

Are you a member in good standing? Yes __ No __ (if no, please explain) ____
____
_

POSITION & EXPERIENCE
Desired Position (please check one):
- Counselor (must be age 21 or older)
- Assistant Counselor (must be age 18 or older)
- Assistant Craft Director
- Activities Director
- Assistant Activities Director

Please list previous youth camp or Winter Blast experience:

Year(s)	*Camp*	*Position*	*Responsibilities*

REFERENCES - Under Michigan state law, no reference will be accepted from a family member of the applying individual. Please have your references read and sign their agreement below.

I recommend the above individual identified above to serve as a volunteer at the Sovereign Grace Baptist Association of Churches Youth Camp. In addition, I hereby state that I trust the capabilities and character of this individual with the care of my own child.

Pastoral Recommendation Name: ____ Phone: (____) _____________

Signature: ____ Date: _____/_____/_________

Second Recommendation Name: ____ Phone: (____) _____________

Signature: ____ Date: _____/_____/_________

Third Recommendation Name: ____ Phone: (____) _____________

Signature: ____ Date: _____/_____/_________

Contact Information:
Jared Leuck Camp Director (810) 3099043, camp@sgba.net
Laura Clayton Registrar (810) 4414606, llclayton61@gmail.com

SGBA SUMMER CAMP – VOLUNTEER MEDICAL FORM
Sunday, July 16th – Friday, July 21st 2017

Name: ____ Age: ______ M / F Birth Date: ____ / ____ / ______
Please PRINT Last Name *First Name*

Address: ____ Church Affiliation: ____________________
Street *City* *State* *Zip Code*

In case of emergency, notify: ____ Phone: (____) ____ - ______
Please PRINT
Relationship: ____

Family Doctor(s): ____ Phone: (____) ____ - ______

Medical Insurance Provider: ________________________ Policy #: __________________ Policy Holder: _________________________

HEALTH HISTORY – CONFIDENTIAL

Last Tetanus Shot ___/______
Heart Condition
Diabetes: Insulin Dependent? Y / N
Allergies: Drugs/Insect Stings/Food (list below)
Asthma Inhaler? Y / N (if yes, does the inhaler need to be carried at all times? Y / N)
Epilepsy/Seizure Disorder
Physical Handicap
Nervous/Mental Disorder

Other Issues or Restrictions (please specify) ____

Please describe any condition listed above in the space provided: ____

____
_

____
_

MEDICATIONS

Name of Medications	*Dosage*	*Times*

MEDICAL RELEASE MUST BE SIGNED FOR PARTICIPATION

1. In the event I incapacitated in an emergency, I hereby give my permission to the physician selected by SGBA staff/agent to hospitalize, to secure proper treatment for and/or order an injection, anesthesia, or surgery for myself as deemed necessary.
2. By this Agreement, I authorize the SGBA staff/agent to administer First Aid (including over-the-counter medicines) as required for illness and injury. The signature of named individual below is intended to serve as a medical release.
3. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.

____ Date: _____/_____/ 2017
Signature