



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 & City: _____

Have you volunteered at the IBA Preteens in Action Camp before? _____ Yes _____ No

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

Tee Shirt Size (Adult sizes): _____ Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL

If you would like to order an optional sweatshirt, enclose an extra \$35 and select a size below:

_____ AS _____ AM _____ AL _____ AXL _____ AXXL _____ AXXXL

Where would you like to volunteer? _____ Other: _____

_____ Grades 3/4 Counselor _____ Grades 5/C counselor _____ TOM Counselor _____ Missionary

_____ Track Leader _____ Caregiver/Nurse _____ Support Staff

Please list your skills & interest: _____

References

1) **Pastor or Ministry Leader:** What is his/her relationship to you? _____

_____ *Name* _____ *Phone* _____ *E-mail*

How long has this person known you for? _____

2) **Non-Family Member:** What is his/her relationship to you? _____

_____ *Name* _____ *Phone* _____ *E-mail*

How long has this person known you for? _____

Medical Information

Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Subscriber Name: _____ Subscriber #: _____

Medical Conditions or Allergies: _____

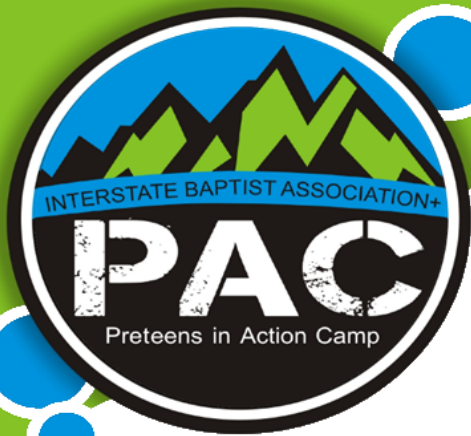
Dietary or Other Special Needs: _____

Emergency Contact Information

Name: _____ Relationship to You: _____

Work Phone: _____ Mobile Phone: _____

Home Phone: _____ Other: _____



How did you entered a personal relationship with Jesus and how does this relationship affect your life?

How are you currently serving at your church & how 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: bfm.sbc.net
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/volunteers from all liability and expense whatsoever for any injury or illness resulting from any cause.

Signature: _____ Date: _____

Refunds

Fees may not be fully refundable due to incurred expenses.

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

Interstate Baptist Association
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