

Stone Soup Volunteer Application

Please print in ink

Name: _____ Date of Birth _____

Experience, Training, or Certifications _____

Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Medical insurance coverage _____ Policy # _____
(Optional Information)

Emergency contact Phone: Home _____ Work _____

Two Character References: (not relatives)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Are you a member/attendee of the Host Church? YES NO If you attend another church please list below:

Church _____ Address _____

Your Driver's License Number _____ State _____

For Volunteers 18 years of age or older. Have you been indicted for or convicted of a felony crime involving a minor or disabled person? NO YES If yes, please describe convictions for the past seven (7) years. Please use the backside of this page. This information is subject to review by a private security firm and any report is kept confidential in the church office.

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. We desire all persons to be able to serve and to be served as well.

Date of last tetanus shot: _____

For your information, we expect all campers and workers to conform to these standards of conduct

- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing
- Participation with the group is expected
- Respect one another, staff, and program directors
- Respect and comply with event schedules

Volunteer Application, Background, and Medical Release Form

What to Wear: Casual clothing to allow for movement

Food: Lunch sandwiches or snack will be provided. Bring a sack lunch if needed – refrigeration is available.

Hours: Arrive at 9:00AM for Holiday Camp @ Christmas OR Arrive at 6:00PM for Stone Soup Friday Night

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity photographs.

This event is sponsored by: **First Baptist Church, 50 Sanford Ave, Lexington, TN 38351** (hereinafter "Church")

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named volunteer.

I understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers, or campers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, be in force at the time of volunteering.

Volunteer Statement: I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with preschoolers, children, youth, or adults with disabilities /different abilities. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf. I agree to be bound by the bylaws and policies of the Church. I further state that I have carefully read this medical and background release form and understand the content thereof and I sign this release as my own free act.

Signature: _____ Date: _____

Signature of Parent / Guardian is required if volunteer is a minor _____

Please provide this completed form in advance of the event to:

Jeanne Crocker, Director, E-Mail: fbcstonesoup@gmail.com Phone: 731.549.2378

E-Mail or Call the Director to Pre-register as a Volunteer.

First Baptist Church, 50 Stanford Avenue Lexington, TN 38351, 731.968.3685

Mail, Deliver, or Scan & E-Mail the completed Application to Jeanne Crocker, fbcstonesoup@gmail.com

Training is provided. Contact the Director for time(s) and location(s).