

IKC-2022 Work Camp Volunteer Registration Form

Adult



Work Camp Week (specify): _____, 2022

Complete this registration form (3 pages) for each volunteer.

List the dates you will be volunteering. Arriving _____ Departing _____

Total number of nights _____

Daily Fee: \$25.00 per volunteer Weekly Fee - \$125.00 per volunteer

Make your check payable to the "IN-KY Conference" and write "2022 Work Camp" in the memo area

Mail the payment and this registration form (all pages) to the Work Camp Registrar:

Penny Davis 7750 Dix Road, Indianapolis, Indiana 46259.

For more information e-mail pdavis7750@comcast.net or call 317-509-7638 (c)

Receipt of registration form, background check, and payment reserves your spot.

Registration Deadline: 3 weeks prior to the first day of workcamp.

Volunteer's Name _____ Birth date: _____
(Print clearly) (First) (Middle) (Last) (mo-day-year – xx-xx-xxxx)

Street Address: _____ City _____ State _____ Zip _____

Phone - Cell: (____) _____ Home: (____) _____ Work (____) _____

Your Email address: _____
(Print clearly)

Your Church _____ City _____ State _____

Your skills:
(circle all that apply) painting plumbing electrical HVAC carpentry wood trim
decks masonry dry wall hanging dry wall finishing siding roofing flooring lawn
care cleaning food prep Other: _____

BACKGROUND CHECK POLICY (18 years or older)

Volunteers participating in the IKC work camp 18 years or older (on the first day of the work camp) **must** complete a background check every (5) five years. The IKC uses Praesidium to perform a confidential background check. Go to the IKC Disaster Preparedness Webpage and click on the background check button. This will send the volunteer to the Praesidium website with instructions on completing the background check. There is a \$12.00 on-line fee for this service. Once approved, the volunteer and the IKC office will be notified via email.

Have you completed a background check in the past (5) five years? (Circle) Yes No

If yes,
When? _____

By what agency? _____

If other than, Praesidium through the IKC Office, please copy and send your background check verification via. mail or email to the IKC office:

Attn: Business Manager
Indiana-Kentucky Conference, UCC
1100 W. 42nd Street, Suite 155
Indianapolis, IN 46208

or via. email attachment:
ikc@ikcucc.org

COVENANT

1. The host congregation, host facility, the families with whom I work, the community in which I volunteer, and volunteers from other congregations, may embrace cultural, religious, economic, and political views that differ from my own. I will respect others by dressing modestly, avoiding profanity/crude language, and I will converse courteously and respectfully.
2. I will cooperate with the work leaders and stay with the group during my volunteer time.
3. I acknowledge there are certain risks, including but not limited to health hazards, diseases, pests, and the potential for injury.
4. I acknowledge that in the event of accident or illness, my own health insurance provides the primary coverage.
5. I understand that the Indiana-Kentucky Conference or members of the Disaster Preparedness and Response Ministry Team may post, or display pictures or videos of groups or individuals involved in work camp weeks. I do not hold Indiana-Kentucky Conference liable or responsible for pictures and videos posted by others in any form of social media or other publications. See the consent below.
6. I release and discharge the Indiana-Kentucky Conference of the UCC, and any other organizations that helped in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators or assign may have or claim to have, against the organizations, their agents, employees, and officers, and their successor or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described work camp. I intend to be legally bound by this statement.
7. I acknowledge that I have read and will abide by the *Guidelines For Deploying Volunteers during Covid 19*. This document can be viewed and downloaded from the IKC Disaster Preparedness webpage.
8. The IN-KY Conference is committed to providing an atmosphere free from all forms of discrimination, harassment, exploitation and/or intimidation of its volunteers. I acknowledge that I have read and will abide by the *IKC Abuse Prevention* policy. This document can be viewed and downloaded from the IKC Disaster Preparedness webpage.

PHOTO/VIDEO/NAME RELEASE CONSENT (FOR ADULT)

I hereby give the Disaster Preparedness and Response Ministry Team (DPRMT) of the Indiana Kentucky Conference (IKC) of the United Church of Christ the right and permission, with respect to names, photographs, and video taken of me to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs and videos, in any medium and for any purpose whatsoever including illustration, promotion, social media, and advertising (excluding anything illegal or immoral) on the IKC website and DPRMT Facebook page and other such social media platforms.

MEDICAL/HEALTH INFORMATION/COVENENT (FOR ADULT)

IMPORTANT: By signing this form, I, the insured, understand that my Major Medical Insurance coverage is Primary for me. I also agree to pay and/or reimburse for any necessary/emergency medical treatment and/or related expenses incurred during this Work Camp.

Emergency Contact Name _____ Relationship to Volunteer _____

Emergency Contact Cell: (_____) _____ Home: (_____) _____ Work (_____) _____

Health Insurance Coverage: **Make a copy of insurance card(s) (copied front & back) and include the copies** with this form. Be sure to carry the health insurance carrier card on the work camp.

Insurance Carrier _____ Policy No. _____ Group ID _____

List any known medication allergies: _____

List any medical conditions: _____

List any prescriptions or medications you currently are taking:

Name of medication	Dosage	When taken	Supervision Needed?
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Other helpful health information _____

List if any physical limitations: _____

I require/request a special diet (please describe) _____

Blood type: _____ Date of last Tetanus shot _____ Check if not known _____

COVID-19: fully vaccinated (per CDC guidelines) required: Circle what applies: Yes No

In the unlikely event of a medical emergency in which I am unable to speak for myself, and my emergency contact cannot be reached, I authorize the group leader(s) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care deemed necessary.

By signing this form, you agree to all the covenants and consents described above.

SIGNATURE _____ Date _____

Completed Registration

Once this IKC registration form (3 pages plus copies of your insurance cards), background check, and payment received by Registrar Penny Davis, you will receive a confirmation that your volunteer registration has been approved.

Please review and make sure you have completed all the areas of this registration form. Then make a copy of this form (3 pages) for yourself before mailing in case questions arise.

Registration Deadline: 3 weeks prior to the first day of the work camp.