

# STONE SOUP

## Volunteer Application

APPLICANT INFORMATION				
Last Name		First		M.I.      Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Days Available	M T W TH F	Which Camp?	Stone Soup FACES	Date of Birth
Experience, Training, or Certification				
Have you volunteered for us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have experience with the special needs community?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have family members who are enrolled campers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Have you ever been convicted of a felony involving minors or those with special needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

OTHER INFORMATION				
Medical Insurance		Policy Number		
School	Have you graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, grade in school
Strengths		Weaknesses		
Emergency Contact	Relationship		number	
Second number	Drivers License #			
t-shirt size				Do you have any physical limitations we need to be made aware of for your

**For your information, we expect all campers and workers to conform to these standards of conduct**

No possession or use of alcohol, drugs, or tobacco

No offensive or immodest clothing - shorts, skorts, and skirts should be fingertip length when arms are by sides. Shirts should be modest and not expose bra.

Participation with the group is expected

Respect one another, staff, and program directors

Respect and comply with event schedules

All electronics (cell phones, ipods, ipads, etc.) should not be used during camp hours except when a part of a camper's programming. Cell phones can be checked at breaks.

**What to Wear: Casual clothing to allow for movement**

**Hours: Arrive at 8:45 for Camp Days, Leave at 2:30 for Stone Soup Camp, 3:30 for FACES**

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity photographs.

This event is sponsored by Stone Soup, MONROE, GA. (hereinafter "Camp")

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Camp and its staff along with the host church and any of its staff of any liability against personal losses of named volunteer.

I understand that there are inherent risks involved in any camp or athletic event, and I/we hereby release the The Camp and it's staff, along with the host Church, its pastors, employees, agents, and volunteer workers, or campers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Camp, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, be in force at the time of volunteering.

Volunteer Statement: I authorize references listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with preschoolers, children, youth, or adults with special needs/different abilities. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf. I agree to be bound by the policies of the camp and its host church. I further state that I have carefully read this medical and background release form and understand the content thereof and I sign this release as my own free act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent / Guardian is required if volunteer is a minor** \_\_\_\_\_  
**Please provide this completed form in advance of the event to:**

Tamila Burt  
Stone Soup  
1789 HWY 11, NW  
Monroe, GA  
30656

Or email to [tadburt@att.net](mailto:tadburt@att.net)

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date