

Friends of Angels Camp 2016

Youth 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!

Most youth volunteers will serve as Buddies for Campers with autism. You will assist your Camper through various activities (sensory tents and stations). Our goal is to have a minimum of 2 buddies to each camper. This will insure necessary rest breaks and time off. You will receive a profile on your child detailing their particular behaviors. Be sure to attend the in-service talk that we will have on the day you arrive at camp.

Volunteer training is required. Dates and times to be determined. Camp Information packets will be sent out in early June.

Volunteers need to be available from their first Friday afternoon shift through their last shift on Sunday morning.

Fee is \$65 per person. Application and \$30 deposit should be sent to Journey South Bay Church. Please make checks payable to Journey South Bay Church. On memo line, please write "Friends of Angels."

**Mail to:
Journey South Bay Church
2761 190th Street
Redondo Beach, CA 90278**

Most 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

YOUTH HEALTH HISTORY FORM

FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN (PLEASE PRINT IN INK)

Organization Name: **Journey Covenant Chruch**

Event: **Friends of Angels Camp**

Event Date: **June 24-26, 2016**

Please specify t-shirt size: Adult S ___ M ___ L ___ XL ___ XXL ___

NAME: _____ Date of Birth _____ Age _____ Sex _____

Home Address: _____ City _____ State _____ Zip _____

Name of Mother/Guardian: _____ Home Telephone _____

Home Address: _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Mobile Phone (_____) _____

Name of Father Or Guardian: _____ Home Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Mobile Phone (_____) _____

Email Address _____

HEALTH BACKGROUND

Family/Camper Physician _____ Phone _____

Health/Accident insurance carrier _____ Policy No. _____

Immunizations: Please provide month and year of last inoculation

Tetanus: Date ___/___/___ MMR: Date ___/___/___ Polio: Date ___/___/___ DPT: Date ___/___/___

Have or subject to: (check if yes)

- Asthma Fainting spells Convulsions Swimming or sport restrictions
 Insect bites Cancer/Leukemia Current Infectious Diseases High Blood Pressure
 Diabetes Heart trouble Allergies or reaction to any medication, food, other
 Other Describe _____

Have difficulty with: (check if yes) Eyes Ears Nose Throat Lungs Digestion

Any condition presently requiring regular medication (includes prescription and nonprescription medication)?

Yes No If yes, name of medication(s) _____

Is his medication with him? Yes No If not, who has it? _____

Any restriction of activity for medical reasons? Yes No Any behavioral concerns? Yes No

If yes to either question, please explain _____

EMERGENCY CONTACTS

IF THE PARENT(S) / GUARDIAN(S) ARE NOT AVAILABLE IN THE EVENT OF AN EMERGENCY NOTIFY:
(Emergency contacts named in this section, may be group leaders)

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

RELEASE AUTHORIZATION

The health history contained herein is correct, so far as I know, and the person herein has permission to engage in all prescribed activities, except as noted by me and/or the medical provider.

In the event I cannot be reached in an emergency and every effort has been made to contact my spouse or next of kin or named emergency person, I hereby give permission to the physician, selected by the designated representative of JCC in charge, to hospitalize, to secure proper anesthesia, or to order injection or surgery for my child.

Signature _____ **Date** _____

(Parent or Guardian) (Valid from 1 year from date signed)

Please Note: Over-the-counter or internally administered medication of any kind (including aspirin and Tylenol/Acetaminophen) will not be dispensed to minors in attendance at camp without express permission of the parent/guardian or attending physician. If you so authorize over-the-counter medication, please sign here.

Signature _____ **Date** _____

(Parent or Guardian) (Valid from 1 year from date signed)

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: _____

Print Name: _____

ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISKS, AND RELEASE AGREEMENT FOR JOURNEY COVENANT CHURCH YOUTH MINISTRY ACTIVITIES

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

In consideration of the voluntary services and fellowship provided by the Journey Covenant Church, a not-for-profit religious corporation organized and existing under the laws of California, including all officers, employees, representatives, volunteers (including pastoral and lay-leaders), members and all other persons or entities associated with it (collectively herein as "JCC"), I, as a parent/legal guardian, acknowledge and agree as follows:

JCC volunteer led educational and/or recreational activities may include, but are not limited to, sporting activities, field trips, social gatherings on and off JCC property, hiking, backpacking, camping, biking, skiing, use of JCC facilities and transportation or travel to and from activities (collectively referred to herein as "Activities" or "these Activities"). The leaders of these Activities are volunteers. In all Activities, all participants share in the responsibility for their own safety and the safety of the group.

These Activities may include inherent and other risks, hazards and dangers that can cause or lead to personal injury, property damage, or illness, to participant or others. I understand that JCC staff, leaders or other personnel cannot assure participant's safety or eliminate these risks. I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the inherent and other risks of these Activities (both known and unknown), and for any injury, damage, or other loss suffered by me, resulting from those risks.

I agree to release and not to sue JCC in regard to claims, liabilities, suits, or expenses (hereafter collectively "Claim" or "Claims"), including Claims caused or alleged to be caused by the negligence of JCC (but not its gross negligence or intentional or reckless misconduct), for any injury, damage, death or other loss to me in any way connected with my participation in these Activities, or my use of JCC equipment, property, or facilities. I understand I agree here to waive all claims I may have against the JCC, and agree that neither I, nor anyone acting on my behalf, will make a Claim or file a lawsuit against JCC.

I agree that the substantive laws of California govern this Release and all other aspects of my relationship with JCC, and that any mediation, suit, or other proceeding must be filed or entered into only in California. Any portion of this Release deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

AS A PARENT/LEGAL GUARDIAN OF THE MINOR(S) LISTED BELOW, I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.

I acknowledge that I am either eighteen years of age or older. I am either a participant in the Activities or the parent or legal guardian of the minor(s) identified below. This Release relates to the following minor(s):

Name:	D.O.B.
Name:	D.O.B.
Name:	D.O.B.
Signature:	Date:
Emergency Phone #:	Additional phone #

Please continue listing names of minor(s) on back of page if necessary.