

**Volunteer Application, Background, and Medical Release Form**

**Stone Soup Volunteer Application**

Please print in ink

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Experience, Training, or Certifications \_\_\_\_\_

Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Medical insurance coverage \_\_\_\_\_ Policy # \_\_\_\_\_  
(Optional Information)

Emergency contact Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Two Character References: (not relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member/attendee of Faith Baptist Church? YES  NO  If you attend another church please list below:

Church \_\_\_\_\_ Address \_\_\_\_\_

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

Have you been indicted for or convicted of a felony crime involving a minor or disabled person? NO  YES   
If yes, please describe convictions for the past seven (7) years. Please use the backside of this page. This information is subject to review by a private security firm.

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. We desire all persons to be able to serve and to be served as well.

Date of last tetanus shot: \_\_\_\_\_

**For your information, we expect all campers and workers to conform to these standards of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing
- Participation with the group is expected
- Respect one another, staff, and program directors
- Respect and comply with event schedules

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**What to Wear: Casual clothing to allow for movement**

**Food: Lunch sandwiches or snack will be provided. Bring a sack lunch if needed – refrigeration is available.**

**Hours: Arrive at 9:00AM for Holiday Camp @ Christmas OR Arrive at 6:00PM for Stone Soup Friday Night**

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity photographs.

This event is sponsored by: FAITH BAPTIST CHURCH, MONROE, GA. (hereinafter "Church")

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named volunteer.

I understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers, or campers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, be in force at the time of volunteering.

Volunteer Statement: I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with preschoolers, children, youth, or adults with disabilities /different abilities. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf. I agree to be bound by the bylaws and policies of the Church. I further state that I have carefully read this medical and background release form and understand the content thereof and I sign this release as my own free act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent / Guardian is required if volunteer is a minor** \_\_\_\_\_

**Please provide this completed form in advance of the event to:**

**Faith Baptist Church  
Attn: Tamila Burt, Director  
1789 GA Hwy 11 NW  
Monroe, GA 30656**