

Sacramento CCYM CCYM Adult Volunteer Registration Form

Save time and register online!

Mail to: **Sacramento Registrar**
PO Box 8
Sacramento NM 88347

Phone: 575-687-3414

E-Mail: info@sacramentocamp.org

Web site: SacramentoCamp.org Fax: 575-687-4219



For office use only	
CC # _____	Exp _____
Check # _____ \$ _____	\$ _____ this camper
Check/CC From: _____	
Date entered in CB _____	by _____

Please make checks payable to SCCC

DEPOSIT of \$30 is due with registration form.

CAMP	Date	Full Reg. Fee	Deposit due with Registration	Balance due upon arrival
Winter Retreat 2018	February 9-11	Special Rate! \$75	\$30	\$45

Add \$12.00 for a
REQUIRED
Criminal
Background
Check

If you have already completed a criminal background check from your church within the last 12 months, **PLEASE** include it with this registration. **If you are not providing your background check with this registration, or Sacramento does not have a current (conducted less than 12 months ago) copy on file, you MUST include an additional \$12 with your registration fee and the background check will be completed for you prior to your arrival at camp.**

Please see www.sacramentocamp.org or www.nmconfum.org for specific CCYM event information. Registrations must be complete and signed. Things to include with this registration: **1.The Medical Form 2.Criminal Background Check (or additional \$12 accompanied by Authorization- page 4) 3.Safe Sanctuary certificate 4.Registration Fee (or deposit) Thank you!**

Save time and register online!

www.sacramentocamp.org

Save time and register online!

New Mexico Conference Camping cares about the children, youth, and vulnerable adults in our programs and desires to ensure their safety while they are in the church's supervision. Because we care for all children, youth, and vulnerable adults, we require any new or returning staff that will be providing supervision/leadership with children, youth, vulnerable adults, to complete this form. **In addition, all adult volunteers are required to have taken the Safe Sanctuaries (child safety) course** as well as have a **current criminal background check** on file to complete registration for camp. Sacramento will only register those who have completed these requirements. Questions regarding any of these requirements may be directed to Sacramento by calling 575.687.3414. **Child safety is our number one priority!**

Last Name _____ Maiden _____ Middle _____ First _____

Residence Address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

How Long At Above Address? _____ E-Mail: _____

Birth Date _____ Driver's License Number _____

Home Church: _____ Pastor's Name: _____

- What Is Your Occupation? (Be Specific) _____
Place of Employment _____
Address _____ City _____ State _____ Zip _____ How Long? _____
- Have you been a camp Adult Volunteer in the past? If so, when and where? _____
- Have You Any Physical Handicaps or Conditions that would prevent you from performing Certain Types Of Activities Related to Working with Youth or Children? Yes No
If Yes, Please Explain: _____
- Have you ever been arrested or Convicted of Any Criminal Offense? NO YES - (*DISCUSS THIS ISSUE below)
Please exclude the following situations:
a. Minor traffic violation for which the fine was \$200 or less
b. Any offense, which was finally settled in a juvenile court or under a welfare youth offender law.
*If Yes, Please Explain: _____

→ **These offenses listed below will disqualify you:**

No person may serve with adults, youth, or children who has ever been convicted of any disqualifying offense, been on probation, or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charge of any disqualifying offense before a determination of guilt is made including any person who is presently on deferred adjudication. Disqualifying offenses are as follows:

- a. A felony or misdemeanor classified as an offense against the person or family or involves an offense against the person or family. Examples: Offenses against the person include, but are not limited to murder, rape, sexual abuse, rape of a child, sexual abuse of a child, indecency with a child, sexual assault, and aggravated sexual assault. Offenses against the family include, but are not limited to incest.
- b. A felony or misdemeanor classified as an offense against public order or indecency. Example: Offenses against public order or indecency include, but are not limited to compelling prostitution.

I have been trained on "Safe Sanctuaries" or have received my refresher course for the year.

- NO If NO, seek training through your church or call Sacramento for online training options (requires a \$12 fee).
 YES If YES, your signed certificate of training/refresher course must accompany your registration **OR**
 Sacramento has a copy of your current (2017-18) Safe Sanctuaries course completion certificate provided within the last 12 months.

PLEASE take this training prior to arrival. You will not be able to participate in the Camp/Retreat without it.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in not being selected to volunteer with a camp.

I understand that my services as an Adult Volunteer are on a volunteer basis, and I am willing to pay the Adult Volunteer fee, as well as receive the appropriate training and provide my criminal background check prior to camp. I further understand that the Director of the camp I am interested in volunteering for will contact me prior to camp if I am not selected to be an Adult Volunteer.

I AGREE TO LIVE BY THE UNDERSTANDING THAT, AS A PERSON IN AUTHORITY, IT IS MY RESPONSIBILITY TO AVOID SEXUAL CONTACT WITH CHILDREN, YOUTH, VULNERABLE ADULTS, AND DEVELOPMENTALLY DISABLED PERSONS IN MY CARE, EVEN IF ONE ATTEMPTS TO INITIATE THE CONTACT.

I WILL FIND ALTERNATIVE WAYS TO DISCIPLINE, AGREEING THAT UNDER NO CIRCUMSTANCE WILL I USE SPANKING, NECK OR CHOKE HOLDS, EAR OR HAIR PULLING OR ANY OTHER CORPORAL OR PHYSICAL PUNISHMENT AS A MEANS OF DISCIPLINE.

I AGREE THAT NO FIREARMS, FIREWORKS, NARCOTICS, OR ALCOHOLIC BEVERAGES ARE PERMITTED ON THE GROUNDS. TOBACCO USE IS PROHIBITED IN VIEW OF CAMPER, INSIDE ALL BUILDINGS AND ANY TOBACCO USE BY MINOR INDIVIDUALS IS PROHIBITED.

Camp activities at Sacramento may include but are not limited to adventure related activities possibly taking place in a rugged mountain setting, which may include activities with horses. I do hereby assume all risk of this risk and any other ordinary risk incidental to the camp setting and will hold the NM Annual Conference, Sacramento Camp & Conference Center (SCCC) and their Trustees, employees and agents harmless from any and all liability. I grant permission to SCCC to use photos of myself, taken during activities at camp, for publicity purposes, in advertising materials, and/or on the camp's website. My signature also indicates that I have read SCCC's Activities Release Form, Horse Activities Release Form, and Technology Acceptable Use Policy and that I will abide by the provisions included in these policies. These policies can be found at <http://sacramentocamp.org/about-us/connect> or call Sacramento for a copy.

Signature: _____ Date: _____

Note:

- Your application must be forwarded to the camp registrar at Sacramento. **You should also complete the medical form.**
- Visit our website for refund information.

If you have already completed a CURRENT criminal background check from your church, PLEASE include it with this registration.

If you are not attaching a copy of your CURRENT Background Check, and Sacramento does not have a current copy, you MUST complete the CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK (last page) along with an additional \$12 with your Registration Fee or Deposit for a REQUIRED background check before your arrival at camp.

Check here if you are attaching a copy of your current Criminal Background Check from your church or other approved agency. (Save \$12)

Adult Volunteer Medical Form

Name: _____

IN CASE AN EMERGENCY OCCURS, the following information will be used to assist us in identifying appropriate care.

Health History: Circle and give approximate date (mo/yr) where applicable

Health Problems	Diseases (Please list)	Allergies- please list all
Hypertension		Hay Fever
Heart Defect/Diseases		Ivy Poisoning, etc.
Convulsions		Insect Sting
Diabetes		Penicillin
Bleeding/Clotting Disorders		Other Drugs
		Asthma
		Food Allergies
		Other Allergies

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions or special requests _____

Activity limitations _____

Current medications _____
 (Note: Camp not usually equipped to give shots)

Insurance Information:

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

(Name of Adult Volunteer) _____ is in good health and able to participate in all camp activities with the limitation listed above. In the event of an emergency, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Signature _____ **Date** _____

In case of an emergency, contact:

Name _____ Phone # () _____

Name _____ Phone # () _____

Please complete this form ONLY if you have NOT attached a copy of your current (conducted within the last 12 months) Criminal Background Check with your registration, OR Sacramento does not have a current copy on file. Mail this completed form with your registration form and an additional \$12.00. Sacramento Camp & Conference Center will conduct a background check for you before your arrival at camp.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Sacramento Camp & Conference Center**, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Signature _____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

If this is your first time to be an Adult Volunteer at Sacramento, you must List 3 References:

Name _____ address _____ phone _____

Name _____ address _____ phone _____

Name _____ address _____ phone _____