



**Wednesday June 7th to
 Saturday June 10th**

**ADULT VOLUNTEER
 REGISTRATION FORM**

OFFICE USE ONLY	
<input type="checkbox"/>	Paid
<input type="checkbox"/>	Computer
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Packet
<input type="checkbox"/>	VBC

Name: _____ M or F _____ DOB: _____ Age: _____
 Home Address: _____ City _____ State _____ ZIP _____
 Home# (____) _____ Work #: (____) _____ Cell # (____) _____
 EMAIL _____
 Contact Person: _____ Phone # (____) _____ Cell # (____) _____
 Name of Doctor: _____ Telephone Number _____
 Insurance Company _____ Policy Number _____
 Allergies, Medications, or Medical Complications we need to be aware of: _____

**Worker's T Shirt with Salvation Station Logo (5 Colors) plus camp shirt @ \$10 each:
 Adult's S, M, L, XL, XXL, XXXL T-Shirt = \$10 Polo Shirt = \$16**

(you can use ordinary t-shirts with no logo instead of purchasing workers' shirts)

Red ____ Blue ____ Green ____ Purple ____ Black ____ Camp T Shirt ____

Areas I'd like to volunteer for: _____

I appoint the staff of Salvation Station to act in full authority with my consent to any and all medical, dental, and hospital care and treatment deemed necessary by a physician in case of injury or illness while participating in this camp. I understand that all attempts will be made to communicate with my contact in case of an emergency. I release and forever discharge Salvation Station staff, camp volunteers, Family Worship Center, World Evangelism Fellowship, and World Evangelism Bible College and Seminary. Salvation Station will not be responsible for lost or stolen personal property. Video's and pictures taken during camp activities may be used by Sonlife Broadcasting Network, JSM, or Salvation Station to the Glory of God.

Signature: _____ Date: _____

Credit Card Type: _____ Name on Card _____

Address: _____ City _____ State _____ Phone _____

Credit Card Number _____ Expiration Date: _____

CVN (Security Number) _____ Amount to be charged: _____

**PLEASE MAKE ALL CHECKS PAYABLE TO SALVATION STATION
VOLUNTEER BACKGROUND INQUIRY RELEASE**

In connection with volunteering at Family Worship Center, Inc., I understand that investigative background inquiries are to be made on me, including criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience with other organizations. Further, I understand that Family Worship Center Church, Inc., or its authorized agent will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

READ CAREFULLY: I hereby acknowledge and agree that Family Worship Center Church, Inc. **SHALL NOT BE LIABLE** for the use of inaccurate or incomplete information provided to them by any investigative firm or authorized agent with which Family Worship Center Church, Inc., contracts or subcontracts in connection with this release. Additionally, any investigative firm or authorized agent **SHALL NOT BE LIABLE** for gathering or use of inaccurate or incomplete information in connection with this release.

- I authorize without reservation, the Custodians of Records and other sources of information pertaining to me to release any and all records and information upon presentation of this signed release.
- I hereby waive any privilege which may exist with regard to such records and express my desire that the investigator be given full and complete access to any records, without the custodian obtained further consent from me.
- I understand that the information obtained by Family Worship Center Church, Inc., pursuant to this release is confidential and will be protected as much as reasonable possible. I understand that my volunteer services with Family Worship Center Church, Inc., are conditioned upon acceptable result of the background inquiry as determined by Family Worship Center Church, Inc. I also understand that matters appearing on my background inquiry will not necessarily disqualify me from volunteering with Family Worship Center Church, Inc.
- I further agree that reproduced copy of this Release shall have the same force and effect as the original.

Signature	Print Full Name	Date
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Other Names Used (include maiden name, prior married names, and aliases)

Social Security Number	Drivers License Number/State	Date Of Birth
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Current Address	City	State	Zip Code
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Prior Address (if lived out of state)	City	State	Zip Code
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Home Telephone Number	E-mail Address
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