

2019 Volunteer Registration Form

Camp Dates:

Age 9-11: Sunday June 9, 2019- June 12, 2019

Age 12-14: Sunday June 12, 2019- June 15, 2019



The purpose of Camp WHOA is to give kids an opportunity to learn how to care for a horse and begin to learn to ride. They will also learn there are similarities between their relationship with a horse and their relationship with God. Lessons will be learned through Bible study, riding and caring for horses, chores, crafts, games, recreational activities, and more! Care will be given to encourage kids to explore their relationship with their Savior and leave camp with memories and a desire to seek and share the Lord with others.

Thank you in advance and may God bless you for volunteering your time and talents at Camp WHOA!

Please complete this form and Release of Liability and Assumption of Risk Agreement Form and send it to:

Megan Titus, Camp Director, 13771 Skylark Drive, Lebanon, MO 65536

Name _____ Age _____

Legal Guardian (if under 18) _____

Address _____ City _____ State _____ Zip _____

Cell Phone # _____ Email Address _____

Name of Emergency Contact #1 _____ Phone Number _____

Name of Emergency Contact #2 _____ Phone Number _____

List any allergies or medical conditions we should be aware of: _____

Camp WHOA insurance is only a secondary insurance. The volunteer's insurance is the primary insurance.

Insurance Company _____ Policy Holder's Name _____ Policy# _____

Do you give permission for us to seek treatment for you/or minor in case of sickness or injury? Yes No

If volunteer is a minor do you give permission for your child to swim? Yes No

Will you be staying overnight? Yes No

Check below the area(s) that you are volunteering for?

Bible Study Leader

Meal Preparation

Bunk House Leader: Boys _____ Girls _____

Music Leader

Riding/Horsemanship Instructor

Nurse

Instructor Assistant

Lifeguard

Craft Leader

Demonstration

Craft Assistant

Other _____

Are you a Christian? **Yes** **No**

Do you share your faith regularly with the lost? **Yes** **No**

Have you ever led anyone to Christ? **Yes** **No**

Have you ever been formally accused of child abuse or molestation? **Yes** **No**

Do we have your permission to perform a background screening for abuse, molestation, neglect, and a criminal record? **Yes** **No**

Please have your pastor sign this form as his recommendation for you.

Pastor's signature

Church

How many years have you been a member? _____

References: List three adults other than your pastor or relatives we could call:

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

I have read and signed the RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FORM.

Volunteer or Legal Guardian (if minor under 18)

Tshirt Size:
