

Camp Awana Honors Camp

Volunteer Application

Individuals desiring to serve as volunteers at Camp Awana Honors Camp need to fill out this application form every five years. Thank you for your interest in serving and for taking the time to complete this application.

Indicate at least one area in which you are interested in serving as a volunteer:

Cabin Leader _____ Bible Teacher _____ Activity leader _____ Waterfront _____

Music _____ Kitchen worker _____ High school worker _____ Nurse/Medical _____

Special Projects Worker _____ Other _____

Please print:

Mr. _____ Mrs. _____ Miss _____

Full Name _____ Phone (_____) _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Church Information:

Church You Attend _____ Pastor's Name: _____

Address _____ Phone (_____) _____

City _____ State _____ Zip _____

Are you a regular attendee? Yes _____ No _____ Attended how long? _____

Have you ever been asked to leave a church or discontinue your service as a volunteer? Yes No

Pastoral or Commander Reference

Name _____ Phone (_____) _____

Title _____ E-mail _____

Driver License Information

Number _____ Expiration Date _____

Issuing State _____ (if different than State of current residence)

Have you had any moving violations in the last 5 years? Yes _____ No _____

Have you ever had a license suspended or revoked in any State? Yes _____ No _____

Release of Liability and Consent to Medical Treatment

I hereby authorize Camp Awana Honors Camp ("AHC") and its directors, attorneys, and agents to conduct a background check concerning me. I further authorize all state, federal and municipal courts and law enforcement agencies to give AHC, its directors, attorneys, and agents, full access to all records and files, including child abuse registry and sex offender records, concerning me. In consideration of the review of my application, I fully waive and release any claims I may have against AHC, its directors, attorneys and agents arising out of any such background check and access to records and files. I also release all other persons, corporations or organizations, including but not limited to the references I have listed, from liability as they furnish information to AHC about me, whether positive or negative.

By signing below, I warrant that I am fully capable of safely participating in all volunteer activities in which I choose to serve, and I expressly assume all risks associated with my involvement, whether such risks are known or unknown to me at this time. I understand and acknowledge that the volunteer activities can be dangerous and I expressly and voluntarily assume the risk of death or other personal injury sustained while participating in the activities, including but not limited to equipment malfunction from whatever cause, inadequate training, poor weather, environmental conditions, deficiencies in transportation, facilities, food, and incidents of travel.

Additionally, if I am selected as a volunteer, I hereby release and discharge AHC and its directors, fellow volunteers and agents from any and all liability, claims, demands or causes of action that I may hereafter have for property damage or personal injury, illness or death arising out of my participation in the volunteer activities in which I may serve, whether on or off the grounds. I further agree that I will not sue or make claim against AHC for damages or other losses sustained as a result of my participation in the volunteer activities. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assigns.

If I experience an injury or illness, or have other medical needs, I authorize directors, medical staff, volunteers and agents of AHC to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release AHC and its directors, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Media Release

From time to time AHC may make a video or video recording of events in which volunteers participate. In the event such recordings are made of me as a volunteer, I hereby irrevocably grant AHC the right, license, and permission to record and reproduce my name, likeness, and voice on audio or video tape, film, or other media (the "Recording"), to edit and otherwise modify such Recording at its discretion, and to incorporate the same into a product, and to reproduce, publish, distribute, transmit, display, or otherwise use or authorize the use of such Recording or any portion thereof in any manner or media or by any means, methods, or technologies now known or hereafter to be known (the "Media") at any time or times throughout the world in perpetuity. I further irrevocably grant AHC the right to use my name, likeness, voice and sole biographical and other information, as well as any other material provided by me, in the sole discretion of AHC, to publicize, display, perform, exhibit, distribute, transmit, broadcast, promote

and advertise the Recording or any product incorporating the Recording, and any materials derivative of, supplemental to or related to the Recording, in all Media.

Acknowledgements and Certifications

I hereby declare and certify that the information I have provided on this application is true, complete and correct to the best of my knowledge. I also certify that I am at least 18 years of age.

I acknowledge I have:

- 1) Read the Awana Doctrinal Statement and agree with it in its entirety. I agree to uphold its truths and principles.
- 2) Reviewed the Basic Child Protection Standards of Conduct, the Standards of Conduct and Conduct – 6th Grade and Up.

If I am selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures and to conduct myself in a God-honoring manner while engaged in Camp programs and activities. I also understand and agree that my status with AHC will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, or workers compensation, unemployment, health or insurance coverage, or employee benefits. I further understand and agree that AHC can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

Name (Printed) _____

Signature _____ Date _____