

# LaMoine Christian Service Camp

---VOLUNTEER FACULTY FORM---

Summer 2017

This form *must be filled out completely* prior to your serving as a faculty member at LaMoine Christian Service Camp. Please sign at the bottom of the form. **If you are under 18 years of age, you must have the medical release on the back of this page signed by a parent or guardian.** (You only need to fill out one form for the summer of 2017!)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE# \_\_\_\_\_ WORK PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HOME CHURCH \_\_\_\_\_

By whom were you recruited to serve? \_\_\_\_\_ Are you an immersed believer in Christ? \_\_\_\_\_

Please check the session(s) you will be volunteering at camp:

_____ Day Camp 1 (6/24)	_____ Day Camp 2 (7/22)	_____ Overnights 1 (6/9-6/10)
_____ Overnights 2 (7/2-7/3)	_____ First Chance (7/5-7/8)	_____ Junior 1 (7/9-7/14)
_____ Junior 2 (7/23-7/27)	_____ Jr. High 1 (6/25-6/30)	_____ Jr. High 2 (7/16-7/21)
_____ Niners (6/18-6/23)	_____ High Teen (6/11-6/16)	_____ Just For Girls (6/4-6/7)

Have you ever been convicted of child abuse, molestation or any other sexually related offense? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Have you ever been arrested (except for minor traffic offenses) or convicted of any other crime? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

If you have never served on faculty at LaMoine Christian Service Camp before, list two references below:

Name	Phone#	What connection to you
_____	_____	_____
_____	_____	_____

Please read and sign below:

“The above information is true to the best of my knowledge. I understand and agree that, to the extent permitted by Illinois Law, LaMoine Christian Service Camp may secure criminal history information about me. I am a committed Christian, and I will do my best to conduct myself in a manner as to cause no question to the name of Christ, or to the ministry of LaMoine Christian Service Camp.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If you are under 18 years of age, the form on the back of this page must be completed and signed by a parent or guardian.)

Return to: LaMoine Christian Service Camp & Retreat Center  
2760 East County Rd. 1600  
Tennessee, IL 62374  
(217) 654-2238

**If you are under 18 years of age, the following information must be completed:**

Volunteer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Parent/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Parent/Guardian's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian's Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Other Parent's Name (If a separate household) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Medical Information:**

If your child is a Public Aid Recipient, please provide the camp office with a copy of the card.

Volunteer's Health Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Last Tetanus Booster: \_\_\_\_\_

Volunteer is susceptible to:  Diabetes  Asthma  Seizures  Hay Fever

Volunteer is allergic to:  Poison Ivy  Mosquitoes  Bees  Penicillin

Allowed Medicine for Pain Relief:  Tylenol  Ibuprofen  None  Other

**All medicine must be left with and dispensed by the Camp's Nurse.**

Other relevant health information: \_\_\_\_\_  
\_\_\_\_\_

*In case of an emergency, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold LaMoine Christian Service Camp or its staff members, management, or officers liable unless guilty of negligence.*

- *I hereby give permission for my child to take part in all recreational and swimming activities.*
- *I hereby give permission for any photos taken during camp to be used for promotional purposes.*
- *I have read and agree to be bound by all camp policies in force.*

\_\_\_\_\_  
Parent/Guardian Signature