

Camp Restore

Phone: 1-888-248-2636

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Fax: 504-242-5885

(Please print clearly)

VOLUNTEER INTAKE FORM

(Required for all volunteers)

Church/Organization/City/State: _____

Group Leader Name: _____

Volunteer Name: _____ Birth Date: ___/___/___

Address: _____ City & State: _____, Zip: _____

Home Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____ (print clearly)

Arrival Date & Time: ___/___/___ ____:___ am/pm Departure Date & Time: ___/___/___ ____:___ am/pm

Flying/Renting/Driving Vehicle w/hitch? **YES/NO** Hitch ball size: 2"/other _____ Top bunk? **YES/NO**

- Male Female Youth 16 to 18 years old Youth 13 to 15 years old
 I am a certified Immediate Responder I speak this language _____ interpret: YES/ NO
 I am a member of **Thrivent Financial for Lutherans**
 I am part of a church. Denomination: _____ LCMS/ELCA Congregation: _____
 I have previous disaster experience (where/when) _____

Photo/Audio/Video Release

I _____ hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular Camp Restore activities through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of the Lutheran Church Missouri Synod and the Southern District LCMS Recovery Assistance, Inc.—including Camp Restore—and waive any rights of compensation or ownership thereto.

Volunteer Signature: _____ Date ___/___/___

Parent/Guardian Signature: _____ Date ___/___/___

Participant Liability Release

I, _____ acknowledge and state the following: I have chosen to perform clean-up/construction work in the wake of Hurricane Katrina.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity, work around mold, and that some activities may take place on ladders and building framing other than ground level. I will only work within my physical capabilities. **I certify that I am in good health and physically able to perform this type of work.**

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for my accommodations during the trip.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from Camp Restore and the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Camp Restore, Southern District LCMS Recovery Assistance, Inc, the Lutheran Church—Missouri Synod, any and all affiliated churches, facilities or organizations, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith.

Volunteer Signature _____ Date ___/___/___

Parent/Guardian Signature: _____ Date ___/___/___

Medical Information and Authorization

Medical insurance is required

I _____, authorize _____
(participant) (another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medial diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

Med. Ins. Provider _____

Policy Number _____

Information about **Allergies, Medication, and Particular Health Problems:** _____

I have a **history of reactions to heat** environments: **YES / NO** **Diabetic: YES / NO** I have a history of **seizures: YES / NO**
I consider myself **healthy enough to fulfill my responsibilities** on the volunteer. **YES/NO**

Emergency Contact Information:

Name: _____ Phone: () - _____ Cell: () - _____

Date of last **tetanus shot** ____/____/____ (MUST be within last ten years, **preferably five**)

Volunteer Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Parental Release

(Required for all volunteers under 18)

Name of Volunteer Minor: _____

I, (parent or legal guardian) _____, hereby give permission for my child to serve in the Disaster Response project coordinated by Camp Restore. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and /or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold Camp Restore, The Lutheran Church Missouri Synod, RAI Ministries, any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees, liable for any injury or damage to my child while engaged in disaster projects.

Home Telephone () - _____ Work Telephone () - _____

Relationship to participant: _____

Physical limitations, Special needs that might affect your child's work: _____

Parent/Guardian Signature: _____ Date ____/____/____