

CAMP SIERRA

July 9-12, 2009

Enclosed is a check to **Sacramento Methodist Assembly** for \$100 (\$25 is a non-refundable insurance fee)

Counselor Registration Form

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Primary E-mail _____ Secondary E-mail _____

Emergency Contact _____ T-Shirt Size Sm Med Lg XL XXL

Have you ever been backpacking before? Yes No How would you judge your physical endurance?
 High Moderate Low Deplorable

Are you allergic to any medications, insects, foods, or plants? _____

List all health problems: _____

What regular medications will you be taking & why? _____

Physician _____ Physician's Phone _____

Medical Insurance Co. _____

Policy No. _____ Group No. _____

I, _____, grant permission and consent to **Camp Sierra** of the New Mexico Annual Conference of the United Methodist Church to arrange for such medical, surgical, or hospital care as may be necessary incident to illness or injury occurring while on the trip. In the event that I am injured and am unable to speak for myself, I hereby give permission to such physician or surgeon as Camp Sierra may obtain to carry out such medical or hospital procedures on me as in the opinion of such physician or surgeon may indicate under the then existing circumstances.

I realize this trip is being provided for a fee that is meant to only cover cost, that is not a profit making activity, that the officers and counselors are volunteers, that there is some risk in driving on the trip, backpacking, and camping. We release the New Mexico Annual Conference of the United Methodist Church, Inc., the Camps Board, Camp Sierra, and their officers and counselors from any liability on the trip. Additionally, I grant permission to use photos of myself for publicity purposes, in advertising materials, or on the camp's web site.

Signature

Date

MAIL TO... **Camp Sierra**
Asbury United Methodist Church
10,000 Candelaria Rd NE
Albuquerque, NM 87112

E-MAIL... Rev. Melissa Madara
mmadara@asburyabq.org

PHONE... (505) 299-0643

CRIMINAL BACKGROUND HISTORY CHECK

Please complete and return to **Sacramento Assembly Registrar** (address below)

Last Name _____	Maiden _____	Middle _____	First _____
Address _____	City _____	State _____	Zip _____
Daytime Phone (_____) _____	Evening Phone (_____) _____		
How long at above address? _____	E-mail _____		
Birth Date _____	Driver's License Number _____		

Have you ever been arrested or convicted of any criminal offense (not including minor traffic violation for which the fine was \$200 or less, or any offense, which was finally settled in a juvenile court or under a welfare youth offender law)? Yes No

If Yes, please explain: _____

The following offenses will disqualify you: No person may serve with adults, youth, or children who has ever been convicted of any disqualifying offense, been on probation, or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charge of any disqualifying offense before a determination of guilt is made including any person who is presently on deferred adjudication. Disqualifying offenses are as follows:

- A felony or misdemeanor classified as an offense against the person or family or involves an offense against the person or family. Offenses against the person include, but are not limited to murder, rape, sexual assault. Offenses against the family include, but are not limited to incest.
- A felony or misdemeanor classified as an offense against public order or indecency. Offenses against public order or indecency include, but are not limited to compelling prostitution

I have been trained on "Safe Sanctuaries" Yes No If yes when and where _____

If you have received other "Child Abuse Prevention and Awareness" training please list: _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in not being selected to work with a camp.

I understand that my services as an Adult Volunteer are on a volunteer basis. I further understand that the Director of the camp I am interested in volunteering for will contact me prior to camp if I am selected to be an adult volunteer. If selected, I will be willing to pay the adult volunteer fee and be trained prior to camp.

I AGREE TO LIVE BY THE UNDERSTANDING THAT, AS A PERSON IN AUTHORITY, IT IS MY RESPONSIBILITY TO AVOID SEXUAL CONTACT WITH CHILDREN, YOUTH, VULNERABLE ADULTS, AND DEVELOPMENTALLY DISABLED PERSONS IN MY CARE, EVEN IF ONE ATTEMPTS TO INITIATE THE CONTACT.

I WILL FIND ALTERNATIVE WAYS TO DISCIPLINE, AGREEING THAT UNDER NO CIRCUMSTANCE WILL I USE SPANKING, NECK OR CHOKE HOLDS, EAR OR HAIR PULLING OR ANY OTHER CORPORAL OR PHYSICAL PUNISHMENT AS A MEANS OF DISCIPLINE.

I AGREE THAT NO FIREARMS, FIREWORKS, NARCOTICS, OR ALCOHOLIC BEVERAGES ARE PERMITTED ON THE GROUNDS OF THE CHURCH, IN ANY BUILDING, OR IN MY POSSESSION ON THE TRAIL. TOBACCO USE IS PROHIBITED IN VIEW OF CAMPER'S AND INSIDE ALL BUILDINGS, AND ANY TOBACCO USE BY MINOR INDIVIDUALS IS PROHIBITED.

Signature

Date

Pastor's Signature

Date

Consent for Criminal Background History Check Authorization/Waiver/Indemnity

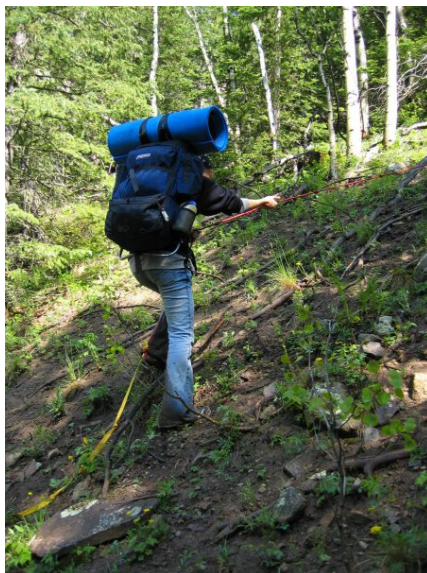
I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE NEW MEXICO ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH TO OBTAIN INFORMATION RELATING TO ANY CRIMINAL HISTORY RECORD OF MINE. THE CRIMINAL HISTORY RECORD AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY THE NEW MEXICO ANNUAL CONFERENCE AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND THE REPORTING AGENCIES AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS AND HOLD HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER (INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF THE REPORTING AGENCIES), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

Applicant's Signature	Birthdate
Please Print Name	Date
Maiden Name or Any Other Names Used	Gender <input type="radio"/> M <input type="radio"/> F Age at camp _____

References (must list 3)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone



MAIL TO... Sacramento Methodist Assembly
 PO Box 8
 Sacramento, NM 88347