



Lakeside Bible Camp

Volunteer Form 2016

SCREENING INFORMATION

Full Legal Name

Other last names associated with you

Social Security Number

Washington Driver's License Number

Disclosure Pursuant to RCW 43.43.834 Child and Adult Abuse Information Act

I certify under penalty of perjury under laws of the State of Washington that the disclosure statements below are true and correct.

Have you ever been found in any domestic relations proceedings to have sexually abused or exploited any minor or to have physically abused any minor?

Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?

Have you ever been convicted of any crimes against children or other persons?

Permission to Check Background Permission is hereby granted to allow Lakeside Bible Camp to conduct a background check of the volunteer listed on this form. It is the policy of Lakeside Bible Camp to conduct background checks on all its volunteers and a background check must be completed before approval is granted to volunteer at this camp.

INTERNATIONAL VOLUNTEERS ONLY

Mother's Maiden Name

Last Background Check



Lakeside Bible Camp

Volunteer Form 2016

COMMITMENTS & AFFIRMATIONS

INSTRUCTIONS: For the questions below, read the statement and select either **YES** or **NO** to affirm or decline your commitment to the statement.

I have read the Statement of Faith and agree that while serving at Lakeside Bible Camp to support and serve its stated beliefs.

I understand that service at camp reflects Jesus Christ first, LBC second!

I understand that posting to Facebook, Instagram, Twitter, or any other social media during my time at camp is prohibited without permission from the Director of Camp Ministries.

I affirm that sexual intimacy within marriage is God's creation, that marriage is the union of one man and one woman only in a life-long marriage covenant, reflecting the love-relationship Christ has with His Bride, the church.

I understand that directors, cabin leaders, and camp staff will ask me important questions in order to maximize my spiritual growth during my time at camp.

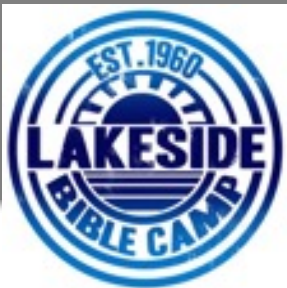
Liability Waiver I release LBC, its trustees, directors, corporate members, staff and agents from any loss, personal injury, accident, misfortune or damage to me or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

Publicity Release Permission is hereby granted to Lakeside Bible Camp to allow photographs, videos, and quotes to be taken for publishing and used to illustrate, promote, and advertise Lakeside Bible Camp and its programmed activities.

By signing my name below, I certify that I am 18 years or older and agree to the Liability Waiver, Publicity Release, and Permission to Check Background detailed above.

X _____

Date



Lakeside Bible Camp

Volunteer Form 2016

If you are under 18 years old, please have a parent/guardian complete this page.

PARENT GUARDIAN INFORMATION

First Name Last Name
Email Address Cell Phone

EMERGENCY CONTACT

Name Phone
Relationship to Volunteer

MEDICAL INSURANCE INFORMATIONS

Medical Plan Name
Medical Plan ID Number
First & Last Name of Subscriber

Emergency Medical Authorization I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the volunteer named on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the volunteer listed on this form. This completed form may be photocopied as may be needed by the camp or medical personnel.

By signing below, I certify that I agree to the Emergency Authorization, Liability Waiver, Publicity Release, and Permission to Check Background detailed above.

X _____

Date