

Mason Dixon Scholarship Camp

Volunteer Application - Renewal

All individuals desiring to serve as volunteers with Mason Dixon Scholarship Camp (MDSC) and have filled out the MDSC Volunteer Application form prior to this year need only fill out this renewal form. Thank you for your interest in serving and for taking the time to complete this application.

NOTE: This year, to work as staff, by July 1, 2008, you must be at least 17 years old for JV week, and must be at least 20 years old for Varsity week. For counselors, the age requirement is 21 and 23 respectively.

Shirt size _____ We want you to look good!

Please Print

Mr. Mrs. Miss Rev. Dr.

Full Name _____ Phone Number _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____

SSN _____ Date of Birth _____ / _____ / _____

Pastor Reference

Commander Reference

General Reference

Name

Name

Name

Address

Address

Address

City, State, Zip

City, State, Zip

City, State, Zip

Email

Email

Email

Phone

Phone

Phone

Ministry Experience

Church You Attend _____ Pastor's Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Are you a regular attender? Yes No How long attended? _____

Have you ever been asked to leave a church or to cease service as a volunteer? Yes No

Explain _____

Driving Record

DL Number _____ Expiration Date _____

Issuing State _____

Have you had any moving violations in the last 5 years? Yes No

Have you had your license suspended or revoked in any state? Yes No

Has any state issued any restrictions on your driver's license? Yes No

Do you have any conditions/limitations that might affect your ability to drive? Yes No

If you answered yes to any of these questions, please explain _____

Camp Position Desired

Junior High _____ High School _____ Both _____

Counselor _____ Music _____ Lifeguard _____ Games _____ Kitchen _____ Maint. _____

Tell us what you want to do _____

Have there been any changes in the way you would answer the questions of the Personal Background section of the Volunteer Application Form? Yes No . If yes, please explain.

Release of Liability and Consent to Medical Treatment

I hereby authorize MDSC to check references and obtain information about me including a criminal record check in connection with evaluating my qualifications for my volunteer service with MDSC. In consideration of the review of my application, I hereby release MDSC and its representatives from liability as they seek this information (including fact or opinion). I also release all other persons, corporations or organizations, including but not limited to the references I have listed, from liability as they furnish information to MDSC about me, whether positive or negative.

By signing below, I warrant that I am fully capable of safely participating in all volunteer activities in which I choose to serve, and I expressly assume all risks associated with my involvement, whether such risks are known or unknown to me at this time. I expressly and voluntarily assume all risk while participating in the activities, which risks include but are not limited to equipment malfunction, weather conditions, environmental conditions, facilities, food, and incidents of travel.

Additionally, if I am selected as a volunteer, I hereby release and discharge MDSC and its officers, directors, employees, volunteers and agents from any and all liability, claims, demands or causes of action that I may hereafter have for property damage or personal injury, illness or death arising out of my participation in the volunteer activities in which I may serve, whether on or off the grounds. I further agree that I will not sue or make claim against MDSC for damages or other losses sustained as a result of my participation in the volunteer activities. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This release of liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assigns.

If I experience an injury or illness, or have other medical needs, I authorize employees, volunteers, and agents of MDSC to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release MDSC and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Acknowledgements and Certifications

I hereby declare and certify the information I have provided on this application is true, complete and correct to the best of my knowledge. I also certify that I am at least 18 years of age.

I acknowledge that I have read the MDSC Doctrinal Statement and agree with it in its entirety. I agree to uphold its truths and principles.

If I am selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures and to conduct myself in a God-honoring manner while engaged in MDSC programs and activities. I also understand and agree that my status with MDSC will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, of workers’; compensation, unemployment benefits, health or other insurance coverage, or employee benefits. I further understand and agree that MDSC can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

Name (printed)

Signature

Date