

# Gasconade Valley Baptist Association

## Children's Camp 2011 Adult Volunteer Registration Form

**Please fill out this form and return it to Amber Hendrix by June 6.**

All forms need to be mailed to:

Amber Hendrix  
102 W. Franklin Ave  
Owensville MO 65066

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: home (\_\_\_\_)\_\_\_\_-\_\_\_\_ cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ Known allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency contact person (please list relationship to you): \_\_\_\_\_

Contact number for this person: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Church you attend: \_\_\_\_\_

Have you attended this camp before? \_\_\_\_\_ How many years? \_\_\_\_\_

What would you like to help with at camp (circle all that apply):

Counselor    Jr. Counselor    music leader    recreation    crafts  
Bible study    kitchen help    mission study

Give a brief account of your Christian experience: \_\_\_\_\_

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What skills, certifications, or interests do you have that could be used at camp?

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**State law requires that we ask the following:**

Have you ever been arrested for child molestation? \_\_\_\_\_

Have you ever been prosecuted for child abuse or molestation? \_\_\_\_\_

I hereby attest that the above information is correct. I understand that if I have falsified any information, I may be terminated from my job. I also give permission to conduct a background check.

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, realize that by volunteering to help with Gasconade Valley Baptist Association's Children's Camp I am agreeing to show the love of Christ to the students and adults who will be taking part in camp. I am agreeing to be the best example of Christ's love I can be. I realize that if at any time my example to others becomes questionable, I may be asked to leave camp.

Volunteer's signature: \_\_\_\_\_ Date: \_\_\_\_\_