CAMP VOLUNTEER APPLICATION

Thousand Oaks Youth Camp 2010

NOTE: Camp Director must approve application. You will receive notification of your acceptance prior to session.
Mail completed form to: ***TOR Business Office, 2296 Rockbrook, Lewisville, TX 75067***

1. Register: *(Please print clearly)*

Name_____

Male/Female Age (if minor) _____ Phone: _____

Position Desired: (Circle One)
Counselor Kitchen Help (16+ yrs.) Jr. Aide

Address_____

City/State/Zip_____

Email Address_____

I am a member of _____ congregation.

I recommend _____ for the job of _____
(Name of volunteer) (Volunteer job request)

_____
(Ministry Leader or Camp Session Director Signature)

I have had a background check performed for:
Δ Children's Ministry Δ Saturday Academy Δ Previous Camp Session

Other : _____ Date: _____
A printed copy of your prior background checks is required by the Texas state law.

Emergency Contact: _____
Relation: _____ Phone: _____

2. Camp Session(s)

Please circle Session(s) for which you would like to serve. Completed Grade shown.

Session 1 – **Elementary** (Gr. K-4)	June 13 – June 17
Session 2 – **Pre- Teen** (Gr. 5-7)	June 20- June 26
Session 3 – **Teen** (Gr. 8-12)	June 27 – July 3
Session 4 – **Elementary** (Gr. 1-4)	July 11 – July 15
Session 5 – **Teen** (Gr.8-12)	July 18 – July 24
Session 6 – **Pre Teen** (Gr. 5-7)	July 25 – July 31

Elementary Sessions end on Thursday at 10:00 a.m. All other sessions end on Saturday at 10:00 a.m. Volunteers should plan on arriving on Sunday by 3:00 p.m. and planning to depart on Thursday or Saturday by 11:00 a.m. (unless otherwise arranged with director).

3. Medical

Medications: Yes ☐ No ☐
If yes, please fill in form below. (All meds must be stored with 1st Aid Personnel).

Medication? _____
Dosage? _____
Frequency? _____
Reason for medication? _____
Please list all allergies: _____

Is there any medical condition the 1st Aid Coordinator needs to know about?
(If yes, please attach a letter explaining).

Do you have health insurance? Yes ☐ No ☐
Note: Neither Thousand Oaks Ranch nor DFWICOC provide any kind of accidental or medical coverage for participants.

4. Release & Consent

As a volunteer for Thousand Oaks Ranch sponsored by the Dallas-Fort Worth International Church of Christ, **I** _____ **(the "volunteer")** understand that there are inherent risks in Camp activities and that my participation in these activities may involve risk of harm or injury.

I agree to assume any and all risks resulting from my participation involving without limitation, transportation to and from Camp, and release and discharge the Camp and DFWICOC, its officers, directors, employees, agents and volunteers from all liability arising in connection with Camp attendance and activities. For the purposes of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, assignees or any other person or entity may have against the Church.

For any volunteers 18 and older, answer the following questions:

(1) Have you ever been disciplined for your work with children? Yes □ No □
(2) Have you ever been convicted of or pleaded guilty to a crime? Yes □ No □
(3) Were you a victim of abuse or molestation while a minor? Yes □ No □
(4) Have you ever abused or molested a child? Yes □ No□
(Note: All information obtained on this form is confidential. The camp director may contact you regarding any of these questions.)

Should it be necessary for me to receive medical attention or treatment while participating in any activity, I hereby give permission for the person(s) leading or directing to use their best judgment in obtaining medical attention in the event of injury or illness. Any and all cost for my medical attention or treatment, to the extent not covered by my insurance, shall be my sole responsibility.

I understand the camp Director reserves the right to dismiss any volunteer whose behavior, attitude or conduct is detrimental to the welfare of the camp and/or the campers.

Signature_____

Volunteer Name (Print)_____

Guardian Signature (if volunteer is a minor) _____