

IKC-2022 Work Camp Volunteer Registration Form Minor (Age: 14-17)



Work Camp Week (specify): _____ 2022

Complete this registration form (4 pages) for every volunteer. Volunteer minimum age is 14 (Requires 2 adults per every five youth volunteers)

List the dates you will be on-site. Arriving _____ Departing _____

Check (✓) the weekdays you will be working. Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

Mon.-Fri. Daily Fee: \$25.00 per volunteer Weekly Fee - \$125.00 per volunteer

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

Parent or Guardian Name _____
(Print clearly) (First) (Middle) (Last)

Street Address _____ City _____ State _____ Zip _____

Parent or Guardian:
Phone - Cell: (____) _____ Home: (____) _____ Work: (____) _____

Email address: _____
(Print clearly)

Minor:
Phone - Cell: (____) _____

Email address: _____
(Print clearly)

Your Church _____ City _____ State _____

Are you participating with a Youth Group? Circle what applies: Yes No

If Yes,
Church Name _____ City _____ State _____

Youth Group Leader Name: _____
(Print clearly)

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

Email address: _____
(Print clearly)

COVENANT

1. The host congregation, host facility, the families with whom the minor works, the community in which the minor volunteers, and volunteers from other congregations, may embrace cultural, religious, economic, and political views that differ from their own. The minor will respect others by dressing modestly, avoiding profanity/crude language, and will converse courteously and respectfully.
2. The minor will cooperate with the work leaders and stay with the group during their volunteer time.
3. The minor and minor's parent acknowledges there are certain risks, including but not limited to health hazards, diseases, pests, and the potential for injury.

4. The minor and the minor's parent acknowledge that in the event of accident or illness, the parent's or guardian's own health insurance provides the primary coverage.
5. The minor and the minor's parent 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. The minor or minor's parent does 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 consent below.
6. The minor and the minor's parent 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. The minor and minor's parent intend to be legally bound by this statement.
7. The minor and the minor's parent acknowledge that they 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. The minor and the minor's parent acknowledge that they 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 MINOR)

I represent that I am the legal parent/guardian of _____ (minor), and 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 my child, or in which my child may be included with others, 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/CONSENT (FOR MINOR)

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

Parent or Guardian Name _____

Emergency Contact Name _____ Relationship to Minor _____

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.

Insured Name _____

Insurance Carrier _____ Policy No. _____ Group ID _____

Questions concerning the minor/dependent:

1) List any known medication allergies: _____

2) List any medical conditions: _____

3) List any prescriptions or medications the minor/dependent is currently taking:
Name of medication Dosage When taken Supervision Needed?

4) Other helpful health information: _____

5) List if any physical limitations: _____

6) The minor/dependent require/request a special diet (please describe): _____

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

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

In the unlikely event of a medical emergency in which the parent, guardian, or emergency contact cannot be reached to speak on behalf of the dependent/minor, I authorize the group leader(s) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care deemed necessary.

Since the volunteer is a minor, a parent or guardian authorization is required. Parents may designate a person who is participating in the same work camp period to act as the "parent representative."

I, _____ or _____
Parent or Guardian (print clearly) Parent representative for Work Camp (print clearly)

consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the following work camp dates: _____

WORK AND/OR TOOL LIMITATION CONSENT FORM (FOR MINOR)

(This consent is required for each volunteer under the age of 18 (as of the first day of the work camp))

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

Since the volunteer is a minor, parent or guardian authorization is required. Parents may designate a person who is participating in the same work camp period to act as the "parent representative."

1. I appoint the following individual to represent me in decision making regarding the minor volunteer named on this page:

(name of parent representative)

2. As the parent or guardian, state any restrictions on the type of work to be performed and/or the tools the minor child is permitted to use. (Please state restrictions)

3. Volunteers under the age of 18 are not permitted on ladders over 6' tall without adult supervision and prior approval given by a parent or guardian. I permit my minor child to be on ladders over 6' tall with adult supervision.

Circle what applies: Yes No

4. Volunteers under the age of 18 are not permitted on roofs without adult supervision and prior approval given by a parent or guardian. I permit my minor child to be on roofs with adult supervision.

Circle what applies: Yes No

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

SIGNATURE _____ Date _____

(signature of parent or guardian)

WITNESS SIGNATURE _____ Date _____

(Witness)

**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 (4 pages plus copies of your insurance cards), to the Work
Camp Registrar:**

Greg Denk, 5258 Red Stone Lane, Greenwood, Indiana 46259.

For more information e-mail gdenk5258@att.net or call 317-709-1088 (c)

Receipt of registration form and payment reserves your spot.

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

Completed Registration

Once this IKC registration form and payment are received by Registrar Greg Denk, 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 (4 pages) for yourself before mailing in case questions arise.

For IKC-DPRMT office use only:

Registration received on: _____

Check Number: _____

Check Amount: _____