

# Autism Family Camp 2016

## Family Volunteer Application

June 24-26, 2016



Thank you for volunteering to serve at Autism Family Camp! Our camp would not happen without volunteers. You are contributing to an important ministry!

Fee is **\$65** per person, **\$175** max per immediate family (father, mother and siblings). Your application and a **\$30** deposit should be sent to Journey South Bay Church. Please make checks payable to Journey South Bay Church. On memo line, put "Friends of Angels" and mail or bring to:

Journey South Bay Church  
2761 190th Street  
Redondo Beach, CA 90278

**Volunteers need to be available from their first shifts on Friday afternoon through their last shifts on Sunday morning.** Assignment preferences are taken into consideration, but our greatest need is for buddies. Buddy training is required. Training dates and times to be determined.

Camp Information packets will be sent out in early June.

*Correspondence will be by email, so please check your emails regularly or notify us if you require alternative communication.*

For additional information on camp facilities: [www.pilgrimpinescamp.org](http://www.pilgrimpinescamp.org)

**Final payments are due by May 30<sup>th</sup>.**  
**Cancellations must be made 7 days prior to camp.**

## Family Volunteer Application

# Friends of Angels Camp 2016

<b>Primary Volunteer Contact Information</b>	
Name	
Street Address	
City / State / Zip	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth	
SS#	
Medical Experience	
T-Shirt Size	Adult:    S ___        M ___        L ___        XL ___        XXL ___
<b>Spouse Volunteer Contact Information (if attending camp)</b>	
Name	
Cell Phone	
E-Mail Address	
Date of Birth	
SS#	
Medical Experience	
T-Shirt Size	Adult:    S ___        M ___        L ___        XL ___        XXL ___
<b>Attending Family Information (Children under 18) (if attending camp)</b>	
Will you be attending camp with other children? If so please give their names and ages	
Name <b>(C1)</b>	Age
T-Shirt Size	Child 1: Youth M ___ L ___    Adult: S ___ M ___ L ___ XL ___
Name <b>(C2)</b>	Age
T-Shirt Size	Child 1: Youth M ___ L ___    Adult: S ___ M ___ L ___ XL ___
Name <b>(C3)</b>	Age
T-Shirt Size	Child 1: Youth M ___ L ___    Adult: S ___ M ___ L ___ XL ___

**Personal References (Primary Volunteer)**

Please give us two references

Name

Home / Work Phone

Relationship/Years Known

Name

Home / Work Phone

Relationship/Years Known

**Personal References (Spouse)**

Please give us two references

Name

Home / Work Phone

Relationship / Years Known

Name

Home / Work Phone

Relationship / Years Known

**Previous Volunteer Experience or Special Skills (Family)**

Summarize your previous volunteer experience or special skills and qualifications you have acquired from employment, hobbies or sports that may have prepared you.

Have you previously attended FOA volunteer training? (Primary volunteer) Yes \_\_\_ No \_\_\_

Have you previously attended FOA volunteer training? (Spouse) Yes \_\_\_ No \_\_\_

**Personal Background (Primary Volunteer)**

If you answer yes to any of the questions below, please explain each one separately (use an additional page if needed). Please note a "yes" answer to any of the questions does not by itself preclude you from being a volunteer with Friends of Angels. We do request, however, that you make an appointment with our Pastor to discuss any "yes" answer.

Have you ever been arrested for conviction of, or pleaded guilty or "no contest", to a criminal act?

YES \_\_\_ NO \_\_\_

Have you ever been accused, arrested or convicted for any abuse related crime?

YES \_\_\_ NO \_\_\_

Have you ever been accused, arrested or convicted for any sexually related crime?

YES \_\_\_ NO \_\_\_

Do you use illegal drugs?

YES \_\_\_ NO \_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse?

YES \_\_\_ NO \_\_\_

Have you ever, to your knowledge, been investigated by Child Protective Services or any other governmental agency involved with the protection of children?

YES \_\_\_ NO \_\_\_

**Personal Background (Spouse)**

If you answer yes to any of the questions below, please explain each one separately (use an additional page if needed). Please note a "yes" answer to any of the questions does not by itself preclude you from being a volunteer with Friends of Angels. We do request, however, that you make an appointment with our Pastor to discuss any "yes" answer.

Have you ever been arrested for conviction of, or pleaded guilty or "no contest", to a criminal act?  
YES \_\_\_ NO \_\_\_

Have you ever been accused, arrested or convicted for any abuse related crime?  
YES \_\_\_ NO \_\_\_

Have you ever been accused, arrested or convicted for any sexually related crime?  
YES \_\_\_ NO \_\_\_

Do you use illegal drugs?  
YES \_\_\_ NO \_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse?  
YES \_\_\_ NO \_\_\_

Have you ever, to your knowledge, been investigated by Child Protective Services or any other governmental agency involved with the protection of children?  
YES \_\_\_ NO \_\_\_

**Permission to Check Background (Primary Volunteer)**

I give this church permission to check my references, church history, personal or criminal background using the information I've provided in this application. I understand that by submitting this application I am willfully permitting to this background check process. I understand that the personal information learned from such background checks will be held confidential by the church staff.

Name (printed)	
Signature	Date:

**Verification of Truthfulness (Primary Volunteer)**

I affirm, to the best of my knowledge, that the information on this application is correct.

Name (printed)	
Signature	Date:

**Permission to Check Background (Spouse)**

I give this church permission to check my references, church history, personal or criminal background using the information I've provided in this application. I understand that by submitting this application I am willfully permitting to this background check process. I understand that the personal information learned from such background checks will be held confidential by the church staff.

Name (printed)	
Signature	Date:

**Verification of Truthfulness (Spouse)**

I affirm, to the best of my knowledge, that the information on this application is correct.

Name (printed)	
Signature	Date:

**PARTICIPANT AGREEMENT, WAIVER, RELEASE AND ASSUMPTION OF RISK**

*Please be advised that by signing this agreement, you acknowledge that you have read and understand the terms. The acronym for Autistic Family Camp will be referred to as AFC and Journey South Bay Church as JSBC.*

In consideration of participation at the Autistic Family Camp, hosted by Journey South Bay Church, their agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf I hereby agree to release, indemnify, and discharge Journey South Bay church, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation at the AFC activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities.
2. Furthermore, AFC volunteers have challenging jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s health or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
3. I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless JSBC from any and all claims, demands, or causes of action, which are in any way connected with my participation in the AFC activities or my use of equipment or facilities including any such claims which allege negligent acts or omissions of AFC and JSBC.
5. Should AFC/JSBC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against AFC/JSBC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PHOTO RELEASE**

I grant Journey South Bay Church and its representatives and employees the right to take photographs and videos of me and my family at the Friends of Angels Camp from June 24-26, 2016. I authorize Journey South Bay Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Journey South Bay Church may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above and agree to all the terms listed on this contract. If participant in the photos from the Friends of Angels Camp is under 18 years of age, you are agreeing that you have the legal right to be signing on their behalf for the use of the photos.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_