

# Camp Ray Bird - Volunteer Staff Application

Please type or print all information



## I. Personal Information

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle I) \_\_\_\_\_ Church Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of church you attend \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## II. Health

Is there any physical, mental or medical reason that would limit your as a volunteer at Camp Ray Bird? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you presently under psychiatric care or counseling, or taking prescription drugs for similar conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## III. Education

High school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of graduation (month/year) \_\_\_\_\_

Other education \_\_\_\_\_

Extra-curricular activities: (Please describe involvement, what, when, etc...)

## IV. Legal Violations

Have you ever been accused, charge or convicted of any questionable actions or words toward or with a child? Yes\_\_No\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been convicted of any offense other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## V. References (two references are required)

Please provide each referent with a reference form provided with this application.

Reference	Name	Phone	Relationship
Academic			
Work			
*Pastor/Spiritual			

\*required

## VI. Maturity

Please type or write *legibly* your answers to the following questions. Feel free to write as much or as little as you deem necessary to answer the questions.

1. What is the difference between a Christian and a non-Christian?

2. How do you know you are a Christian?

3. Why are you interested in volunteering at Camp Ray Bird?

I certify that everything in this application is correct and truthful. I understand that references may be contacted by Ray Bird Ministries.

My initials typed (in lieu of a signature) \_\_\_\_\_ Date \_\_\_\_\_

**VII. Volunteer Staff Health Form**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle I) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_

Immunization record: Indicate date of immunizations. Indiana state law requires that all immunizations be up to date.

Immunization	Tetanus/Diphtheria	Polio	Measles/Mumps/Rubella	Hepatitis B (not required)	Tuberculosis
Abbreviation	DPT/TD	OPV/IPV	MMR	HBV	T.B.
Date					

Health History: Check all that apply

Rheumatic Fever     Asthma     Epilepsy     Diabetes     Convulsions     Chronic Headaches  
Allergies to:  Asprin     Other drugs (please list) \_\_\_\_\_     Food (please list) \_\_\_\_\_

Recent operations or injuries: \_\_\_\_\_

Recent exposure to contagious disease: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Personal insurance information:

Company \_\_\_\_\_ Group Employer \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Other information \_\_\_\_\_

In the event of illness, parents are completely responsible for any necessary treatment costs incurred. In case of accident or injury, Ray Bird Ministries holds a secondary coverage status. Our insurance begins where yours ends.

In case of emergency, call \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

I hereby certify that the above health record is, as of this date, accurate and complete.

Initials (In lieu of signature) \_\_\_\_\_ Date \_\_\_\_-\_\_\_\_-\_\_\_\_

***If staff member is a minor, please fill out the following Power of Attorney:***

I, (We) \_\_\_\_\_ and \_\_\_\_\_

(name)

(name)

of \_\_\_\_\_ do hereby state that I am (we are) the parent(s) or legal guardian(s) of:

(city, state)

\_\_\_\_\_, a minor, age \_\_\_\_\_ born \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

(child's name)

(birth date)

who resides with me (us) at \_\_\_\_\_

(street address, city, state)

I (we) authorize an adult leadership staff member of Ray Bird Ministries who is over 18 years of age, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physicians or surgeon licensed to practice medicine in the state of Indiana for the period from:

\_\_\_\_\_ to \_\_\_\_\_.

(month, date and year)

(month, date and year)

\_\_\_\_\_  
Initials of of parent(s) or guardian(s) (in lieu of signature)

\_\_\_\_\_  
date

**Please return this entire application to your youth pastor/leader if you are coming with your group. If you are coming by yourself, please e-mail the form to: [david@raybird.org](mailto:david@raybird.org)**