



CrossView Christian Camp
P.O. Box 288
Dickens, TX 79229
(806) 294-5021
www.crossviewcamp.org

Application & Release Form for Volunteers

Please respond to all questions and do not leave any response blank. If you do not believe that a response is applicable, put "not applicable" in the blank. Use additional paper to respond if necessary.

PERSONAL

Last Name: _____ Maiden: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Driver's License #: _____ State: _____ Expiration Date: _____

E-mail address: _____ Age: _____ Date of Birth: _____

Male/Female: _____ Height: _____ Weight: _____ Date of Last Tetanus: _____

Marital Status: _____ Spouse's Name: _____ Spouse's Phone: _____

Chronic Conditions: _____

Is there any health related reason that would prevent you from effectively working in an active camp environment or cause potential harm to our Campers? yes no

If yes, please describe: _____

Medicines & Dosages Currently Taking: _____

Food/Drug Allergies: _____

Health Insurance: _____ Policy #: _____

Emergency Contact: _____ Contact's Phone: _____

Hospital Preference: _____ Physician: _____ Physician's Phone: _____

Volunteer Position applying for: _____ T-Shirt Size: _____

SPIRITUAL LIFE

What church/fellowship are you a member of?

How long have you attended that church?

Pastor's Name:

How often do you attend church?

Did/do you work with children at your church? *yes no*

If you did/do work with children there, in what capacity?

Do you consider yourself to be a positive role model for others? *yes no*

Please explain why:

Please explain salvation as you understand it:

Have you accepted Jesus Christ as your Lord and Savior? *yes no* When?

Have you ever led another person to Christ? *yes no*

Are you comfortable sharing the Gospel? *yes no* If no, why not?

PERSONAL INTEGRITY/CRIMINAL HISTORY

Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or that might cause a child potential harm? *yes no*

Have you ever been charged with, indicted for, or plead guilty to a crime? *yes no*

Have you ever been charged with, indicted for, or plead guilty to an action prohibited by the Texas Family Code, or a similar code in any state? *yes no*

If *yes* to any of the above 3 questions, please explain:

Have you been known by any other name? *yes no* If *yes*, list all other names:

Are willing to be fingerprinted & background checked by a national agency? *yes no*

If *no*, why not?

DISCLAIMER

The information contained in this application is correct to the best of my knowledge. I authorize CrossView Camp to obtain information from churches listed herein. I also authorize any churches or other organizations listed in this application to give you any information, including opinions, that they may have regarding my character and fitness for the volunteer position for which I am applying. In consideration of the receipt and evaluation of this application by CrossView Camp, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of CrossView Christian Camp & Retreat Center. I agree to refrain from unscriptural conduct in the performance of my duties on behalf of CrossView Christian Camp & Retreat Center. I understand the Camp's desire to protect its Campers, and I therefore give my permission for Camp leadership to conduct a criminal background check on me and to maintain my fingerprints and a photo I.D. on file.

I further state that I have carefully read the foregoing release and know the contents thereof; and I sign this release as my own free act. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or future termination without advance notice.

I authorize CrossView Christian Camp & Retreat Center to supply my employment record (or volunteer record), in whole or in part, and in confidence, to any prospective or future employer, governmental agency, or other party, with a legal and proper interest therein.

Applicant's signature: _____ Date: _____

EMERGENCY PROCEDURES

According to Texas State Law, you must read & sign the following:

1. In case of tornado: If Campers are in their Cabins, Campers are to seek shelter beneath the bunk beds. If Campers are outside, they are to go to the Dining Hall and seek shelter underneath the tables.
2. In case of a fire, Campers are to exit the building and remain a minimum of 200 feet from the building.
3. In case of a severe thunderstorm, Campers are to seek shelter immediately.
4. In case of serious accident, dial 911, then contact the Camp Safety Officer and Camp Director.
5. In case of an epidemic, contact the Camp Director who will contact the proper authorities.
6. In case of a fatality, dial 911, then contact the Camp Safety Officer and Camp Director.
7. For any other emergency, contact the Camp Director for further instructions.

I have read the above Emergency Procedures and will follow them while at CrossView Camp.

Applicant's signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION

Important: This is a legal document, a release of liability, and release to seek medical treatment. Please read and understand before signing.

In order to participate in the activities and events at CrossView Christian Camp & Retreat Center, this document must be signed by the adult wanting to participate, or the parent/legal guardian of any minor wanting to participate.

I understand that:

- Activity programs involve the use of equipment and physical skills of the participant, and that participating in these and related activities may result in injury.
- Participants in our high ropes course may be more than twenty feet above the ground, belayed and/or suspended above the ground, falling, climbing, running, jumping, and moving about the course.
- The possibility exists that a participant in our high ropes course could fall and hit the ground, another participant, or another object.
- Accidents can occur hiking. Trails are often steep, rocky, and slippery.
- A participant may be exposed to natural elements which can be uncomfortable or harmful, possibly resulting in sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, hypothermia, or frost bite.
- Participation in camp activities will increase heart rate.
- CrossView Christian Camp includes swimming as a part of its activities program, and certain risks exist in and around swimming pools.
- Many natural hazards exist in a rural setting. Insect, reptile, and/or animal bites may be experienced while participating in the programs of CrossView Christian Camp & Retreat Center.
- CrossView Christian Camp includes paintball as part of its activities program, and certain risks exists on the paintball field and with the use of paintball markers.

I understand the list of potential risks is not exclusive or exhaustive. I understand that no activity program is absolutely safe and free from risk. I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activity programs at CrossView Christian Camp & Retreat Center resulting from negligence on my part, that of my family, or employees, officers, directors, or agents of CrossView Christian Camp & Retreat Center. I affirm that I am fully capable of participating in this activity and that my general health is good. I do not have any condition that might endanger the life or health of myself or others participating in this activity. I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child.

Printed: _____ (Participant's Name)

Signed: _____ (Participant or Parent/Guardian of Minor)

Today's Date: _____ Camp Date: _____

MEDICAL RELEASE

I give my permission to the employees, agents, sponsors, or directors of CrossView Christian Camp & Retreat Center to act on my behalf in the event I or my child require medical attention while participating in the events and activities of CrossView Christian Camp & Retreat Center.

Signed: _____ (Adult Participant) Date: _____

Signed: _____ (Parent/Guardian of Minor Participant) Date: _____