

Judson Baptist Retreat Center
Volunteer Counselor Form
2010

This volunteer counselor form is to be completed by all volunteer staff involving the supervision or custody of minors. This information is being used to help our retreat center provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal Information

T-Shirt Size _____ Are you a Registered Nurse? Yes/No Willing to be camp nurse? Yes/No

Date: _____ Home Phone: _____ Cell Phone: _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

E-Mail: _____

I DO _____ DO NOT _____ want to be in the cabin with my son/daughter. (if applicable)

Son/Daughter's Name _____

I prefer to be in the _____ grade cabin.

Christian _____ Church Membership _____ How Long _____
Yes or No Church Name

I would like to teach one of the following in Girls' Missions Camp: (voluntary)

Bible Study _____ Mission Study _____ Crafts _____ Recreation _____

I am willing to pray in public. _____ Yes _____ No

Have you any disabilities or conditions that would prevent you from performing certain types of activities relating to youth or children's work?
_____ Yes _____ No If yes, please explain.

Have you ever been convicted of domestic violence, child pornography, child abuse or of a crime involving actual or attempted molestation of a minor? _____ No _____ Yes If yes, please explain.

Volunteer Declaration

The information contained in this volunteer counselor form is correct to the best of my knowledge. I agree to be bound by the Constitution, Bylaws, and policies of this retreat center and to refrain from unscriptural conduct in the performance of my services on behalf of this camp.

Signature _____ Date: _____

ACKNOWLEDGEMENT AND HOLD HARMLESS

I understand that ponies, mules, donkeys and other equine behave in ways that may result in injury, harm, or death to persons around them. I have read, and I understand, the "Warning" set forth below. I acknowledge that I have voluntarily assumed all risks of injury, harm, or death associated with horseback riding and other equine activities at Judson Baptist Retreat Center. I agree to hold harmless Judson Baptist Retreat Center, and its employees, officers, representatives and insurers from all damages, losses, expenses and costs resulting from any injury, harm or death associated with my participation in horseback riding or other equine activities.

DATE: _____

Signature of Participant In Equine Activities (Volunteer Counselor's Signature)

"WARNING"

Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R. S. 9:2795.1

Weight Limit for participating in the Equestrian Program at JBRC is 250 lbs.