



Phone: 504-242-2636

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(Please print clearly)

VOLUNTEER INTAKE FORM

(Required for all volunteers)

Church/Organization/City/State: _____

Group Leader Name: _____

Volunteer Name: _____ Birth Date: ____/____/____

Address: _____ City& State: _____, Zip: _____

Home Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Arrival Date & Time: ____/____/____ ____:____ am/pm Departure Date & Time: ____/____/____ ____:____ am/pm

Male Female Youth 14 to 18 years old Youth under 13 years old

I have previous mission trip/alternative break experience (where/when) _____

Photo/Audio/Video Release

I, the undersigned, hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular Camp Restore activities through audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of Camp Restore and RAI Ministries.

Volunteer Initials: _____ **Parent/Guardian Initials (for those under 18):** _____

Participant Liability Release

I, the undersigned, acknowledge and state the following: I have chosen to perform community and/or construction projects in the New Orleans area as a volunteer.

I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity, work around mold, and that some activities may take place on ladders and building framing other than ground level. I will only work within my physical capabilities. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Camp Restore is not my employer, and that my volunteer work is not employment. I understand that I do not qualify for Worker's Compensation insurance if I am injured while volunteering.

I understand that Camp Restore will not be held responsible or liable for my personal effects and property, including property kept in lockers. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by camp policies and instructions in effect for my accommodations during the trip. I understand that failure to abide by Camp Restore's rules or orders given by Camp Restore employees may result in the termination of my volunteer work and that I will be asked to leave Camp.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about families at construction sites or individuals associated with community project sites without the express permission of said individuals. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Camp Restore, its parent RAI Ministries and all affiliated churches, facilities and organizations, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith.

Volunteer Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Medical Information and Authorization

Medical insurance is required

I _____, authorize _____
(participant) (another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medial diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

Med. Ins. Provider _____

Policy Number _____

Information about **Allergies, Medication, and Particular Health Problems:** _____

I have a **history of reactions to heat** environments: **YES / NO** **Diabetic: YES / NO** I have a history of **seizures: YES / NO**

Emergency Contact Information:

Name: _____ Phone: (____) _____ - _____ Cell: (____) _____ - _____

Date of last **tetanus shot** _____/_____/_____ (**MUST** be within last ten years, **preferably five**)

Name of Primary Care Doctor: _____

Phone number of Primary Care Doctor: _____

Volunteer Signature: _____ **Date:** ____/____/_____

Parent/Guardian Signature: _____ **Date:** ____/____/_____

Parental Release (Required for all volunteers under 18)

I, (parent or legal guardian) _____, hereby give permission for my child to serve in volunteer projects coordinated by Camp Restore. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and /or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold Camp Restore, RAI Ministries any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees, liable for any injury or damage to my child while engaged in disaster projects.

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Relationship to participant: _____

Physical limitations, Special needs that might affect your child's work: _____

Parent/Guardian Signature: _____ **Date:** ____/____/_____