

2020 Volunteer Registration Form

Camp Dates:

Age 9-12: Sunday June 14, 2020- June 17, 2020

Age 13-18: Sunday June 14, 2020- June 20, 2020



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?	<input type="checkbox"/>	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: