

2017 CAMP VOLUNTEER MEDICAL FORM/QUESTIONNAIRE
MEDICAL FORM MUST COME BACK WITH CAMP APPLICATION

Thank you for applying to be Overcomers camp volunteer. In order to serve our campers well we need to know about our volunteer. Please tell us a little about yourself.

Which week did you sign up for please circle?

July 10-14 August 20-25 October 9-13

NAME: _____

ADDRESS _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE _____

BIRTHDATE: _____ HEIGHT _____ WEIGHT _____

OCCUPATION _____ EMPLOYER/SCHOOL _____

NAME & ADDRESS OF CHURCH YOU ATTEND: _____

PASTOR/PRIEST: _____

WHAT CHURCH/COMMUNITY ACTIVITIES ARE/HAVE BEEN INVOLVED IN? _____

DO YOU HAVE ANY EXPERIENCE/SKILLS/TALENTS IN? CIRCLE ALL THAT APPLIES:

CHILDCARE

MUSIC {do you play instrument/sing/lead worship}

ARTS & CRAFTS

RECREATIONAL ACTIVITIES

LEAD PRAYER GROUPS/BIBLESTUDIES

HAVE YOU HAD ANY CONTACT/EXPERIENCE WITH PEOPLE WITH DISABILITIES? _____

PLEASE BRIEFLY EXPLAIN WHY YOU WANT TO BE INVOLVED IN OUR CAMP MINISTRY:

IN CASE OF EMERGENCY, WE NEED THE FOLLOWING INFORMATION ON FILE:

Next of kin _____ Phone _____

Relationship to Volunteer _____

Address _____

City State _____ Zip _____

Medical Insurance Coverage _____

Policy# _____ Phone _____

Do you have any physical limitations? _____ Yes _____ No

Do you have any allergies? _____ Yes _____ No

If yes explain _____

Date of last tetanus shot _____

Signature of Volunteer _____

If Volunteer is under 18-years of age parents/guardian must sign below: I give my permission for my son/daughter to serve as volunteer at Spruce lake Retreat during the following week(s):

JULY 10-14

AUGUST 20-25

OCTOBER 9-13

Parents/Guardian Signature _____

I also give my permission to Christian Overcomers registered nurses to make any decision in case of medical emergency:

Parents/Guardian Signature _____

Relationship to volunteer _____

Volunteer Commitment: I certify that all the information given above is true and correct. As a Overcomers volunteer, I will endeavor to respect all the guidelines and leadership of Christian Overcomers and those of Spruce lake Retreat

Volunteer Signature _____

PLEASE RETURN THIS COMPLETED FORM TO:
CHRISTIAN OVERCOMERS
PO BOX 2001
GARFIELD, NJ 07026