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

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<thead>
<tr>
<th></th>
<th>Expected Arrival Date &amp; Time</th>
<th>Expected Departure Date &amp; Time</th>
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<tbody>
<tr>
<td>Leadership</td>
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<tr>
<td>Camporee</td>
<td></td>
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<tr>
<td>Fair</td>
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<tr>
<td>Other:</td>
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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).

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- Honors - List honors you have taught.
  ____________________________________________________________
  ____________________________________________________________

- Games & Activities - List games or activities that you have organized.
  ____________________________________________________________
  ____________________________________________________________

- Leadership Training - List classes that you have taken, have taught or are willing to teach.
  ____________________________________________________________
  ____________________________________________________________

- AY Classwork - List classwork or activities that you have taught or organized.
  ____________________________________________________________
  ____________________________________________________________

- 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.

☐ ☐ 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: _____________________________    Phonc: _____________________________

Emergency Contact: _____________________________    Phonc: _____________________________

Medical Insurance: _____________________________    Number: _____________________________

(Please provide 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

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

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