

SCREENING FORM FOR VOLUNTEERS AND STAFF
VOLUNTEERS UNDER 18 YEARS OF AGE MUST ALSO COMPLETE PAGE 3
WONDER VALLEY CHRISTIAN CAMP

Wonder Valley exists for the purpose of leading the unsaved to Christ, and helping Christians to grow in the Lord. Volunteer faculty and/or staff members have the responsibility of showing Christ to the campers through the programs scheduled by the Deans. These programs must be provided for the camper in a safe environment. You can help us assure this safety to our campers by filling out the following questions. Only volunteer faculty or staff that have one of these questionnaires filled out and on file in the office will be allowed to stay at camp.

The STATE OF INDIANA RULES AND REGULATIONS FOR YOUTH CAMPS Rule 410 IAC 6-7.2 and our LIABILITIES INSURANCE requires us to have this information in our files.

First Name	Middle Name	Last Name	Social Security Number-ages 18 and over	Date of Birth	Gender
Address			City	State	Zip
Home Phone	Cell Phone	Work Phone	E-mail		
Occupation			Place of Employment		
Marital Status	Spouse's Name	Children's names			
Are you an immersed believer in Christ?	What year did you become a Christian?	Your church name			

Please check the event(s) that you will be working in camp:

- Event**
- Work/Study
- Jr Faculty Training
- 6th, 7th, & 8th Grade I
- Canoe Trip
- 4th & 5th Grade I
- 6th & 7th Pioneer I
- Happy Day Camp I
- Primary Pioneer I
- 5th-7th Girls Basketball
- 5th-7th Boys Basketball
- 5th-7th Horse Camp
- 5th-7th Girls Crafts Camp
- 5th-7th Theatre Camp
- 5th-7th Boys Outdoor Sports

- Dean(s)**
- John Trinkle*
- Don Watts*
- Jeff Price*
- John Wisley*
- Jeff Weinsheimer*
- Brien Stout*
- Tom Bostic*
- Rodney Sweeney*
- Tracy Weaver*
- Tracy Weaver*
- Michelle Yoder*
- Missi Keiser*
- Katie Heid*
- Dee Kinman*

- Event**
- 4th & 5th Pioneer I
- Teen Week
- Primary Sleepover
- First Chance
- 8th 9th & 10th Grade
- Primary Pioneer II
- B.L.A.S.T. Week
- 4th & 5th Pioneer II
- 8th & 9th Pioneer
- Happy Day Camp II
- 4th & 5th Grade II
- 6th & 7th Pioneer II
- 6th 7th & 8th Grade II

- Dean(s)**
- Van Vuyovich*
- Fusion Leaders*
- Eric Mullins*
- Tammy McGuirk*
- Don Watts*
- David Springer*
- John Trinkle*
- Dee Sweeney*
- C J Sweeney*
- Sherman Thomas*
- Kasey Tobias*
- Oakley Barger*
- Kevin R Beck*

Who recruited you to volunteer at camp? _____

Have you ever been accused of, charged with, or convicted of child abuse, molestation or any other sex offense?

NO YES If yes, please explain_____

(Over)

Have you ever been arrested (except for minor traffic offenses) or convicted of any other crime? NO YES

If yes, please explain_____

Are there any facts or circumstances of your life that would call into question your being entrusted with the supervision, guidance, and care of minors? For example: chemical/substance abuse, mental/physical health issues (Hepatitis, Communicable diseases, HIV+, etc.) NO YES If yes, please explain.

Please list two references below:

Name	Phone #	What Connection to You
_____	_____	_____
_____	_____	_____

Please Read and Sign Below:

"The above information is true to the best of my knowledge. I understand and agree that, to the extent permitted by Indiana Law, Wonder Valley Christian Camp may secure criminal history information about me. I am a committed Christian, and I will do my best to conduct myself in a manner as to cause no question to the name of Christ or to the ministry of Wonder Valley Christian Camp."

Signature_____ Date_____

(If you are under 18 years of age, the health information and parent or guardian signature on page 3 must be completed and returned with this form).

**ALL VOLUNTEERS UNDER 18 MUST FILL OUT THIS PAGE IN ADDITION TO PAGES 1 AND 2
PARENT MUST SIGN THIS FORM
HEALTH RECORD / RELEASE FORM FOR JUNIOR FACULTY**

I attest that the faculty member for whom this application is made is in good physical condition and is able to participate in all camp activities.

Exception: _____

If faculty member has had a history of drug allergies, please list _____

Please list all medicine presently being taken _____

List any non-prescription drug restrictions _____

Date of last tetanus booster? _____ Is this person allergic to bee stings? _____ Other allergies? _____

Is this person free of communicable diseases? _____ Yes _____ No If No, explain: _____

Has this person had serious injury or surgery? _____ Yes _____ No If Yes, explain: _____

Physician _____ City _____ Phone # _____

I do hereby state that I am the parent or legal guardian of _____ a minor. And I authorize
(Printed Name of Faculty Member)
Wonder Valley Christian Camp in the city of Salem, county of Washington, state of Indiana to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is made with my approval. I agree to the above statements and will in no way hold the camp management responsible for any accident that might befall the applicant caused by negligence or disobedience on the part of the campers.

Printed Name of Parent or Legal Guardian

X _____
Signature of Parent or Legal Guardian

Date _____