

MAKE PROMISES HAPPEN VOLUNTEER APPLICATION



**Make Promises Happen is a program of Central Christian Camp and Conference Center.
Please fill out the form COMPLETELY**

First Name _____ Last Name _____

Nickname _____ Sex _____ Age _____ Date of Birth ____/____/____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Shirt Size _____

Home Phone _____ Alt. Phone _____ Email Address _____

Previous volunteer experience? _____

Have you attended MPH counselor training? _____

How did you hear about MPH? _____

Why do you want to be a volunteer counselor? _____

List Two References

NAME	ADDRESS	PHONE

Have you ever been convicted of a felony or misdemeanor excluding traffic violations? Yes/No
If yes please explain. (A yes answer will not automatically exclude you from consideration.) _____

Do you consent to authorize **Make Promises Happen** to conduct a criminal background investigation? Yes/No

Social Security number (required) _____ Signature of volunteer _____ Date _____

Signature of guardian (if volunteer is under the age of 18) _____ Date _____

EMERGENCY CONTACT INFORMATION:

Parent/caregiver _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

2nd Parent/caregiver _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

If in the case of emergency, the parent cannot be reached, we ask that you give 2 additional names and numbers that we might contact. (pager and/or cellular phone numbers are acceptable)

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

MEDICAL AND HEALTH CARE:

Are you allergic to Penicillin? YES ___ NO ___

Have you been vaccinated for? ___D.P.T. ___Polio ___Tetanus

Date of last Tetanus vaccination: _____

Have you been under the doctor’s care in the last 12 months? YES ___NO ___

If yes, please explain. _____

Are there restrictions on exercise? YES ___ NO ___

If yes, please explain. _____

Do you have any allergies to medications and/or food(s)? YES ___NO ___

If yes, please list _____

AS NEEDED MEDICATIONS: Please mark X on the medications below you are **NOT** allowed to take if needed.

For Pain, Fever, anti-inflammatory:

___ Acetaminophen (Tylenol) ___ Ibuprofen (Motrin, Advil) ___ Naproxen (Aleve) ___ Acetylsalicylic Acid (Aspirin)

For allergic reactions, sleep aide, motion sickness, nausea:

___ Diphenhydramine Hydrochloride (Benadryl) ___ Dimenhydrinate (Dramamine)

For upset stomach, diarrhea:

___ Bismuth Subsalicylate (Pepto-Bismol) ___ Loperamide (Imodium)

For heart burn:

___ Antacid (Tums)

Topical Creams

___ Hydrocortisone Cream ___ Antibiotic Ointment

EMERGENCY RELEASE:

Central Christian Camp and Conference Center’s Make Promises Happen camping program hereinafter referred to as the “Camp” requires a signature for all attendees of the Camp and participants of the Camp activities. I hereby give permission for the volunteer listed on this application to attend and to take part in all Camp activities. Also, I give permission to the Camp to provide routine health care, administer prescribed medication and to seek emergency medical treatment for the volunteer listed on this application.

Signature or Signature of Parent or Legal Guardian

Date

PHOTO CONSENT:

MPH regularly photographs and films our camp for fundraising and publicity purposes. The following consent form allows MPH to use your (your child’s) photograph or film for these purposes.

In consideration of Make Promises Happen permitting me (my child, who is under 18 years of age) to attend MPH camp, I hereby give my consent to MPH to use my (my child’s) name, picture, likeness, writings, biographical information, audio tape and/or videotape recordings and sound and/or silent motion pictures of me (my child) in any medium for editorial, educational, promotional and advertising purposes, for the solicitation of contributions and for any other purpose in the furtherance of the corporate purposes and objectives of MPH.

Signature or Signature of Parent or Legal Guardian

Date

Please include a photograph of yourself and return this application to: Make Promises Happen, #1 Twin Cedar Lane, Guthrie OK 73044

Please visit our website at www.centralchristiancamp.org