



## Volunteer Application 2023

Camp Create U July 24-28  
(Campers aged 6-10)

Please print clearly. (One form per volunteer) **COMPLETE & FAX TO 317.396.0687 OR**  
**EMAIL TO [KHARTMAN@INSIGHTSONLINE.NET](mailto:KHARTMAN@INSIGHTSONLINE.NET) OR**  
**MAIL TO KELLY HARTMAN 7830 JOHNSON RD., INDIANAPOLIS, IN 46250**

**Please Circle Shirt Size:**    YOUTH SIZES: S M L XL    ADULT SIZES: S M L XL 2XL 3XL

I have volunteered for camp previously, and all of my information is the same.

Application Date: \_\_\_\_\_ **Current Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

By checking this box, I am notifying you that this is a returning volunteer and nothing has changed, but I have signed all applicable consents.

If age 11 or older, I would still like participate as a Junior Volunteer but will need support in doing so. I understand that part of the training toward volunteerism requires staff to help me. I can access this support and be involved with camp at the same cost of campers through either private pay or my waiver – or I am able to bring my own support staff.

Highest Level of Education: \_\_\_\_\_

or Current Student: (circle one) No Yes School: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement? (circle one)  
No Yes

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service):

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What experiences have you had that may prepare you to work as a volunteer?

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Why do you want to volunteer? (or what do you want to gain from this volunteer experience):

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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REFERENCES:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Relationship Length</u>
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**My signature below indicates that I have read and understand fully the information contained herein and agree to comply with the same. I understand and hereby knowingly, freely, and voluntarily waive any right or cause of action against, Outside the Box, Inc. & Studio OTB, its officers, agents, and/or employees arising out of any claim whatsoever as a result of any injuries to body, life, limb, or property arising from participation in the hereinafter described activity. The undersigned shall hold harmless, Outside the Box, Inc. & Studio OTB, against all judgments, orders, decrees, attorney's fees, costs, expenses, and liabilities arising from or out of such a claim, investigation, or defense thereof which may be entered, incurred, or assessed as a result of the foregoing.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please read the following carefully before signing this application:*

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Outside the Box and Camp Create U! Director that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Outside the Box/Camp Create U!. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Outside the Box, or my termination as a volunteer. Your signature also gives Outside the Box, Inc. & StudioOTB approval to use photos of you in promotional brochures, news articles, or other literature published by Outside the Box, Inc. & StudioOTB.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if Volunteer is under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***Release Authorizing Check of Applicant's Background and Credentials***

In consideration of Outside the Box & Camp Create U!, evaluation of my suitability for volunteerism, I hereby authorize Outside the Box/Camp Create U! to perform all checks of my background and credentials as allowed by law, including checks of my criminal history, driving record, and/or contacting individuals that the HR Team, in its sole discretion, believes may have relevant information regarding my suitability for volunteerism.

I acknowledge that Outside the Box and/or Camp Create U! has made no representations of any kind as to whether volunteerism will be offered at the conclusion of its investigation.

Legal Name \_\_\_\_\_

List all/any previous name(s) you may have been known by: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List your county of residence for the previous three (3) years:

County: \_\_\_\_\_ Date(s) \_\_\_\_\_

County: \_\_\_\_\_ Date(s) \_\_\_\_\_

County: \_\_\_\_\_ Date(s) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Camp Create U 2023 COVID-19 Safety Acknowledgment: Liability Waiver & Release of Claims**

While conducting Camp Create U 2023 sponsored by Outside the Box, we will act in a consistent manner as recommended by the CDC and the local authority of the Fishers Department of Health. Participants will be strongly encouraged to practice personal hygiene and awareness to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Outside the Box has put in place preventative measures to reduce the spread of COVID-19. However, we cannot guarantee that its participants, volunteers, vendors, or others in attendance will not become exposed to or infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not come to camp. Therefore, by attending Camp Create U events, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, loss of taste/smell and shortness of breath, among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who were, or believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR:**

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include, but are not limited to fever, cough, and shortness of breath) and contact the camp director, Kelly Hartman at [khartman@OTBonline.org](mailto:khartman@OTBonline.org) (or by calling (317) 557-4529) if he/she experiences symptoms of COVID-19 during or within 5 days after participating or volunteering with camp.

### **LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that I am choosing, for myself or for another over whom I am the authorized legal guardian, to participate in CAMP CREATE U 2023 despite known risks and I willingly and knowingly engage in these events.

### **RELEASE AND WAIVER.**

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST OUTSIDE THE BOX, CHRIST THE SAVIOR LUTHERAN CHURCH AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, SUCCESSORS, ASSIGNS AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART

OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and,
3. I hereby knowingly assume the risk of injury, harm and loss associated with camp activities, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**Name of participant/camper/volunteer/partner:**

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Printed

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Signature if over age of 18 and legally emancipated  
or signature of authorized legal representative

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Date signed