

Volunteer Service Agreement

Northern California Conference

This Agreement, made on _____ [Date] by and between the Northern California Conference (NCC) and _____ [Name], _____ [Social Security Number] _____ [Date of Birth].

Witnessed:

Whereas, volunteer intends to donate services to the Northern California Conference, and the NCC intends to accept the donation of volunteer services. In

consideration of the mutual promises, the parties hereto agree as follows:

1. Volunteer agrees to donate services to NCC in the capacity of _____ [Title]. Said services shall include, but may not be limited to, the following:

(see attached sheet, if necessary)

2. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
3. Volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training required by the NCC in order to perform the voluntary services.
4. Volunteer agrees that he/she will not be considered to be an employee of the NCC, for any purposes other than tort claims and injury compensation, while performing the above described voluntary services.
5. Volunteer further understands that if volunteer is responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that said volunteer may be held personally liable for any monetary damages a court may award to the injured party.
6. It is further understood and agreed to by volunteer that the services rendered to the NCC shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the volunteer's services agreed to herein, and that in no way do any of these provisions apply for the benefit of volunteer, his/her heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said volunteer, which cause or may give rise to criminal liability.
7. Volunteer further agrees that volunteer will fully cooperate with the NCC and its agents in any

investigation, lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from the matters covered by this agreement. Volunteer further agrees to notify the NCC immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of the NCC.

8. I understand that my volunteer assignment will begin on _____ and end on _____; and that I will spend approximately _____ hours per _____ providing volunteer services. I also understand that either party to this agreement may terminate my volunteer assignment at any time.

9. **In Case of Emergency**, please contact

_____,
telephone number _____.

Signature of Volunteer Date

Signature of Supervisor Date

REDWOOD CREEK SUMMER CAMP - STAFF HEALTH INFORMATION FORM

(If you are under 18, your parent or guardian must complete this form)

Complete this form and mail with your other papers to Redwood Creek Summer Camp, P.O. Box 729, Eureka, CA 95502. All information is kept confidential.

Name: _____ Birthdate: _____ Age: _____ Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ S.S. # _____ Physician's Name: _____

Physician's Phone: (____) _____ Name of Insurance: _____ Policy/Group # _____

Parent/Guardian Name: _____ Day Phone: (____) _____ Eve Phone: (____) _____

Parent/Guardian Name: _____ Day Phone: (____) _____ Eve Phone: (____) _____

In case of an emergency, whom should we notify?

Name/Relationship: _____ Day Phone: (____) _____ Eve Phone: (____) _____

Current Health Status

Are all required immunizations up to date? Yes No Date Tetanus given (required): _____

Have you received the Hepatitis B vaccination series? Yes No

Do you have any current health condition which requires special treatment or restrictions? Yes No

If yes, explain: _____

Do you have any *contagious conditions? Yes No

If yes, explain: _____

*Notification required prior to attendance in the case of any contagious conditions not listed on this form (e.g. illness contacted after application has been processed, including head lice).

Allergies (Please check any allergies you have and explain reaction) No known allergies

- | | |
|--|--|
| <input type="checkbox"/> Penicillin _____ | <input type="checkbox"/> Anesthetics _____ |
| <input type="checkbox"/> Environmental _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Bee Stings _____ | <input type="checkbox"/> Horses _____ |
| <input type="checkbox"/> Dietary _____ | <input type="checkbox"/> Other _____ |

Health History (Please check any conditions you have or have had and give the approximate date of onset) None

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Depression _____ | <input type="checkbox"/> Low Blood Sugar _____ | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Freq. Ear Infections _____ |
| <input type="checkbox"/> ADD/ADHD _____ | <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Heart Defect/Disease _____ | <input type="checkbox"/> Bleeding/Clotting Disorder _____ | |
| <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Migraines _____ | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Major surgery/illness _____ | | | | |

Medications

Please list all medications to be taken at camp (including inhalers and non-prescription medications). Medications brought to camp must be kept in a locked suitcase or in an area inaccessible to campers (e.g. Medical Office).

The following **over-the-counter medications** will be available while you are at camp if necessary or requested. These medications will be administered under the direction of the camp nurse. Dosages will be as listed on labels and generic equivalents will be used if available. If under 18, please have your parent/guardian check YES if they approve you using, or NO if they do not wish the medication to be used, for each medication:

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (for minor aches/pains, fever) | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl (for congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil (for minor aches/pains, cramps) | <input type="checkbox"/> | <input type="checkbox"/> | Robitussin (for cough) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (for upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> | Imodium (for diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | Maalox (for upset stomach/nausea/indigestion) | | | |

Certifications (Please check if you have any of the following certifications/licenses and give expiration dates)

First Aid _____ CPR _____ EMT _____ Paramedic _____ LVN _____ RN _____ Other _____

If there is any other information you feel the health care staff should be aware of, please list below or on a separate page.

Name _____

Birthdate _____

Redwood Creek Summer Camp Staff
MEDICAL CONSENT, RELEASE AND ASSUMPTION OF RISK AGREEMENT FORM

MEDICAL RELEASE: Permission is granted for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered under the general or specific instruction of staff member's physician or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of staff member's physician, at a licensed hospital, urgent care facility, or at the camp. It is further understood that this consent is given to authorize Redwood Creek Summer Camp or the physician to exercise his/her best judgement as to the requirement of such diagnosis or treatment. I/we also give permission to the nurse/doctor to give over-the-counter medications as listed on reverse side including but not limited to, pain medication, cold and flu medication unless otherwise noted. This consent shall remain in continuous effect until revoked in writing or, if under 18, said minor is removed by the parent or guardian from Redwood Creek Summer Camp. I/we hereby authorize any hospital or physician or any other person who has attended or examined staff member to furnish the camp's insurance company or its representative any and all information on treatment, and copies of all hospital or medical records. A Photostatic copy of this authorization shall be as valid as the original. I/we understand that if for any reason staff member has to leave camp, either for medical reasons or otherwise, I/we shall be responsible for transportation from Redwood Creek Summer Camp. If staff member has additional medical/health needs, I/we have included the specific information on a separate piece of paper.

CAMP ACTIVITIES: Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California Corporation, (hereinafter referred to as the "Church Entities") offer a wide variety of camp activities, sometimes including, but not limited to, hiking, archery, go-karts, rappelling, sports, athletics swimming, woodcraft and ropes course.

INHERENT RISKS: The Church Entities strive to make all camp programs safe. However, as in any strenuous activity, these activities have inherent risks and may result in serious injury or death. Some of these inherent risks may include: The failure of equipment used in these activities; the propensity of an animal to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; the potential of a participant, employee or agent to act in a negligent manner that may contribute to injury to the participant or others, such as failing to perform a task adequately, failing to maintain control over an animal or not acting within his or her ability; certain hazards such as surface and subsurface conditions; Natural Disasters, such as earth movement, weather conditions; collisions with other objects or animals.

ACCEPTANCE OF RISKS: I/we realize that any camp activity has inherent risks associated with the performance of those activities. I/we understand that the church entities take time to safe techniques, including the proper use and limitations of each piece of equipment. I/we should only consent for participation after I/we have read the description of the programs in the camp brochure. If I/we have any questions, I/we will contact the Camp Director before giving consent. I/we am/are voluntarily giving permission as the self or parent/guardian of the named staff member, to participate in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

ACTIVITY RELEASE: As consideration for being permitted by the Church Entities or one of their affiliated organizations to participate in the above activities and use their facilities, I/we hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Church Entities, or their owners, employees, officers, directors, members, agents and all affiliates and parent organizations of said entities. Further, I/we agree to release from liability, indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from the named staff member's participation in any camp activity. I/we further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies inequity of whatever kind, including negligence of said organizations. I/we understand "said organizations" includes their agents and employees. I/we have read this entire agreement and fully understand it. I/we also acknowledge that I/we have read the camp brochure including its description of the above listed programs.

PHOTO/MEDIA RELEASE: This certifies that I/we, as the staff member and/or Parent/Guardian of the said staff member, hereby grant permission to Redwood Creek Summer Camp Administration to use materials (including, but not limited to, slides, video recordings, sound recording, photographs, and movie film) which has been, is now, or will be taken, recorded, or produced at Redwood Creek Summer Camp during the camping season for the purpose of advertising, news articles, visual aids, web site, or otherwise.

STATEMENT OF AGREEMENT: I/we have carefully read these agreements and fully understand their contents. I/we am/are aware that these are releases of liability and contracts between myself and Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California corporation and/or their affiliated organizations and sign it of my own free will. As self and/or parent/guardian of the above named staff member, I/we release Redwood Creek Summer Camp and Church Entities from liability in case of accident or illness. I, as the Parent/Guardian of said staff member, hereby give my consent for said staff member under 18 years of age for whom I am responsible, and whose name and birthdate is listed above, to work at Redwood Creek Summer Camp. I/we have read the above releases and assumption of risk agreements and photo release and agree to be bound by them.

Staff Signature _____ **Date** _____

Parent/Guardian Signature (if staff under 18) _____ **Date** _____