



"Adventure Awaits!"

*"Follow God's example, as beloved children,
and live in love, as Jesus loved us."*

Ephesians 5:1-2

July 8-12, 2019

YOUTH VOLUNTEER REGISTRATION FORM

Return form by June 21, 2019 along with attached Voluntary Disclosure Statement

Last

First

Middle Initial

Volunteer's Name: _____

Address: _____

City, St, Zip: _____

Birthdate: _____ Female Male Grade Entering 2019-20 _____

Age group you prefer to work with:

Order of Preference (1—2—3)

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

Parent / Guardian Name (1st contact):

Relationship to Camper: _____

Preferred Phone: _____ Cell/Home/Work

Secondary Phone: _____ Cell/Home/Work

Email: _____

Parent / Guardian Name (2nd Contact):

Relationship to Camper: _____

Preferred Phone: _____ Cell/Home/Work

Secondary Phone: _____ Cell/Home/Work

Email: _____

Additional Emergency Contact: _____ **Relationship to Camper:** _____

Preferred Phone: _____ Cell/Home/Work

Secondary Phone: _____ Cell/Home/Work

Youth Leader hours are from:

6:30pm to 8:00pm – Sunday Evening – Ice Cream (7/7)

8:45am to 3:00pm-Mon.-Thurs. (7/8-7/11)

8:45am to 12:00pm-Friday (7/12)

Volunteers will receive a shirt this summer.

(Must order by June 21st to receive a shirt)

Please circle your size: *Adult Small Adult Medium*

Adult Large Adult X-Large





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** _____



RELEASE OF YOUTH VOLUNTEER TO NON-PARENT OR GUARDIAN

Please fill out this form if someone other than the custodial parent/guardian is picking up the child at the end of the day camp day.

Youth Volunteer Name: _____

Parent/Guardian Name: _____

Volunteer transport self to camp

Person authorized to transport volunteer (relationship) _____

Parent/Guardian Signature: _____

PUBLICITY RELEASE

I agree to allow the use of my minor child's/ward/s photos, quotes, and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by Prince of Peace Lutheran Church and/or Lutherhaven Ministries for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes, or likeness'.

Initial Here: _____



GROUP LEADER EXPECTATIONS

1. Fill out registration form and **return to Prince of Peace by June 21st**. 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 8th 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.

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

Name: Last First Initial Date:

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

Driver's License Number State Social Security #

Mailing Address:

City State Zip

HAVE YOU BEEN: Table with 3 columns: Question, YES, NO. Contains 6 screening questions regarding criminal history and child abuse. Includes a section for providing state(s) for any 'YES' answers and a note about pardons.

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



Applicant Disclosure and Authorization for Background Inquiry

~ CONFIDENTIAL ~

Important Applicant Information:

As provided by state law (RCW 43.43), a disclosure statement must be made by an applicant, and background inquiries may be made, of certain civil adjudications, conviction records or crimes against persons and disciplinary board final decisions prior to the appointment to positions which are responsible for the care, supervision or treatment of children, developmentally disable persons, and/or vulnerable adults. Such inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement, or from the background inquiries, will not necessarily preclude appointment, but will be considered in determining an applicant's character, suitability and competence to perform the position. Use of the record or these inquiries will be restricted.

In order to be considered for a volunteer, or paid position with Prince of Peace Lutheran Church, you must complete and sign this *Applicant Disclosure and Authorization for Background Inquiry* form. Failure to complete and sign this form shall disqualify you from working with children/adults in programs/events sponsored by Prince of Peace Lutheran Church.

If the background inquiry is made to a state of federal law enforcement agency, a copy of the response will be available to you upon request.

Please review the list of **Crimes Against Persons** and complete the questionnaire on the reverse side.

Crimes Against Persons – RCW 43.43830

| | | |
|--|--|---|
| Aggravated murder | Malicious harassment | Incest |
| Murder in 1 st degree | Child molestation 1 st degree | Vehicular homicide |
| Murder in 2 nd degree | Child molestation 2 nd degree | Promoting prostitution 1 st degree |
| Kidnapping 1 st degree | Child molestation 3 rd degree | Communication with a minor for immoral purposes |
| Kidnapping 2 nd degree | Child abandonment | Unlawful imprisonment |
| Assault in 1 st degree | Child buying or selling | Sexual exploitation of minors |
| Assault in 2 nd degree | Arson 1 st degree | Criminal mistreatment 1 st degree |
| Assault in 3 rd degree | Burglary 1 st degree | Criminal mistreatment 2 nd degree |
| Assault in 4 th degree (Simple Assault) | Manslaughter in 1 st degree | Custodial interference 1 st degree |
| Rape 1 st degree | Manslaughter in 2 nd degree | Custodial interference 2 nd degree |
| Rape 2 nd degree | Extortion 1 st degree | Sexual misconduct with a minor 1 st degree |
| Rape 3 rd degree | Extortion 2 nd degree | Sexual misconduct with a minor 2 nd degree |
| Rape of a child 1 st degree | Indecent liberties | Patronizing a juvenile prostitute |
| Rape of a child 2 nd degree | Custodial assault | Promoting pornography |
| Rape of a child 3 rd degree | Prostitution | Selling or distributing erotic material to a minor |
| Robbery 1 st degree | Child abuse or neglect as defined in RCW 26.44.020 | |
| Robbery 2 nd degree | Violation of a child abuse restraining order | |

Lutherhaven Ministries

Voluntary Disclosure Statement

To be completed annually by all staff, prospective employees, adult volunteers and chaperones.



Name _____ Birth Date _____
Last First MI D/M/YR

Home Address _____
Street City State Zip

Other names by which known (e.g. maiden name, nickname) _____

Home Phone _____ Business phone (if applicable) _____

School or College _____

Address _____
Street Address City State Zip

Drivers License # _____ State _____ Expiration Date _____

1. Previous three (3) residence(s), including college and home residences, within the past ten (10) years:

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

2. Have you ever been arrested or charged with a crime? (This includes charges that have been dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.) • Yes • No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with children? • Yes • No

If yes, please explain (Use a separate sheet if necessary)

4. Have you ever been convicted of any crime including, but not limited to, those listed below and or any crime similar in any manner to those listed below? • Yes • No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape

- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet if necessary)

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? • Yes • No

If yes please explain: (Use a separate sheet if necessary.)

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? • Yes • No

If yes please explain: (Use a separate sheet if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? • Yes • No

If yes please explain: (Use a separate sheet if necessary.)

I understand:

- a. Lutherhaven Ministries may deny employment or volunteer opportunities to any person who answers any of questions numbered 2-5 above in the affirmative.
- b. In applying for a staff or volunteer position with Lutherhaven Ministries, the information I have furnished on this form is subject to verification, which may include a criminal history check and request from any registry of child abusers.
- c. Lutherhaven Ministries may terminate employment or volunteer service of any person:
 1. Found to have a history of complaints of abuse of a minor and/or
 2. Found to have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
3. This disclosure statement must be updated and signed yearly.

Signature _____ Date _____