



Day Camp with Lutherhaven

“Speak Life!”

Jesus said, ‘I am the light of the world. Whoever follows me will not walk in darkness, but will have the light of life’. John 8:12

July 9-13, 2018

YOUTH VOLUNTEER REGISTRATION FORM

Return form by June 18, 2018 along with attached Voluntary Disclosure Statement

Last

First

Middle Initial

Volunteer’s Name: _____

Address: _____

City, St, Zip: _____

Birthdate: _____ Female Male Grade Entering 2018-19 _____

Age group you prefer to work with: **Order of Preference (1—2—3)**

_____ Preschool _____ 5-8 Year Olds _____ 9-12 Year Olds

Name of Parent(s) _____ Guardian(s): _____

Preferred Phone #: Home _____ Work _____ Cell _____

Secondary Phone #: Home _____ Work _____ Cell _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Youth Leader hours are from:
8:45am to 3:00pm-Mon.-Thurs. (7/9-7/12)
8:45am to 12:00pm-Friday (7/13)
6:30pm to 8:00pm – Sunday Evening (7/8)

Volunteers will receive a shirt this summer.
(Must order by June 15th to receive a shirt)
Please circle your size: *Adult Small Adult Medium*
Adult Large Adult X-Large

RELEASE OF YOUTH VOLUNTEER TO NON-PARENT OR GUARDIAN

Youth Volunteer Name: _____

Parent/Guardian Name: _____

Volunteer transport self to camp
Person authorized to transport volunteer (relationship) _____

Parent/Guardian Signature: _____

Prince of Peace Lutheran Church

MEDICAL INFORMATION

The following information is provided for any licensed physician, dentist or hospital not having access to our (my) child's/ward's medical history.

Medication Allergies: _____

Food Allergies: _____

Date of last Tetanus Shot: _____

Medications(s) & dosage: _____

Family Physician: _____

Medical Insurance Company: _____ Insurance ID Number: _____

Description of any limitations or restrictions on activities: _____

Liability Waiver, Release & Indemnity Agreement

Please Read and Initial Each Section and Sign at the Bottom

I request that Prince of Peace enroll me and/or my minor child/ward, name: _____, as a participant in an activity-based camp, program or activity sponsored by Prince of Peace Lutheran Church at one of its camps or sites. I have reviewed the program information for the camp, program or activity that I have selected, and I am not aware of any reason that it would be inappropriate for me or my minor child/ward to participate in the program I have selected.

Known and Unknown Risks

I understand that my or my minor child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks-some of which are unknown-which may arise from a condition of the premises at which the camp, program or activity is held; from the action of any person in connection with the preparation for, supervision of or conduct of any activity whether planned or unplanned; or from foreseeable or unforeseen elements or factors. While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that I or my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities myself on my own behalf and on behalf of my child/ward. Initial Here: _____

Medical Release

I consent to first aid and emergency medical care and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred, including emergency medical transport, as a result of any accident or illness while participating in the program. I give permission for Prince of Peace Lutheran Church to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for me or my minor child/ward for medical care.

Initial Here: _____

Signature of Parent or Guardian of Minor Child or Participant Signature (if 18 years or older)

_____ Date _____

**Prince of Peace Lutheran Church
STAFF and VOLUNTEER INFORMATION**
(Please Print Clearly)

Name: _____ Date: _____
Last First Initial

Maiden/Alias Name: _____ Date of Birth: _____ Sex: Female Male

Driver's License Number _____ State _____ Social Security # _____

Mailing Address: _____

City _____ State _____ Zip _____

HAVE YOU BEEN:	YES	NO
1. Convicted of any crime against a person *	<input type="checkbox"/>	<input type="checkbox"/>
2. Found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had your name placed on a registry of child or adult abuse in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been found to have sexually abused or exploited or physically abused a child or adult in any court proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been subjected to a court restraining order for abuse against any child or adult?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the preceding questions, indicate which state(s) these convictions or findings occurred:

Question number _____ State(s) _____

Question number _____ State(s) _____

Question number _____ State(s) _____

NOTE: Do not consider any conviction, which has been the subject of a pardon, annulment or other equivalent

* PLEASE SEE LIST ON REVERSE SIDE

All answers and statements are true and complete to the best of my knowledge. I understand that a background check of convictions and pending criminal charges will be considered. Any untruthful or misleading answers or deliberate omissions are cause for immediate dismissal from any program or event sponsored by Prince of Peace Lutheran Church.

I hereby authorize Prince of Peace Lutheran Church to conduct a background inquiry on the applicant. I attest, under penalty of perjury, that the information I have provided is true and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

GROUP LEADER EXPECTATIONS

1. Fill out registration form and **return to Prince of Peace by June 15th**. You will receive a T-shirt, so important to have form back with your shirt size so they can be ordered and received in time for camp and given to you on Sunday evening.

2. Attend the Ice Cream Party/orientation on Sunday evening, July 9th from 6:30-8:00. You will meet the Lutherhaven Staff, and they will introduce you to activities/songs you will be using throughout the week.

3. Bring a sack lunch with you each day.

4. What will you be doing each day?
 - a. Supervise 7-9 children
 - b. Check your group in and out each day
 - c. Play small group games or sing songs during “down time”
 - d. Participate with your group in each activity (remember the children are watching you)
 - e. Stay with your group as we move them to the park area and sit with them for lunch time.
 - f. Help with clean up at the end of the day
 - g. After campers have been picked up, stay for a 30 minute debriefing session with Lutherhaven staff.