



ADULT VOLUNTEER REGISTRATION FORM + AGES 18+

Please read and complete ALL portions of this registration form.
We are unable to accept incomplete forms; incomplete forms will be returned for completion.
Please contact us if you need assistance or if you have any questions. Thank you.
 Free Camp; PO Box 6824 Columbus, GA 31917
 Phone: (706) 662-9873 Fax: (706) 596-0506

ADULT INFORMATION **Must Be Completed**

First Name:	Last Name:			
Address:	E-mail:			
City:	State:	Zip:		
Home Phone:	Cell:			
Date of Birth:	Current Age: 18+	Gender (circle one):	Male	Female

FAMILY / EMERGENCY INFORMATION **Must Be Completed**

1) Emergency Contact:	Relationship:
Home Phone:	Work/Cell Phone:
1) Emergency Contact:	Relationship:
Home Phone:	Work/Cell Phone:
1) Emergency Contact:	Relationship:
Home Phone:	Work/Cell Phone:

In case of emergency, please make sure that 2 of the above contacts are AVAILABLE and IN TOWN during the camp.

CHURCH / MISCELLANEOUS INFORMATION

Church You Attend:	City, State:					
Do You Have a Bible? (circle)	YES, I will bring it to camp	NO, I don't have one				
How Did You Hear About Free Camp? (circle one):	Attended	Church	Friend	Other		
T-SHIRT SIZE (circle one):						
Adult:	Small	Medium	Large	XL	XXL	XXXL

<p><i>I understand that I must follow all camp rules, be respectful of other camp staff, and try to set a good example for those children attending camp. If I can not or do not, I may be asked to leave.</i></p> <p>_____</p> <p>Adult Volunteer Signature</p>	<p style="text-align: center;"><i>Office Use Only</i></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 10px; width: 40px; height: 40px; text-align: center; line-height: 40px;">CD</div> <div style="border: 1px solid black; border-radius: 10px; width: 40px; height: 40px; text-align: center; line-height: 40px;">CB</div> </div> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signed</p>
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INSURANCE INFORMATION Must Be Completed

Please provide a copy of policy information, if possible.

Name of Insured: _____ (Policyholder)

Medical Insurance Co.: _____

Employer: _____ Policy/Certificate #: _____

Employer Group No.: _____

MEDICAL HISTORY Must Be Completed

Please check all that applies

Asthma Heart Problems Diabetes Seizures Hypertension Lung disease

Other (be specific) _____

Medicine/Food Allergies (list) _____

Please recognize that Free Camp utilizes physical and outdoor environments. However, we recognize that some have physical/mental limitations/restrictions. Please list ALL that apply.

Date of last Tetanus shot: _____

Medication Administration

Medications accompanying you to camp must be shown to camp officials upon arrival. All medication must be in the original container. Unless you allow the camp first aid worker to secure your medication, YOU MUST KEEP IT OUT OF THE REACH OF CHILDREN. Also, you are not to give any medication to any other person; first aid needs should go through the camp first aid worker. Medications that are not picked up at end of camp will be properly disposed if not collected in a reasonable time frame.

RELEASE / AUTHORIZATION Must Be Completed

I, the above registered adult and undersigned, hereby release liability while I participate in the pre-arranged activities relating to the camp, including the travel to and from such pre-arranged games and events.

I hereby, for and in consideration of the activities with Columbus, GA Free Camp, I do hereby authorize any adult staff member to secure, obtain, or otherwise see to all medical care/treatment, including any emergency operation requiring anesthesia which, in the opinion of said adult and in consultation with competent medical personnel, may be necessary as a result of injuries or illness sustained by myself while engaged in camp-related activities.

I prefer Dr. _____, Phone (_____) _____ be contacted, if convenient and practical.

I do here further release Columbus, GA Free Camp, from any and all claims, demands, actions, or causes of actions made by me or any other person under my direction of control by virtue or as a result of any injury or illness sustained by me while engaged in any camp-related activity. **I accept responsibility for payment of expenses incurred as a result of medical treatment.**

I do here further authorize Columbus, GA Free Camp to publish and or present any recorded media of myself in the advertisement or promotion of Free Camp and its activities. I also recognize and understand that my I **MUST** obey the rules and regulations of the camp or I will not be allowed to participate and, if deemed necessary, will be asked to leave.

Signature of Adult Volunteer

Date Signed

YOUR NAME: _____

E-mail: _____ **Cell:** _____

ADULT VOLUNTEER WORK AREA
Please mark at least 3 areas in which you desire to participate.
Work assignments are not guaranteed;
please be flexible to the needs of camp.

<input type="checkbox"/> PRE-CAMP PREPARATION (Setup, Organization, Etc. – may include Monday prior to camp)	<input type="checkbox"/> REGISTRATION & ORIENTATION (Assist in check-in; help assimilate attendees to expectations, rules, and campus)
<input type="checkbox"/> DAY CAMP WORKER (Ages 0-4)	<input type="checkbox"/> JUNIOR CAMP WORKER (Ages 5-7)
<input type="checkbox"/> GROUP LEADER (accompany, interact with, participate with, & oversee camper groups during classes & activities)	<input type="checkbox"/> CREATIVE CLASS TEACHER / HELPER (Coordinate and/or assist in fun object-oriented classes in morning & early afternoon)
<input type="checkbox"/> CAMP ACTIVITY (Coordinate and/or assist with main activity held in afternoon/evening)	<input type="checkbox"/> PHOTOGRAPHY and/or VIDEOGRAPHY (Take pictures and/or video events)
<input type="checkbox"/> SLEEPING QUARTER CHAPERONE - (Requires spending the night)	<input type="checkbox"/> SECURITY - (Provides for safety and security of camp)
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> KITCHEN CREW (Your schedule may differ than regular camp workers; you are still required to check in with Registration on Day One)
<input type="checkbox"/> TRANSPORTATION - (drive van or bus)	<input type="checkbox"/> MOVER & SHAKER (Assist in transportation, setup, and tear-down of equipment and materials for classes & activities)

TALENTS or GIFTINGS: (i.e. puppetry, drama, singing, etc)

<u>FRIDAY</u>	MORNING	AFTERNOON	EVENING	NIGHT
<u>SATURDAY</u>	MORNING	AFTERNOON	EVENING	NIGHT
<u>SUNDAY</u>	MORNING	AFTERNOON	EVENING	NIGHT
<u>MONDAY</u>	MORNING			

Please circle **ALL** times that you will be available to work. If you can be there all day, circle all shifts. If you can be there all day but not sleep overnight, circle all **except** night.

Adult (18+) Registration FREE CAMP 2010

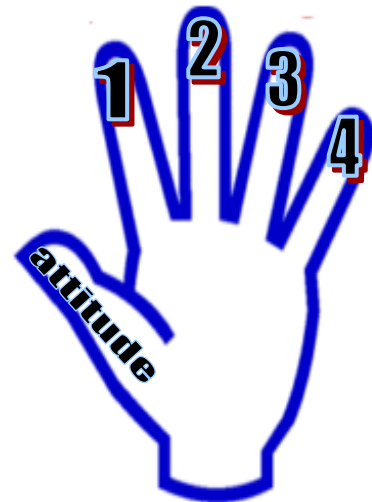
July 7-July 12, 2010

At Franklin D. Roosevelt State Park
2970 GA Highway 190 Pine Mountain, GA 31822-2200

- ✦ If possible, please mail or return completed registration form in by Sunday, June 25th, 2009.
(If you have any questions, contact William Rivera (706) 662-9873)
 - ✦ Campers may begin checking in for camp at 2:00 pm on Friday, July 9th, 2010 at CAMP Franklin D Roosevelt State Park. The time is subject to change if we are allowed to meet at an earlier time.
 - ✦ A parent/legal guardian or authorized emergency contact must personally withdraw campers through Registration before a child can leave the event or at camp dismissal.
 - ✦ CAMP DISMISSAL is at 2:00 pm on Monday, July 12th, 2009 at FD Roosevelt State Park.
 - ✦ July 7th and 8th is **Team Building**
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All Campers should follow the
**Four Rules,
One Attitude Principle**

- 1) **RESPECT** all facilities and all the people in them;
 - 2) **REMAIN** in the area until the event is over;
 - 3) **STAY IN** the boundaries of camp and camp events &
STAY OUT of areas only for a specific gender;
 - 4) **OBEY** all leaders; and
CHRISTIAN CONDUCT should be displayed at all times
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CAMPER CHECKLIST

Please make every effort to have these items.

<ul style="list-style-type: none"> ✦ All items should be brought in a duffle bag, suitcase, or backpack with your name on it. ✦ Small duffle bag/backpack to carry items during travel to events/activities ✦ Sleeping Gear (sleeping bag/bedroll, pillow, air mattress; FREE Camp does not provide beds!) ✦ Pillow ✦ Pajamas/Night Clothes ✦ Clothes for 3 days (modest shorts, pants, tops, and warm clothes in case of cool weather) ✦ Jacket/Sweater (just in case) 	<ul style="list-style-type: none"> ✦ Prescription Medication (properly marked and stored; plus, we can't make sure you take it if you don't bring it) ✦ Towels & Washcloths ✦ Shampoo & Soap ✦ Toothbrush & Toothpaste ✦ Other grooming/hygiene accessories (hairbrush, deodorant, etc.) ✦ Sunscreen & bug repellent ✦ Swimsuit (Girls: two-piece suits are to be covered with a t-shirt) ✦ BIBLE (If you don't have one, please mark it on your registration form!)
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IMPORTANT

Mark each item clearly.

DO NOT BRING:

Cell Phones, money, jewelry, radios, tape/CD players, handheld games, expensive clothes/shoes, or any other item that would cause loss if broken or misplaced.

Christian Heritage Church, affiliate & guest churches/organizations, and the workers of these organizations are not responsible for lost or broken articles.

Please return the front of the registration form to:

FREE CAMP
PO Box 6824 Columbus, GA 31917

