

All adult Camp Volunteers are required to fill out an application and have your background checked. This process is a mandatory pre-employment screening for anyone working in the area of children's ministries to prevent sex offenders from access to our kids. The background process must be completed prior to coming to camp/retreat.

Anyone not complying with this process will not be allowed to work at Camp/Retreat.

Please send this completed and signed Workers Registration Form to the Camp at: Intermountain Christian Camp Rt. 1 Box 1283 Fairfield, ID 83327 as soon as possible. All information obtained in this process will be held confidential and private.

We do not charge for week-long summer camp volunteers.

RETREAT ADULT PRICING: One FREE Youth Leader fee per 10 students, all other adults \$22 per adult. If your group has less than 10 students Adult rate is \$22 per adult.

PLEASE NOTE: There is a \$10 late fee for STUDENTS & ADULTS if you do not have **BOTH** the form & the fee postmarked by the cut off date printed in the advertisement posters. You can pay online www.iccfairfield.com

Refund Policy: 100% prior to 1 week of retreat, anytime after that is 50%.

2012 CAMP WORKERS REGISTRATION FORM

This information is to be completed by ALL staff members, regardless of your responsibilities.

TEEN WINTER RETREAT Feb 17-19, 2012

Name _____ Male Female

Address _____ Phone _____

City _____ State _____ Zip _____ e-mail _____

Date of birth _____ Social Security # _____

Current Employer & Address _____

_____ Title _____ Yrs. employed _____

Have you been water baptized by immersion? _____ Church you attend _____

PLEASE SUBMIT A LETTER OF RECOMMENDATION FROM YOUR PASTOR OR CHURCH ELDER IF YOU HAVE NOT WORKED AT OUR CAMP PREVIOUSLY. INCLUDE A LIST OF ORGANIZATIONS IN WHICH YOU HAVE WORKED WITH YOUNG PEOPLE DURING THE PAST FIVE YEARS. LIST PHONE NUMBERS AND NAME OF CONTACT PERSON.

Have you ever been convicted of a felony or formally charged with child abuse? Yes No If yes, please explain.

Is there any reason that you know of which would cause the camp board to question your involvement with young people? Yes No If yes, please explain.

Do you have any medical problems or allergies of which we should be aware? Yes No If yes, give details.

Do you react to penicillin or other drugs? Yes No If yes, give details.

Are you on a special diet or take any medication? Yes No If yes, give details.

Name of person to contact should an emergency arise:

Name _____ Relationship _____ Phone _____

Camp worker's printed name _____

Name of primary insured _____ Date of last tetanus booster _____

Primary Health Ins. Co. name, complete address and phone number:

Primary Ins. Policy # _____ Primary Insurance Group # _____

Photos and/or video may be taken of you or your child for promotional purposes such as brochures, posters, or the camp website. By signing below, you give permission to the camp to use the videos and photos if necessary. If you chose NOT to do so, please note it here.

The information contained in this form is correct to the best of my knowledge. I authorize any church or organization listed in this form to give you any information they have regarding my character and fitness for youth work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you. I understand that the information gathered through this form and subsequent interviews may be reviewed by the camp board and managers to determine my moral and ethical competency for youth work and will be held in confidence outside of the leadership. Furthermore, I agree to be bound by the constitution and bylaws and policies of Intermountain Christian Camp, and to refrain from any unscriptural conduct in the performance of my ministry on behalf of the camp.

I UNDERSTAND AND HERBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERE TO. I do, for myself, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge _____ Church and the Intermountain Christian Camp, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my participation in the described activity or in any other associated activities including, but not limited to, any injury to me or my property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the States of Idaho, Oregon, and Utah and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Signature _____ Date _____

PLEASE HAVE PARENT SIGN CONSENT IF CAMP WORKER IS UNDER 18 YEARS OLD

I certify that my minor child _____ is able to attend and participate in Christianity being taught and in any activity directed by Intermountain Christian Camp during the summer of 2010 such as: bike riding, swimming/water activities, competitive games, etc. Permission is also granted for my child to ride in any vehicle designated by his/her instructor or the camp director while participating in or traveling to and from such activities.

In the event that an emergency occurs, I hereby give permission to the physician selected by the Intermountain Christian Camp to secure proper treatment for my child _____. I may be reached at the telephone number provided. If I or emergency contact person cannot be reached within a reasonable period of time, as determined by church/camp officials, I hereby authorize the church/camp officers, to make emergency medical decisions for my child. This is also to certify, to the best of my knowledge, that the above named child has no physical defects or illnesses (except as noted on this form).

Signature _____ Printed name _____ Date _____