

2020 CAMP VOLUNTEER MEDICAL RELEASE FORM

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

Next of kin _____ Cell # _____ Home # _____

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 13-17

AUGUST 23-28

OCTOBER 12-16

Parents/Guardian Signature _____ Date _____

In case I can't be reach I give my permission to Christian Overcomers registered nurses to make any decision for medical emergency:

Parents/Guardian Signature _____

Relationship to volunteer _____

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

Volunteer Signature _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO:

CHRISTIAN OVERCOMERS

PO BOX 2007

GARFIELD, NJ 07026

MEDICAL FORM MUST COME BACK WITH CAMP APPLICATION

2020 CAMP VOLUNTEER QUESTIONNAIRE

Thank you for applying to be a Christian Overcomers Camp Volunteer.
Please tell us a little about yourself, so that we may serve our campers better.

Which week did you sign up for?

Please circle: July 13-17 August 23-28 October 12-16

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, OR TALENTS IN IN A SPECIFIC AREA?

CHECK ALL THAT APPLY:

LEAD WORSHIP/SING/PLAY INSTRUMENT LEAD PRAYER GROUPS/BIBLE STUDIES

ARTS & CRAFTS RECREATIONAL ACTIVITIES OTHER _____

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

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

