



Victim 2 Victor Volunteer Application

Please complete this form and mail to 1503 NC HWY 62 E Climax NC, 27233 by **September 14, 2018**

Please indicate in which capacity you are willing to volunteer:

- All Weekend Saturday Only

Personal Information:

Name _____
(first) (middle) (last)

Preferred Name _____ Date of Birth ____/____/____ *must be at least 18 years old Male Female

Driver's License Number _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

Email Address _____ T-Shirt Size _____

Certifications (First Aid, CPR, EMT, etc.)

Please indicate your connection to this event. (nurse, firefighter, doctor, support group member, etc...)

_____ Referred by: _____

In what capacity would you like to help with this event?

Why are you interested in volunteering at Victim 2 Victor?

Have you ever been convicted or accused of verbal, physical, or sexual child abuse? Yes No

Have you ever been convicted or accused of any crime greater than a traffic violation? Yes No

A clear criminal and sex offender background check is required of all volunteers

Medical Information

Do you have any pre-existing medical conditions? If yes, please identify the condition and necessary treatment.

Do you have any dietary needs or restrictions? If so, explain in detail.

Do you have any allergies (including food allergies and dietary restrictions)?

Please list any health issues of which we need to be aware (i.e. heart conditions, diabetes, asthma, etc...)

Please list medications taken on a routine basis (including over-the-counter/non-prescription):

Physician's Name: _____ Physician's Address: _____

Health Insurance Company: _____ Policy Holder's Name: _____

Policy Number: _____

Emergency Contact #1: _____
(name) (phone number)

Emergency Contact #2: _____
(name) (phone number)

I hereby grant permission to Quaker Lake Camp and the North Carolina Yearly Meeting of Friends to make and use photographs, videos and/or likenesses of my child, together with any articles, statements, music or art written or created by my child, to be used for any lawful purposes in connection with the promotion and activities of Quaker Lake Camp and the North Carolina Yearly Meeting of Friends.

In the event of illness or accident, parent/guardian and/or emergency contract persons provided will be notified by phone in cases where treatment by a physician is indicated. If emergency contact person(s) cannot be reached, a physician will be consulted in accordance with the treatment procedures of Quaker Lake Camp. I hereby give permission to the physician selected by Quaker Lake Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. Additionally, I authorize the use/disclosure of my individual health information to any camp employee, hospital or medical facility/personnel deemed necessary for treatment by Quaker Lake Camp and its employees in the event that I am need of hospitalization or other medical treatment.

I attest that I have answered all questions honestly and accurately and that I am familiar with the job description for the volunteer position for which I am applying. I authorize Quaker Lake Camp to verify and confirm any information supplied on this application and to contact former employers and/or other references. I recognize that Quaker Lake Camp will conduct a criminal and sex offender background check for each applicant.

Applicant's Signature

Date