

# 2014 SGBA YOUTH CAMP – VOLUNTEER APPLICATION

Sunday, July 20<sup>th</sup> – Friday, July 25<sup>th</sup> 2014

## 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) – Junior/Senior High (circle preference)
- Assistant Counselor (must be age 18 or older) – Junior/Senior High (circle preference)
- Assistant Activities Director
- Assistant Craft Director

Please list previous youth camp 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) 309-9043, camp@sgba.net  
 Laura Clayton - Registrar (810) 441-4606, laura.lynn61@hotmail.com

# 2014 SGBA YOUTH CAMP – VOLUNTEER MEDICAL FORM

Sunday, July 20<sup>th</sup> – Friday, July 25<sup>th</sup> 2014

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                       Allergies: Drugs/Insect Stings/Food (list below)                       Epilepsy/Seizure Disorder  
 Diabetes: Insulin Dependent? Y / N                       Asthma Inhaler? Y / N (if yes, does the inhaler need to be carried at all times? Y / N )                       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 Youth Camp 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 Youth Camp 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.

\_\_\_\_\_  
Signature Date: \_\_\_\_ / \_\_\_\_ / 2014