



MISSION

Jesus Christ shares himself through relationships, programs and fun to declare His love to every person.

Volunteer Candidate Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Do you have your own transportation with insurance? _____

I am a: New Volunteer _____ Returning Volunteer _____ Are you bilingual? _____ List _____

Occupation, interests, skills, hobbies _____

Areas where you would like to volunteer? _____

Volunteer experience _____

Organizations in which you are now a member _____

Are you a Thrivent member? _____ Would you like information on becoming a Thrivent member? _____

Why do you wish to volunteer at Walcamp? _____

How did you hear about Walcamp? _____

Availability to volunteer: Regular Schedule _____ Special Events _____ As needed _____

List two references (i.e., friend, neighbor, current or former co-worker, supervisor, church affiliation, do not list relatives)

Name	Address	Phone	how long known
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In making my application for service, I express my acceptance of the Walcamp Mission and promise to uphold and interpret this to the best of my ability. **I am willing and able to attend training and will fulfill duties and responsibilities as outlined in the position description.**

Applicant's signature _____ date _____

Signature of Parent and/or Legal Guardian of minor under age 18 _____



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Volunteer Agreement & Release from Liability

Important: Each volunteer must sign the “Release from Liability Agreement” before working at Walcamp Outdoor Ministries. Read this waiver very carefully before you sign. This Release of Liability Agreement is applicable 1 year from date of signature.

I recognize that as a volunteer I represent Walcamp in public. I accept the responsibility for this status and will conduct myself in a professional manner.

I will not participate in and will report any and all instances of any sort of harassment, abuse, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: employees, volunteers, members and visitors.

I agree to maintain the confidentiality of all volunteers, members and donors about whom I have personal and identifying information. Init. _____

I agree to honor the commitment length and frequency of service that I make to Walcamp. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Init. _____

I am aware that as a volunteer I may expose myself to potential hazards which include but are not limited to: Cuts, burns, back injury from lifting, vehicular accidents, property damage, falls, bumps, bruises, environmental hazards etc. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Init. _____

I agree to use safety equipment required by Walcamp and follow Walcamp’s safety policies pertaining to the activities I am engaged in. Init. _____

I am fully able, with or without reasonable accommodation, to perform the function of the job for which I am volunteering for. Init. _____



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I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of Walcamp as a result of my participation as a volunteer. Init. ____

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for Walcamp. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances, or while being distracted by electronic devices such as a cell phone. Init. ____

As a volunteer, I grant and convey unto Walcamp all right, title, and interest in any and all photographic images and video or audio recordings made by Walcamp during my work at Walcamp.

To express my understanding of this release, I sign here.

Name of Volunteer: _____ Date: _____

Signature of Volunteer: _____

Street Address: _____ Home Phone _____

City, State, Zip: _____

E-mail Address _____ Cell Phone _____

Organization _____

Emergency Contact: _____ Phone _____

Medical Restrictions: _____

If the volunteer is under the age of 18(a minor), this Release of Liability Agreement must also be signed by a parent or guardian.

Name of Parent/ Guardian: _____ Date: _____

Signature of Parent/ Guardian _____