

# VOLUNTEER FORM



## Contact Information

Participant First and Last Names \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Are you 18 or older?  Yes  No (adult supervision is required if under 18) T-Shirt Size (circle size) S M L XL 2XL 3XL

Do you need housing provided while you volunteer?  Yes  No

\*If yes, please indicate housing preference: (circle one)

Bunk in Cabin      Bunk at Christian Center (limited)      Room at Christian Center (limited)      Bringing camper/tent

## Health Questions

1. Do you have any pre-existing injuries (ankle, knee, back, neck, shoulder, etc.) that might be aggravated by your participation?  Yes  No
2. Are you currently taking any medications?  Yes  No  
If yes, please list medications: \_\_\_\_\_
3. Do you have any health conditions you feel we should know about if you were to be injured and we needed to seek help for you?  Yes  No

If you answered YES to any questions above, please explain \_\_\_\_\_

## Insurance and Permission to Treat

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

This health history is correct to the best of my knowledge, and I believe that *my/my child's* health is satisfactory to participate in volunteering with projects of the "Ensure the Adventure" Capital Campaign. I authorize Metigoshe Ministries to take action as deemed necessary for *my/my child's* care, welfare, and health while volunteering. I consent to any medical treatment necessary to treat *me/my child* for any accident, injury, or illness arising as I volunteer for Metigoshe Ministries. I understand that a copy of this form will be provided to the doctor, hospital, or other health care provider that administers the treatment and consent to its release.

Signature of Participant or Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Participants under 18 must have Parent/Guardian signature*

## Volunteer Agreement: Assumption of Risk & Release of Liability

**I understand and assume all dangers and risks (both known and unknown) associated with my participation as a volunteer and agree to release and hold harmless Metigoshe Ministries, its employees, and Board of Trustees** for any damages to personal property or injuries of any nature, which might be incurred as a result of my voluntary decision to volunteer with the *Ensure the Adventure* Capital Campaign projects. I acknowledge that I am not an employee or agent of Metigoshe Ministries while volunteering and am not covered by Metigoshe Ministries' workforce safety insurance or health insurance. I will be responsible to pay for any medical expenses or any other damages I incur as a result of my voluntary decision to volunteer.

**I understand that volunteering with the *Ensure the Adventure* projects may be quite physically demanding**, and possess actual risk of injury – bumps, cuts, and bruises are possible, as are greater injuries including fractures and fatalities. I voluntarily choose to be a volunteer and understand it may involve bending, twisting, lifting, climbing, and increased heart or breath rates.

**I understand that Metigoshe Ministries has the right to deny participation** and that it is my responsibility as a volunteer to follow the safety guidelines and procedures established by Metigoshe Ministries and the Mission Builders. If, at any time, I do not understand or have not heard specific instructions given, I realize that it is my responsibility to ask for clarification and/or assistance.

I understand that I have the right and the responsibility to limit my participation in anything that I believe will compromise my safety, and agree to notify an employee of Metigoshe Ministries if I have safety concerns. If I choose to physically participate in any building of the *Ensure the Adventure* projects, I voluntarily assume all risks associated with such participation.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and video to be used by Metigoshe Ministries in future publications. I understand my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or video.

I assume full personal responsibility for any injury, death, loss of personal property, and expenses thereof, that may result from my negligence, or other risks associated with volunteering, including, but not limited to, those caused by the construction site, terrain, weather, my athletic and physical condition, and other volunteers.

I acknowledge that I have been given the opportunity to ask questions regarding my participation as a volunteer and any aspect of this release form.

I certify that I am fully capable of volunteering with the *Ensure the Adventure* projects and any related activities. I acknowledge that I will not volunteer with building if I am not 16 years or older.

By signing this release form, I agree that if I do sustain any injury or damage of any nature as a result of my voluntary decision to volunteer with the *Ensure the Adventure* projects, I will hold harmless and release Metigoshe Ministries from liability for any loss resulting from such participation and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy.

I acknowledge that I have completely read and fully understand all aspects of this release form and agree to its terms in its entirety. If acting as legal representative, I have shared these risks with the Minor I am signing for.

\_\_\_\_\_  
**Participant Signature** (minors must sign, to show they were made aware of the risks)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian/Legal Representative Signature** (required for participants under 18)

\_\_\_\_\_  
**Date**

### Background Investigation Consent\*

*\*Must be completed if volunteering while we have campers on-site.*

Camp Metigoshe is committed to providing a safe space for children. Therefore, it is a requirement that all volunteers complete a background check to ensure our campers' safety. I, \_\_\_\_\_ (volunteer complete name) hereby authorize Metigoshe Ministries to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer now, and if applicable, during the tenure of my volunteering with Metigoshe Ministries.

I release Metigoshe Ministries and/or its agents and any person or entity, which provides information pursuant to its authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

**Because of the sensitive nature of our ministry, please answer the following questions:**

Have you ever been convicted of a felony?	Yes	No
Have you ever been accused of inappropriate/criminal sexual behavior?	Yes	No
Have you ever been convicted of criminal sexual conduct?	Yes	No
Have you ever been accused or convicted of a crime against children?	Yes	No
Have you ever been or are you currently addicted to illegal drugs or alcohol?	Yes	No

Please explain all questions answered "yes."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Driver's License State Issued In \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian/Legal Representative Signature** (required for participants under 18)

\_\_\_\_\_  
**Date**