



Volunteer Application Form

If handwriting this, please use black/blue ink

General Information

Name: _____
First Middle Last

Maiden/Other Name: _____ Birth Date: _____ Biological 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 5/6 counselor ___ Missionary ___ Worship team

___ Track Leader ___ Nurse/Caregiver ___ Support Staff ___ Setup/Cleanup

Please list your skills & interests: _____

References

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

Name Phone E-mail

For how long has this person known you? _____

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

Name Phone E-mail

For how long has this person known you? _____

Security Background Check Confirmation



*Every volunteer must have a background check performed on them by his/her church.
Have the person responsible for these at your church verify this information & sign below:*

Date of Background Check: _____ Background Check Company: _____

Are there any concerns about this volunteer working with children? (Explain, as needed)

Name & Position of Verifying Church Personnel: _____

Signature: _____ Date: _____

Applicant Questions

1. How did you enter a personal relationship with Jesus & how does this relationship affect your life?

2. How are you currently serving at your church & how have you served in the past?

Medical Information

Physician: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Subscriber Name: _____ Subscriber #: _____
Medical Conditions or Allergies: _____
Dietary or Other Special Needs: _____
Other Special Needs or Concerns: _____

Emergency Contact Information

Name: _____ Relationship to You: _____
Work Phone: _____ Mobile Phone: _____
Home Phone: _____ Other: _____

Signature for Agreement & Releases

Refunds: Fees may not be fully refundable due to incurred expenses.

Beliefs: By participating in PAC you agree to uphold IBA beliefs & values expressed in the Baptist Faith and Message (bfm.sbc.net). Camp leaders reserve the right to discuss matters of belief and behavior with all participants.

Photo/Video: I give permission for images, audio, & videos of me captured during PAC to be used for the purposes of IBA's promotional material & publications. I waive any rights of compensation or ownership thereto. I also give my permission to be photographed in group photos that will be distributed to other participants.

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

Signature: _____ Date: _____

Return this form to your church leader unless otherwise directed

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