

NHM CAMP VOLUNTEER APPLICATION

This application is only applicable for adults (18 or older AND past final High School summer) wanting to volunteer at these events: Kids Camp and Teen Camp

By signing this form, I, _____, affirm that I have read and understand the NHM Camp Manual and will adhere to its content and processes while serving at the 2024 NHM Summer Camp events held at Tiger Mountain Conference Center in Henryetta, OK. I understand that information given on this application will be treated as confidential and will only be used to provide for a safe environment for children/youth who participate in our programs and use our facilities. Any individual wanting to participate in camps as a volunteer/worker is required to complete this application.

I consent to a background check and needed inquiries into my background that may include criminal records and other public records pertaining to me. I release NHM, TMCC, or their agent and employees and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports. The following information may be used in the check:

_____/_____/_____
Volunteer Signature Date

VOLUNTEER INFORMATION:

Legal Name: First _____ Middle _____ Last _____

List other names used (maiden/previously married name)

Social Security #: _____

Date of Birth: ____/____/____ Gender [] Male or [] Female

Current Address: _____

City _____ State _____ Zip _____

Phone Number (Cell) _____ (Home) _____

Email _____

Driver's License Number _____

Marital Status _____ Spouse Name _____

Emergency Contact _____ Phone _____

Do you have any medical training and/or CPR Certification? _____

(Please attach copy of First Aid and/or CPR Certificate/Card)

Home Church: _____

Home Church Pastor: _____ Phone Number ____/____/____

CHECK AREAS YOU WOULD LIKE TO SERVE:

- Camp Counselor Co-Camp Counselor Concessions
- Computer/Sound Sports Sports Assistant
- Photography Kitchen aid *Lifeguard
- *Medic/Nurse

***INDICATES FIELDS THAT MUST BE APPROVED BY CAMP DIRECTOR AND HAVE CERTIFICATION TO BE CONSIDERED.**

Check which camp you would like to volunteer: Teen Junior Both

T-SHIRT SIZE \$25 (PLEASE SELECT SIZE CHOICE)

SM M L XL 2XL 3XL \$5 more

CAMP PHOTOGRAPHY/VIDEOGRAPHY

I give permission for my image/likeness to be used in TMCC/NHM publications. YES OR NO

CHURCHES: IMPORTANT INFORMATION FOR CAMP COUNSELOR COST

1 free Counselor to every 4 campers (of same gender).

Example: 4 boy campers and 7 girl campers = 1 male Counselor and 2 female Counselors.

If you desire to bring additional Counselors, please contact Camp Director Joshua Freeman at (918) 978-4403 or jfreeman0775@gmail.com for confirmation of pricing.

ACTIVITY PARTICIPATION RELEASE

The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries Conference of any and all liability of any nature which may arise while _____ is a volunteer as set forth above. Undersigned further agrees to never sue or file a claim against aforesaid TMCC or New Horizons Ministries Conference for any injury which may occur to undersigned while undersigned is involved with any activities of or related to TMCC or New Horizons Ministries Conference such as but not limited to, swimming, zipline, paintball, dodgeball, etc.

Volunteer Signature Required: _____ Date _____

MEDICAL

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I _____, hereby authorize the Camp Director or Designated representative to obtain emergency medical care which may be deemed necessary for myself. Furthermore, I authorize proper dispensing of prescription drugs (if applicable) in the event of a medical emergency as listed on this application. Also, I hereby authorize any emergency medical treatment services to be called upon by the Camp Director or designated representative to render medical treatment that in their judgment may be deemed necessary for my wellbeing.

VOLUNTEER SIGNATURE REQUIRED _____ **DATE** _____

NOTE: ALL Medicines MUST be listed when Arriving/Checking in at Camp.

LIST CURRENT PRESCRIPTION DRUG(S) IF APPLICABLE

_____	_____
_____	_____
_____	_____
_____	_____

LIST ANY ALLERGIES/MEDICAL CONDITIONS/DISABILITIES

_____	_____
_____	_____

*****CONTINUE TO NEXT PAGE TO COMPLETE APPLICATION**

VOLUNTEER QUESTIONNAIRE

Answers to Questionnaire will be used to determine qualifications of the volunteer and place in the best position of interest and participation. These answers will be kept confidential

1. How long have you been attending your local NHM church? _____
2. Are you a Christian? ____ yes ____ no
3. How long have you been a Christian? _____
4. Are you a member of your local NHM church? ____ yes ____ no
5. Have you worked/volunteered with children/youth before? In what capacity?

6. Do you have any physical handicaps or challenges preventing you from performing certain activities at the camp? If yes, explain.

7. Have you ever been convicted of a crime? If yes, explain.

8. Have you ever been accused, arrested, charged or convicted of child abuse, neglect, or any criminal activity involving actual or attempted sexual molestation of a minor or other sexually related crime? If yes, explain.

9. Have you ever been treated for alcohol or substance abuse? If yes, explain.

10. Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children/youth? If yes, explain.

11. Will you be bringing any medicines with you to camp? If yes, explain.
