

Volunteer-Buddy Registration Form

Cost: \$108.00 by April 26 \$1: (Deposit of \$50 saves a spot. P	18.00 after April 26 Please make checks payable to LBC)
Buddy/Volunteer First Name	Last Name _	
Date of Birth/	Age	Gender
Address		
City	State	Zip
Phone Number	Email Address	
T-Shirt Size		
Do you have a Camper you would like	to work with? Yes No	
Name		
Home Church/Organization Name _		
Home Church/Organization City		
T-shirt Size (Please Circle):		
Youth Medium Youth Large Adult	Small Adult Medium Adult La	rge
Adult XL Adult XXL Adult	3XL	
AUTHORIZATION CONSENT I authorize the Church/Organization alto have access to all of my registration	• • • • • • • • • • • • • • • • • • • •	•
EMERGENCY CONTACT	Timormation (entire Answer).	3 140
Emergency Contact #1: Full Name		
Emergency Contact #1: Relationship		
Emergency Contact #1: Phone Numbe		
Emergency Contact #2: Full Name		
Emergency Contact #2: Relationship		

Emergency Contact #2: Phone Number _

INSURANCE & HEALTH INFORMATION Insurance Company _____ Name on Insurance Policy Insurance Company Phone ______ Policy Number _____ Does your Insurance Company require notification prior to emergency health care at a hospital? Yes No If yes, Phone Number _____ Mailing Address for Medical Claims (see back of insurance card) How would you rank your overall health (Circle One)? Poor Fair Average Good Great Excellent Are you on any medication? Please list all prescription medications Health Needs: (allergies, special diet, physical restrictions) Date of Most Recent Tetanus Booster **WALK WITH CHRIST** Tell us briefly about your salvation experience. Tell us briefly about your Christian growth since you were saved. Do you have any previous experience working with individuals with special needs? No Yes If so, please explain. What Volunteer position would you like to have? By signing below, you are stating that the above information & agreements are correct to the best of your knowledge.

Today's Date

Volunteer/Buddy Signature