



Cedar Lake Ministries Volunteer Application

Volunteer Contact Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: ____/____/____

Home Number: (____) _____ Cell Number: (____) _____

Email: _____

I am actively involved in a local church: Yes _____ No _____

If yes, what is the name of the church?

What is the best way to contact you?

- ☐ Text
- ☐ Email
- ☐ Phone Call

What days and time are you typically available to serve (check all that apply)?

- ☐ Weekdays: ☐ Mornings ☐ Afternoons ☐ Evenings
- ☐ Weekends: ☐ Mornings ☐ Afternoons ☐ Evenings
- ☐ As I am able

What department(s) are you interested in serving in (check all that apply)?

- ☐ Events / Programming
- ☐ Food Service ☐ Office
- ☐ Housekeeping ☐ Maintenance

For Office Use Only:

Background Check

Sent _____

Read _____



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From the following list, select areas that you are interested in/experienced in by circling the level of interest.

	Willing to Try	Hobby	Professional
Automotive	1	2	3
Carpentry	1	2	3
Cleaning	1	2	3
Crafts	1	2	3
Decorating	1	2	3
Electrical	1	2	3
Flooring	1	2	3
General Maintenance	1	2	3
Landscaping/Mowing	1	2	3
Multimedia	1	2	3
Nursing	1	2	3
Office Work/Mailings	1	2	3
Painting	1	2	3
Photographer	1	2	3
Plumbing	1	2	3
Prayer	1	2	3
Roofing	1	2	3
Serving in Dining Hall	1	2	3
Serving in Kandy Kabin	1	2	3
Sewing	1	2	3
Technology	1	2	3
Working with Kids	1	2	3
Writing	1	2	3
Other _____	1	2	3

Notes:



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Medical and Media Release Form

Please read carefully and sign below:

I understand that there are certain dangers inherent in the programs and activities at Cedar Lake Ministries (CLM). Participation in all activities is on a voluntary basis only. In consideration of participation in these activities, I do hereby release and forever discharge CLM, its officers and directors, and its employees, agents, and any parties volunteering on behalf of CLM from all causes of action, injuries, claims, damages, costs or expenses of any kind, growing out of or related to activities in which I participate; regardless of whether such injury or damage results from the negligence of CLM (including CLM's agents, employees and representatives) or otherwise. I understand I am responsible for all of my own medical expenses, and medical insurance costs, including any medical expenses resulting from accidental injury while volunteering for CLM.

I or my child(ren) may receive medical treatment if necessary from a camp nurse, first responder or CLM's staff on duty. In the case of an emergency, and I am unable to respond or my emergency contacts cannot be reached, I hereby give permission to the physician selected by CLM to secure and administer treatment, including hospitalization, for myself or my child(ren). I also hereby release the camp nurse or first responder on duty, and/or Cedar Lake Ministries' staff from any or all complications arising from administering necessary medical treatment.

I also consent to having photographs and/or videos of us used in future promotional material. We further waive any right to inspect the final images and any claim of any kind for the CLM's use or publication of the images.

By signing, I confirm that I have read and understand the information above. I certify that the following information is true and accurate to the best of my knowledge.

Volunteer Name (Printed): _____

Volunteer Signature: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact

Emergency Contact

Name: _____

Relation: _____ **Phone:** _____