



2018 Teen Leadership Camp – Volunteer Application

Immanuel Lutheran Church and Olive Crest

Pre-Camp Meeting: July 21st, 9:00am – 1:00pm*

Camp: July 27th, 9am – July 29th, 12pm*

Post-Camp Celebration: August 11th, 11am-1pm
(*mandatory)

We are glad you want to serve with us. Some personal information is needed to volunteer at our Teen Leadership Camp “TLC”. This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your permission.

Instructions: Please return completed application and \$160.00 Counselor Donation by **June 10, 2018** to:
Immanuel Lutheran Church, 5455 Alessandro Blvd, Riverside, CA 92506

Volunteer Information			
Date: _____			
Name: _____		Male/Female: ____	Birth date: _____
Last name	First name	Nickname	
Address: _____		City: _____	State: CA Zip: _____
Cell phone number: _____			
Email address: _____			
Camp t-shirt size: (adult sizes) ___Small ___Med ___Large ___X large			

Personal information:			
Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed/widower			
Spouse first name: _____		Last name: _____	
Emergency contact information:			
First name: _____		Last name: _____	
Relationship: _____		Telephone number: _____	



Church involvement:

Please list your home church? _____ Date first attended? _____

Are you a baptized and believing follower of Christ? _____

Describe your relationship with Christ: _____

Describe why you want to become a volunteer counselor at TLC?

General Medical History: *All information listed below will be kept confidential.*

Physician's Name: _____ Physician's Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Describe your overall health:

List any medications you are currently taking:

Do you have any chronic health problems? ___ Yes ___ No *If yes please describe below:*

What is your blood type? _____



Convictions:

Have you ever been convicted of a felony? No Yes

Have you ever been convicted of any sexual misconduct? No Yes

If you answered “yes” to any of the above, please explain:

Volunteer Consent Waiver and Release

In case of any medical emergency occurring while volunteering with Immanuel and Olive Crest in which personal judgment is impaired, I authorize any director of Immanuel and Olive Crest as my agent to sign for consent to an anesthetic, medical, dental X-ray, surgical diagnosis, or treatment and hospital care for me which is deemed advisable by them. This is to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act, or any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at an office of said physician or dentist, at a hospital, or anywhere else. This authorization will remain effective while I am en route to and from, or involved in or participating in, any Immanuel and Olive Crest program or event, unless revoked in writing by me and delivered to a director of Immanuel and Olive Crest.

I release and hold harmless Immanuel and Olive Crest, its employees, and volunteers, and the event facility from all actions, damages, or personal injuries which may occur. I understand in the event of a minor injury I may receive first aid treatment. If my personal judgment is impaired I authorize the event leaders to take whatever action is necessary for my personal safety and health.

My signature on this document confirms my understanding and agreement with the above statements.

Print Name

Signature

Date



Volunteer Behavior Guideline

1. During this event, I agree to: respect, cooperate with and follow the directions of the leadership of Immanuel and Olive Crest; abstain from smoking, the use of alcohol, illegal drugs, and profanity; respect the personal property and space of others; use proper restraint in my conduct and attitude; and abide by all event rules.
2. I understand and agree that if I violate this Agreement in any way I:
 - (a) may be subject to immediate dismissal from the current event and possibly lose my privileges to participate in any future Teen Leadership Camp event(s); and
 - (b) at my own expense, will reimburse, indemnify, defend and hold Immanuel and Olive Crest, its ministries, employees and volunteers harmless from any cost, expense, obligation, claim or liability resulting from such violation.

My signature on this document confirms my understanding and agreement with the above statements.

Print Name	Signature	Date
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Volunteer Relationship Parameters with Minors

Relationship building, involvement and contact with Immanuel and Olive Crest participants are to be conducted within the Relationship Parameters applicable to all Immanuel and Olive Crest sponsored events.

1. _____ (Initial) Volunteers are never allowed to have contact with service recipients individually or in groups outside of an event without authorization from Immanuel and Olive Crest. This includes communication in person, email, social networking, instant messaging, text messaging, letters, by phone, etc.
2. _____ (Initial) Volunteers are never allowed to have one on one interaction with any minor, regardless of age or sex. There must be a minimum of three people present at all times.

Pending prior authorization, my involvement and contact with the children at the Immanuel and Olive Crest event will be conducted within the preexisting camp already established. Any contact with children outside of the constraints of Immanuel and Olive Crest Relationship Parameters is strictly forbidden.

My signature on this document confirms my understanding and agreement with the above statements.

Print Name	Signature	Date
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Volunteer Photo Consent Waiver and Release

I give my consent that photographs and audio/video recordings during the course of the event may be used by Immanuel and Olive Crest for training, promotion, and fundraising.

Print Name	Signature	Date
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Volunteer Background Check Consent Waiver and Release

I, the undersigned, hereby give my consent to Immanuel and Olive Crest, to obtain information about me from local, state, and federal law enforcement agencies, motor vehicle departments, court, military agencies, and other public agencies. I, the undersigned, hereby give my consent to Immanuel and Olive Crest, to obtain information about me from private agencies deemed appropriate in an investigation of my background. I further give consent to the agencies indicated to release any information about me to Immanuel and Olive Crest or anyone acting on their behalf.

I have carefully read that release and know the contents thereof and I sign this as my own free act. This is a legally binding agreement with I have read and understand.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Date of Birth	Driver's License Number	Social Security Number

Policy Concerning the Confidentiality of Information

Please read the following policy carefully and sign your name and date in the space provided:

Immanuel and Olive Crest define the following as confidential material (but is not limited to): Social Security Numbers (SSN), Drivers License Numbers, personal contact information, financial information, Immanuel and Olive Crest incident Reports, and Foster Child information.

All written and oral information given you concerning service recipients is also considered confidential unless specifically stated otherwise. Information shall not be discussed, published or used by any other volunteer, except for purposes directly connected with the administration of Immanuel and Olive Crest and with written permission given by them. It is your responsibility to notify any staff leader at Immanuel and Olive Crest if any confidential information is handled in a non-confidential manner.

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Confidentiality Agreement form is true and correct.

_____	_____	_____
Print Name	Signature	Date

Office use only: Liability complete ____ Medical complete ____ Background complete ____ Forest Home release complete ____ Application fee \$ ____
