

2026 CAMP VOLUNTEER MEDICAL RELEASE FORM

In Case of Emergency, We Need The Following Information on file

Volunteer Name: _____

Next of kin: _____ Phone: _____

Relationship to Volunteer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance Coverage: _____

Policy #: _____ Phone: _____

Circle One:

Do you have any physical limitations? Yes No

If yes, please explain:

Do you have any allergies? Yes No

If yes explain:

Date of last tetanus shot: _____

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

AUGUST: 23-28th

Parents/Guardian Signature: _____

I also give my permission to Christian Overcomers' registered nurses to make any decision in case of a 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 2007
GARFIELD, NJ 07026
MEDICAL FORM MUST COME BACK WITH CAMP APPLICATION

2026 CAMP VOLUNTEER BACKGROUND QUESTIONNAIRE

Thank you for applying to be an Overcomers Camp Volunteer. In order to serve our campers, we will need some background information for each volunteer. Please tell us a little about yourself.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

BIRTH DATE: _____ 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 A SPECIFIC AREA?

CHECK ALL THAT APPLY:

CHILDCARE MUSIC {do you play instrument/sing/lead worship} ARTS & CRAFTS

RECREATIONAL ACTIVITIES LEAD PRAYER GROUPS/BIBLE STUDIES

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

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

