

# 2024 Volunteer Application



Many adult volunteers are needed to help our summer youth camps be effective and successful. Please pray about this opportunity for service. Please select the area(s) below in which you would like to volunteer, and then complete the rest of the application. When you are finished, please return the application to the address listed at the end.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church \_\_\_\_\_

Skills Classes  Arts/Crafts  Nature  Archery  Survival Skills  Slingshots  
 Photography  Other \_\_\_\_\_

General  Bus Driver  Kitchen  Canteen  Registration  Nurse  
 Pastor  Bathroom Cleaning  Other \_\_\_\_\_

Check camp (s) you are willing to serve:

June 17-22 / Adventure Camp I (7<sup>th</sup>-8<sup>th</sup> grade)

June 17-22 / Summit Camp I (9<sup>th</sup>-12<sup>th</sup> grade)

July 08-13 / Summit Camp II (9<sup>th</sup>-12<sup>th</sup> grade)

June 30-July 2 / Base Camp (1<sup>st</sup>-3<sup>rd</sup> grade)

July 08-13 / Adventure Camp II (7<sup>th</sup>-8<sup>th</sup> grade)

June 10-15 / Explorer Camp I (4<sup>th</sup>-6<sup>th</sup> grade)

June 24-29 / Explorer Camp II (4<sup>th</sup>-6<sup>th</sup> grade)

Camp T-shirt size:

(Regular cut)  Small  Med  Large  XL  XXL  XXXL  XXXXL

(V-Neck (unisex))  Small  Med  Large  XL  XXL  XXXL  XXXXL

All volunteers are required to undergo a background check. Please fill out the following information.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

By signing below you are agreeing for WPC&RC to conduct the background check

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thanks for your willingness to serve. I look forward to working with you this summer! If you have any questions, please feel free to contact me.

Please Mail to:

Wabash Park Camp & Retreat Center

Attention: Deana Hayes

Scott Lefler

304 E. CR 650 S

Clay City, IN 47841

Email: [Deana4kids@sbcglobal.net](mailto:Deana4kids@sbcglobal.net)

# Heath Form ~ 2024

Please print



Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Physicians Phone ( ) \_\_\_\_\_

Do you currently take prescription or non-prescription medication on a regular basis? \_\_\_\_ yes \_\_\_\_ no

If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.

Will you have medication that requires refrigeration? \_\_\_\_\_

"I give my permission to the camp nurse to administer the following medication to me for the following complaints."

### Headache, muscle ache, or sports injury:

Aspirin \_\_\_\_\_yes \_\_\_\_\_no

Acetaminophen \_\_\_\_\_yes \_\_\_\_\_no

Ibuprofen \_\_\_\_\_yes \_\_\_\_\_no

### Upset stomach

Antacid (Maalox) \_\_\_\_\_yes \_\_\_\_\_no

### Severe allergic reaction (swelling, itching, hives)

Diphenhydramine (Benadryl) \_\_\_\_\_yes \_\_\_\_\_no

Contact Lenses \_\_\_\_\_yes \_\_\_\_\_no Tetanus Immunization Date: \_\_\_\_\_

Other information that would be helpful to the camp nurse while you are at camp?

Our family insurance coverage is \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\*Please attach a photo static copy of your health insurance card.

**AUTHORIZATION** I herewith authorize any representative of Wabash Park Camp & Re-treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/24 - 7/31/24. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I hereby grant my permission for my child to be transported by bus or vehicle to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

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

(Note: This document must be signed and dated to be accepted)

Do you have: Allergies? _____yes _____no Please specify: _____ _____ _____ Asthma? _____yes _____no Diabetes? _____yes _____no Other? _____
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