

VOLUNTEER FORM

Bible Adventure Camp – “Fun in the Sun” 2025

@Belmont United Church

245 College Street, Belmont, ON N0L 1B0

July 7-11 from 9:00 AM-12 NOON

... for Grades JK-6 (2024-2025 school year) students

Name: _____ Grade (if in school 2024-5) _____

Address _____

City, Province, Postal Code _____

Phone Number _____

Email Address _____

Best time to contact you at above phone number _____

Emergency Contact Name _____

Relationship to Emergency contact _____

Emergency Contact Phone/Text Number _____

Emergency Contact Email _____

Have YOU volunteered before? Yes [] No []

If YES, in what capacity have you volunteered and what activities have you performed?

What activities are you interested in volunteering with?

Rank in order of interest (eg 1, 2, 3, 4)

Age-group Leader []

Music []

Games []

I am open to helping out in any area []

Health Information

Allergies (food or other)

Allergy	Symptoms	Treatment

If the allergy requires an epi-pen, the volunteer must keep it on their person at **ALL TIMES**.

Physical or Mobility Concerns: _____

Please list any Medication that the volunteer will be required to take while at BAC (Bible Adventure Camp)

Other related health information we should be aware of: _____

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

NB* Volunteers are required to attend a VOLUNTEER ORIENTATION**

On Thursday, July 3, 2025...5–6 PM (with PIZZA and drinks provided).

Details to follow....

If Applicable

I give my child permission to attend Bible Adventure Camp at the Belmont United Church on the dates indicated above. In the event of an emergency, I hereby authorize an adult leader of this activity as an agent for me, to consent to any x-ray examination: medical, dental or surgical diagnosis: treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. Signing of this form releases Belmont United Church BAC of any and all responsibility.

Please read the above and verify to ensure the information is correct. Upon doing so, please sign this form.

Signature of Volunteer

Signature of Parent or Legal Guardian

Date

