

RETURNING APPLICANT



- Please print all information clearly.
- Please complete ALL information.

(Incomplete applications will delay processing and may be returned for completion.)

- Commander signature completed (Page 1)
- Your** THREE signatures have been completed (Pgs. 2, 3, 4)
- Enclose a check for the \$75 application fee**
(The fee is to pay for background check expenses and will be refunded if you are not selected as a volunteer)
- Make checks payable to "WCHC"
- Include front/back copies of your health insurance card

Mail volunteer applications to:
West Coast Honor Camp
c/o Trautwein's
2955 Aspendale Dr.
Reno, NV 89503

- If selected as a volunteer, you need to attend the MANDATORY camp training at one of two locations*:

Friday, May 21st - 6:30-8:30PM @ First Baptist Church of Fair Oaks, 4401 San Juan Blvd., Fair Oaks, CA 95628

Saturday, May 22nd – 3:00-5:00PM @ Sierra Bible Church, Reno
3195 Everett Dr., Reno, NV 89503

Saturday, June 5th – 3:00-5:00PM @ Mid Valley Baptist Church, 2584 Durham Dayton Highway, Durham, CA 95938

*If you cannot attend one of the mandatory trainings, please notify the camp directors ASAP at the email address below.

Your West Coast Honor Camp Board of Directors places a high emphasis on safe and secure storage of all background check information. Your information will only be accessible to the camp directors. If you have any concerns, please contact the camp directors via email:

westcoasthonorcamp@yahoo.com or voicemail/fax: 206-350-0658.

GENERAL REFERENCES

Please list three people **besides relatives and employers** whom you have known for at least two years and who know you well enough to provide a reference.

Name _____

Address _____ City _____ State _____ Zip _____

Name _____

Address _____ City _____ State _____ Zip _____

Name _____

Address _____ City _____ State _____ Zip _____

PRESENT EMPLOYMENT

PLEASE PROVIDE ALL CURRENT EMPLOYMENT – ADD A PAGE IF NECESSARY

Employer _____ Supervisor's Name _____

Address (Employer's) _____ City _____ State _____ Zip _____

Dates of employment _____ Phone (____) _____

Your position _____ Hours/week _____

CLUB/CHURCH INFORMATION

Commander's Name: _____ Awana Church _____
First Last (full church name)

Commander's Mailing Address: _____

City _____ State _____ Zip _____

Commander's Daytime Phone: (____) _____ Commander's Evening Phone: (____) _____

Commander's Email Address: _____

I confirm that this applicant is a current Awana Club leader and I recommend her/him as a volunteer at Honor Camp. I further confirm that the applicant has completed this application and provided all necessary signatures and information.

Commander's Signature (required) _____ **Date** _____

Ministry Experience

Church you attend: _____
(Full church name, including city)

Mailing Address: _____

City _____ State _____ Zip _____ Church Phone: (____) _____

Pastor Name _____

Pastor email address: _____

Are you a member of the church? No Yes How long attended _____

Have you ever been asked to leave a church or your service as a volunteer? No Yes

Awana Experience (enter number of years served in each program): Commander _____

Cubbies _____ Sparks _____ T&T _____ Trek _____ Journey _____ Games/Sec. _____

In which program(s) do you currently serve? _____ and in what capacity? _____

Have you completed Awana Basic Training? No Yes Commander/Director Role Training? No Yes

MEDICAL INFORMATION

Volunteer's Full Name: _____

I do not have health insurance coverage and will be responsible for all medical expenses.

Medical Insurance Company _____

Policy Number _____ Group Number _____

Employer's Address _____

City _____ State _____ Zip _____

Employer's Phone (____) _____

Doctor's Name _____ Doctor's Phone (____) _____

Insured's Name _____

Date of last Tetanus immunization _____ Date of last Physical _____

List any medical/food allergies or behavioral problems (sleep walking, depression, etc.) -- please write "none" if not applicable _____

Will you be under any prescription medication* while at camp? No Yes

If yes, please provide details/dosages: _____

**All Prescription medications are to be in original containers with prescription attached and given to the camp nurse. Also, all NON-prescription medications must be in original, UNOPENED containers and turned in to the Camp Nurse during Registration – this includes all health supplements (i.e.: vitamins, homeopathic medications, salt tablets, ointments, etc.).*

Please list any KNOWN ALLERGIES TO MEDICATION. _____

****IMPORTANT**** Have you had any major medical changes, Urgent Care, or Emergency incidents in the last 5 years?

No Yes If yes, please provide basic details: _____

Do you have any physical condition or limitations that would restrict participation in any camp activities?

No Yes If yes, please provide details: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to you: _____

Mailing Address: _____ City _____ State _____ Zip _____

Daytime Phone: (____) _____ Evening Phone (____) _____ Cell: (____) _____

I understand that I must arrive at camp no later than 1:00PM on Sunday, June 20, 2010 and may not leave prior to when my cabin has been dismissed on June 26, 2010 (Unless notification and approval is received from the Camp Directors) and I agree to abide by these times.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with WCHC that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by WCHC. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with WCHC or my termination as a volunteer.

Applicant Signature _____ Date _____

WEST COAST HONOR CAMP RELEASE OF LIABILITY

Please Print and Provide all Requested Information

IMPORTANT: THIS DOCUMENT IS A RELEASE OF LIABILITY -- YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Intent to volunteer at West Coast Honor Camp

I, _____, am applying to become a volunteer at West Coast Honor Camp.
Print Full Name

Release of Liability

Prior to my participation in West Coast Honor Camp (WCHC) activities, I acknowledge that volunteering at WCHC may involve risk of property damage and of personal injury, illness or even death of volunteer, including, but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in WCHC activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that I am is fully capable of safely participating in all camp activities, and I expressly assume all risks of participation, whether such risks are known or unknown to me at this time. I further generally release West Coast Honor Camp (WCHC) and its directors, officers, employees, volunteers, and agents, and campers at the camp, from any and all claims that I may have against any of them as a result of property damage of person injury, illness or death of as a result of participation in camp activities, whether on or off camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, _____, my heirs, family, estate, administrators, executors, personal representatives and assigns of me. (Print Full Name)

Consent to Medical Treatment

If I experience an injury or illness, or have other medical needs, I authorize the camp's employees, volunteers, and agents to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release WCHC and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (**please provide details in the "Medical Information" section**), to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Other Releases and Acknowledgements

I understand that, while participating in camp activities, photographs, film, audio recordings and videotape of me may be taken for use in brochures, videos, releases to the press, and various WCHC publications and other work product. I do hereby irrevocably grant WCHC permission to record, display and/or reproduce my name (first name only), likeness and voice on audio and/or video tape, film or other media, to use edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now know or hereafter to be known.

I understand that WCHC does not provide transportation to or from the Honor Camp program and do hereby take responsibility for either providing or arranging for transportation of myself, and for ensuring that I will arrive and depart by the scheduled dates and times.

I will ensure to bring clothing that adheres to the Camp Dress Code which is to be sent in the acceptance package and/or posted at www.westcoasthonorcamp.org - the camp website. If I refuse to abide and support the established rules, standards of conduct and/or Camp Dress Code, West Coast Honor Camp staff reserves the right to send me home. If it becomes necessary to send me home, I hereby agree to provide transportation or to make travel arrangements and to assume the cost of these expenses.

To the extent any provision of these document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties. I represent and warrant that I am the person named above.

Your signature is required below.

Signatures are required to be witnessed by a non-relative (must be 21 or older) or a Notary Public:

Volunteer Signature _____ Date _____

Witness Signature _____ Date _____

NOTE TO ALL WEST COAST HONOR CAMP APPLICANTS:

Although we have the ability to obtain your personal credit report information through ChoicePoint **we do not access credit information.** The only information we access is criminal background, social security verification, and possibly a DMV check. The only way to do the criminal/background check is to have full access through ChoicePoint. Before being allowed to access ChoicePoint programming, our home, files and computer received a home visit for inspection to make sure we met all security requirements. We do not print out any information; all information is accessed online and is never saved onto our computer. Federal law requires the authorization below.

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my service with West Coast Honor Camp [WCHC], I hereby authorize ChoicePoint Services Inc. on behalf of WCHC to procure a consumer report (known as an investigative consumer report in California), which I understand, may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant PRINTED name

Applicant Signature

Date

- -

Social Security Number*

Date of Birth*

****For identification purposes only***