

# Sacramento Methodist Assembly 2009 Adult Volunteer Registration Form

Mail to: **Sacramento Methodist Assembly Registrar**  
**PO Box 8**  
**Sacramento NM 88347**

Phone: 575-687-3417 E-Mail: [guestservices@sacramentoassembly.org](mailto:guestservices@sacramentoassembly.org)

Web site: [www.sacramentoassembly.org](http://www.sacramentoassembly.org) Fax: 575-687-4219

**Note: Adult Volunteer fee for Young Elementary is \$95 all other camps are \$190.00**  
**"PLEASE DON'T LET THIS LIMIT YOU"**

For office use only	
CC # _____	Exp _____
Check # _____ \$ _____	Amount _____
Check/CC From: _____	
Date entered into database: _____ by _____	
(form last revised 2/24/09)	

Please see [www.sacramentoassembly.org](http://www.sacramentoassembly.org) or [www.nmconfum.org](http://www.nmconfum.org) for specific costs, dates, and Camp Directors for each camp  
Registrations must be complete and signed by the pastor (or designated staff person) and Adult Volunteer.  
The Medical Form and registration fee should accompany the Registration Form.

New Mexico Conference Camping cares about the children and youth in our programs and desires to ensure their safety while they are in the church's supervision. Because we care for children and youth, we require any new or returning staff that will be providing supervision/leadership with children, youth, vulnerable adults, and/or developmentally disabled persons to complete this form.

**\*\*\*Please Print Legibly\*\*\***

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Camp Applying For:  Young Elem. (June 12-14)  Senior High (June 22-26)  
(Check all that apply)  Mid High (June 22-26)  Older Elem. (July 6-10)

Last Name \_\_\_\_\_ Maiden \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_

Residence Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

How Long At Above Address? \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

1. What Is Your Occupation? (Be Specific) \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

2. Have you been a camp Adult Volunteer in the past? If so, when and where? \_\_\_\_\_

3. Have You Any Physical Handicaps or Conditions that would prevent you from performing Certain Types Of Activities Related to Working with Youth or Children?  Yes  No  
If Yes, Please Explain: \_\_\_\_\_

4. Have you ever been arrested or Convicted of Any Criminal Offense?  Yes  No (DISCUSS THIS ISSUE)  
Please exclude the following situations:  
a. Minor traffic violation for which the fine was \$200 or less  
b. Any offense, which was finally settled in a juvenile court or under a welfare youth offender law. \_\_\_\_\_  
If Yes, Please Explain: \_\_\_\_\_

**→These offenses listed below 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. Examples: Offenses against the person include, but are not limited to murder, rape, sexual abuse, rape of a child, sexual abuse of a child, indecency with a child, sexual assault, and aggravated 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. Example: Offenses against public order or indecency include, but are not limited to compelling prostitution.

I have been trained on "Safe Sanctuaries"  No  Yes 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. TOBACCO USE IS PROHIBITED IN VIEW OF CAMPERS, INSIDE ALL BUILDINGS AND ANY TOBACCO USE BY MINOR INDIVIDUALS IS PROHIBITED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Your application must be forwarded to the camp registrar at Sacramento Assembly. You will be notified by phone or mail once application is approved. **You should complete a medical form also.**

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 \_\_\_\_\_

LIST MAIDEN NAME OR ANY OTHER NAMES USED \_\_\_\_\_

GENDER (M OR F) \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_

Must List 3 References

_____	_____	_____
Name	address	phone
_____	_____	_____
Name	address	phone
_____	_____	_____
Name	address	phone

**PLEASE RETURN TO: SACRAMENTO ASSEMBLY REGISTRAR**

Please DO NOT Send to the Camp Dean. This form must be processed at the assembly site. The Registrar will send a copy to the Dean. You are not confirmed until notified by the camp dean. Please call Sacramento Assembly if you are sending this in within 2 weeks of the start of the camp.

# Adult Volunteer Medical Form

Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care.

## Health History: Circle and give approximate date (mo/yr) where applicable

Health Problems	Diseases (Please list)	Allergies- please list all
Frequent Ear Infections		Hay Fever
Heart Defect/Diseases		Ivy Poisoning, etc.
Convulsions		Insect Sting
Diabetes		Penicillin
Bleeding/Clotting Disorders		Other Drugs
Hypertension		Asthma
		Food Allergies
		Other Allergies

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions or special requests \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Current medications \_\_\_\_\_

(Note: Camp not usually equipped to give shots)

(Name of Adult Volunteer) \_\_\_\_\_ is in good health and able to participate in all camp activities with the limitation listed above. In the event of an emergency I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of an emergency, contact:

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

## Insurance Information:

**Please Note:** Adult Volunteer's insurance coverage, through the camps, is provided as a "secondary" or "back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Please send a **copy of your insurance identification card** (Front & Back) along with registration.

Medical Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Address & Phone # \_\_\_\_\_

Family Physician Name & Phone # \_\_\_\_\_