

VOLUNTEER APPLICATION FOR CHILDREN'S GRIEF CAMP 2020

**(CAMP DATES: June 13th and 14th) 9am-4pm
Covenant Hills Camp * 10359 Farrand Rd. * Otisville, MI 48463**

**CAMP TRAINING FOR BUDDIES: Wednesday, May 20, 2020 at 5:30pm
The Medical Team Hospice * 4400 S. Saginaw St., Suite 1300 * Flint, MI 48507**

Please complete application (front and back) and return to:

**The Medical Team Hospice
ATTN: Jamie Rhew
Email: JRhew@medteam.com
4400 S. Saginaw St., Suite. 1300
Flint, MI 48507**

First Name: _____ Middle Initial: _____ Last Name: _____

Previous Name or Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

DOB: ___/___/___ Place of Birth (City, State): _____ Country of Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-MAIL Address: _____

Height: _____ Weight: _____ Gender: _____

Do you have any felony charges pending against you? (Circle) Y N

Have you ever plead guilty or been convicted of a crime? (Circle) Y N

Explain: _____

Past Losses you've experienced: _____

Counseling experience or experience working with children? ___Yes ___ No If Yes, please describe (send resume if desired) :

T-Shirt Size: (Check One) Small___ Medium___ Large___ X-Large___ 2X___ 3X___ 4X___

**Please list 1-3 the age preference you would like (1 being first choice)
This will assist us in planning the assignments for each volunteer.**

_____Age 6-8 _____ Age 9-10 _____ Age 11-12 _____ Age 13-16

RELEASE/CONSENT FORM
(Initial Next to Each Number)

_____1. In my role as a CAMP TMT 2020 volunteer, I understand the need for confidentiality and do hereby agree to honor said policy. All matters discussed will remain confidential, except those matters related to instances of harm or threat of harm to any person, child abuse or neglect.

_____2. I understand my responsibility to protect myself and the children who attend Camp TMT 2020 and I understand I am not to be alone with a child at any time unless I am in a clear view of other camp personnel.

In the event I suspect or discover instances of harm or threat of harm to any person, or instances of child abuse or child neglect, I understand I am under an affirmative duty to disclose such instances to the TMT Camp Director immediately.

“Child abuse” means:

- (1) The physical injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate the child’s health or welfare is significantly harmed or at risk of being harmed; or
- (2) Sexual abuse of a child, whether physical injuries are sustained or not.

“Neglect” means the leaving of child unattended or other failure to give proper care and attention to a child by the child’s parents, guardian, or custodian under circumstances that indicate that the child’s health or welfare is significantly harmed or placed at risk or significant harm.

_____3. I hereby authorize The Medical Team Hospice to release my photograph for publication. I understand that any prints or slides made while involved with Camp TMT 2020 shall be used by The Medical Team Hospice for the purpose of volunteer recruitment, promotional use, and/or educational purposes. The aforementioned photographs may be modified, edited, or retouched by The Medical Team Hospice in using them for the purposes previously specified.

_____4. I agree to allow The Medical Team Hospice to conduct a background check.

_____5. I HEREBY RELEASE AND DISCHARGE THE MEDICAL TEAM HOSPICE, ITS AGENTS, AND OFFICERS FROM ALL CLAIMS, DEMANDS, ACTINS AND JUDGEMENTS WHICH I HAVE AGAINST THE MEDICAL TEAM HOSPICE FOR ALL PERSONAL INJURIES EITHER PHYSICAL OR EMOTIONAL, KNOWN OR UNKNOWN AND INJURIES TO PROPERTY, REAL OR PERONSAL, SUSTAINED DURING MY PARTICIPATION IN CAMP TMT 2020, WHETHER THE INJURY IS DUE TO NEGLIGENCE OR ANY OTHER FAULT.

_____6. I, the undersigned, have read this release and understand all of its terms. I am over eighteen (18) years of age and have voluntarily entered into this agreement. (For those under 18, agreement must be co-signed by parent or guardian)

_____7. I understand that the Medical Team Hospice CAMP TMT may make recordings of this camping event. I agree to authorize CAMP TMT to have and use reasonable photographs, slides, moving pictures, and audio/video tapes of myself for purposes of legitimate CAMP TMT records, public relations and/or advertising?

Signature

Date

Emergency Contact Person: _____

Phone #: _____



WAIVER, RELEASE, AND INDEMNIFICATION

UPON CAREFUL READING AND CONSIDERATION, _____ (Print Name of Participant), RECOGNIZES THAT SOME OF THE ACTIVITIES FOR WHICH HE/SHE DESIRES TO PARTICIPATE IN AT COVENANT HILLS CAMP & RETREAT INHERENTLY CARRY THE RISK OF INJURY, IN ADDITION TO THE NORMAL RISKS ASSOCIATED WITH BEING AT CAMP PROPERTY AND REGULAR ACTIVITIES. PARTICIPANT HAS ASKED TO PARTICIPATE AND ACKNOWLEDGES THE INHERENT RISK OF INJURY AND HARM. BY SIGNING BELOW, IN CONSIDERATION OF, AND AS PART OF PAYMENT FOR THE RIGHT TO PARTICIPATE IN ACTIVITIES ARRANGED AND PROVIDED FOR PARTICIPANT BY COVENANT HILLS CAMP & RETREAT, PARTICIPANT AGREES TO ASSUME THE RISK OF PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE ASSOCIATED WITH COVENANT HILLS CAMP & RETREAT ACTIVITY PROGRAMS, AND TO RELEASE AND INDEEMNIFY COVENANT HILLS CAMP & RETREAT, IT’S OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY FOR NEGLIGENCE AND COSTS IN CONNECTION WITH PARTICIPANT’S PARTICIPATION IN ACTIVITY PROGRAMS AT COVENANT HILLS CAMP & RETREAT.

While Covenant Hills Camp & Retreat (CHC) does not want to frighten you or reduce your enthusiasm for these activities, CHC does acknowledge and advise that it is important for Participant to be informed and know in advance about inherent risks. You hereby attest as follows:

By signing below, I acknowledge that I have asked to participate in the CHC activities, programs, and related events. Among others, these activities include, but limited to, hiking, tubing, sledding, ropes course, climbing, zip line, archery, all waterfront activities, playground equipment, outdoor and indoor play, horse/wagon rides, campfires and others, I understand that participation in these activities is not without risk.

I understand that no activity program is absolutely safe and free of risk. I agree to assume full responsibility for myself and for my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activities and the program at CHC resulting from negligence on my part and that of my family or officers, directors, employees, and agents of Covenant Hills Camp & Retreat.

I affirm that I am fully capable of participating in the activities and that my general health is good, and that I do not have any conditions that might endanger the life or health of myself or others participating in camp activities. I affirm that I know of no reason why I should not participate.

I understand the signature of the parent or guardian for a minor on this document is intended to have the parent or guardian be bound and commit the parent or guardian to not take action on behalf of such minor child.

This ACKNOWLEDGEMENT & ASSUMPTION OF RISK, WAIVER, RELEASE AN INDEMNIFICATION liability release and indemnification agreement shall legally binding upon my heirs, assigns, legal guardians, personal representatives, and myself. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain rights of my own free will that I otherwise my have.

Unless checked, I give my permission for the use of photographs and/or video including my son/daughter/myself to be used in camp publicity.

PARTICIPANT SIGNATURE

DATE

If Participant is a minor:

PARENT OR GUARDIAN

DATE