

Event Staff: Volunteer & Health Form

Demographic (Please Print)

Name: _____ Phone: _____
(Last) (First) (Middle)

Address: _____ Birthday: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Pager: _____

Church: _____ Coordinator: _____ Club: _____

Availability

	Expected Arrival Date & Time	Expected Departure Date & Time
<input type="checkbox"/> Leadership	_____	_____
<input type="checkbox"/> Camporee	_____	_____
<input type="checkbox"/> Fair	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Experience and Expertise

The following information will help the event coordinators to place you to maximize your talents. Please answer each question as completely as possible giving detail and ranking your experience from lowest (1) to highest (3)

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honors - List honors you have taught. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Games & Activities - List games or activities that you have organized. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership Training - List classes that you have taken, have taught or are willing to teach. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AY Classwork - List classwork or activities that you have taught or organized. _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Medical History and Information

The following information is requested for your safe care during Pathfinder Events. Please answer every question and add any information that we should know concerning your care.

- Y N
- Do you have a health history of asthma, tuberculosis, epilepsy, or heart condition?
If yes please list. _____
- Do you have physical limitations or other difficulties that may inhibit your abilities during
any Pathfinder function such as phobias, arthritis, diabetes, or heart condition?
If yes please list. _____
- Do you have any serious allergies to medications, foods, or other items?
If yes please list and indicate type of reaction. _____
- Are you currently taking prescription medications that we need to be aware of?
If yes please list. _____

Insurance/Physician/ Emergency Contact Information

Primary Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical Insurance: _____ Number: _____

(Please provide club a copy of insurance card)

In the event that I am unable to grant permission for treatment and the emergency contact listed cannot be reached, permission is given to the physician selected by the pathfinder leadership to hospitalize, secure proper anesthesia, order injection, surgery, resuscitation, or any care deemed necessary by that leadership or physician to insure safe return to normal quality of life.

Sign: _____ Date: _____

Please Mail Information to Potomac Conference Youth Ministries

Address

Potomac Conference Youth Ministries
606 Greenville Ave
Staunton VA 24401-4804

Phone: 301-572-0714 MD & DC
1-800-732-1844 VA