



# Volunteer Application

*Please use black or blue ink only*

## General Information:

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden or Other Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Church Name \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

Have you volunteered at one of the IBA children's camps before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where would you like to volunteer? \_\_\_\_\_ 3/4 counselor \_\_\_\_\_ 5/6 counselor  
\_\_\_\_\_ TOM counselor \_\_\_\_\_ Support Staff \_\_\_\_\_ Track Leader  
\_\_\_\_\_ Caregiver/Nurse \_\_\_\_\_ Missionary \_\_\_\_\_ Other \_\_\_\_\_

Do you have a current Red Cross First Aid & Adult CPR Certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

Skills & talents \_\_\_\_\_

## References:

Name (Pastor or Sunday School Teacher) \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name (non-family member) \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Medical Information:

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Dietary or Other Special Needs: \_\_\_\_\_



**Briefly share your testimony:**

**How are you currently serving at your church/ Where have you served in the past?**

**Statement of Beliefs:**

By participating in this event you are agreeing to uphold IBA beliefs and values expressed in the Baptist Faith and Message. For a copy of our beliefs visit: <http://www.sbc.net/bfm2000/bfm2000.asp>

Camp leaders reserve the right to discuss matters of belief and behavior with any participants.

**Medical Release:**

I give permission for emergency medical treatment by a hospital and doctor or other qualified medical personnel selected by the official representatives of the camp, and hereby agree to release and hold harmless the Interstate Baptist Association and its staff/employees from all liability and expense whatsoever for any injury resulting from any cause.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to your church leader unless otherwise directed.**

Interstate Baptist Association  
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