



Faith Columbia Focus Kids Camp July 13 - 17, 2020 9 am - Noon

VOLUNTEER REGISTRATION FORM

COMPLETED 6TH GRADE AND UP

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Age: _____ (18 or over fill out the reverse side)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Preferred Email: _____

Grade Completed (All volunteers must have completed 6th grade): _____

Do you attend Faith? Yes / No If not, church name: _____

Allergies, Medical Conditions, or Special Needs: _____

Adult T-Shirt Size: Small Medium Large XL XXL XXXL

TRAINING SESSIONS FOR VOLUNTEERS

Plan to attend one of the following mandatory training sessions:

Tuesday, July 7, 7 - 8 pm OR Sunday, July 12, 10:30 - 11:30 am

CHILDREN NEEDING CHILDCARE

Childcare will be provided for your child(ren) ages 6 months – 3 years only.

Please list the name(s) and age(s) of your child(ren) and any special needs/allergies.

Child's Name: _____ Age: _____ Special Needs/Allergies: _____

Child's Name: _____ Age: _____ Special Needs/Allergies: _____

HOW WOULD YOU LIKE TO SERVE

- | | | |
|---|---|---|
| <input type="checkbox"/> 3-4 Year Olds | <input type="checkbox"/> Head Coach Sports | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Small Group Leader | <input type="checkbox"/> Assistant Coach Sports | <input type="checkbox"/> Decorations |
| <input type="checkbox"/> Assistant Small Group Leader | <input type="checkbox"/> Head Coach Arts | <input type="checkbox"/> Media Team* |
| <input type="checkbox"/> Nurse / First Aid | <input type="checkbox"/> Assistant Coach Arts | <input type="checkbox"/> Facilities Team* |
| <input type="checkbox"/> Nursery Care (14 years +) | <input type="checkbox"/> Registration Desk | <i>*must attend additional training</i> |

DISCLAIMER (Photo and Video Release)

I hereby grant Faith Columbia permission to copyright and use images and videos taken at Kids Camp of the adult or minor(s) designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I understand that there will be no compensation for participating in photo/video shoot.

Signature (Parent or Guardian if under 18): _____



Confidential Background Check Authorization (18 & over only)

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **Date of Birth:** _____

Telephone Number: _____ **Email Address:** _____

Driver's License Number/State: _____

In connection with my application for employment or to serve as a volunteer with Faith Lutheran Church ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

- I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

Residents of California and Maine only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any report on me that is requested.

Signature: _____ **Date:** _____

- I wish to receive a copy of any report on me that is requested.