



TOWSON PRESBYTERIAN CHURCH

2024 CAMP BEETREE ADULT VOLUNTEER FORM

If you are a returning adult volunteer, hoping to serve at Camp BeeTree, **Monday, Jul. 15–Friday, Jul. 19, 2024**, please complete this form and return it to Jenness Hall (jhall@towsonpres.org). We need volunteers and are so grateful that you have decided to participate this summer! We pray that your experience volunteering is meaningful to your faith and friendships, and provides a deeper sense of belonging and purpose within our community.

CONTACT INFORMATION

Name: _____ Phone Number: _____

Address: _____ Email: _____

If you'd like to volunteer *BEFORE* the week of Camp BeeTree, select all activities that interest you:

- Publicity, marketing, or Minute-for-Mission presentation in-service
- Shopping for food/supplies (reimbursable)
- Preparing lesson materials and crafts
- Administrative work (i.e. nametags, rosters, etc.)
- Prepare snacks
- Other

If you'd like to volunteer *DURING* the week of Camp BeeTree, select all activities that interest you:

- Distribute snacks (morning only)
- Greet children, give out nametags, help with opening activity (morning only)
- Nurse/first aid
- Lead a grade-level class
- Help with crafts
- Work with children at the stream
- Lead/assist with recreation or field games
- Help with Friday's closing activities and picnic
- Cleanup/breakdown
- Take pictures

Please select which days/times you're available during the week of Camp BeeTree

- 7/15 Monday AM
- 7/15 Monday PM
- 7/16 Tuesday AM
- 7/16 Tuesday PM
- 7/17 Wednesday AM
- 7/17 Wednesday PM
- 7/18 Thursday AM
- 7/18 Thursday PM
- 7/19 Friday AM
- 7/19 Friday PM
- 7/20 Saturday AM (Cleanup)

MEDICAL

Your Name: _____ Date of Birth: _____

Allergies: _____ Current Medications: _____

Will you need to take medication while at Camp BeeTree? YES / NO

Please describe any medical conditions, concerns, activity limitations, or precautions you have:

Insurance Information: _____

Doctor's Name: _____ Doctor's Phone Number: _____

I understand that, in an emergency, every attempt will be made to contact an immediate family member. However, in the event that one cannot be contacted, I request and authorize medical personnel associated with Towson Presbyterian Church's Camp BeeTree to provide all reasonably necessary medical care for me including, but not limited to, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for my health. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

Your Name (Printed): _____ Date: _____

Your Signature: _____ Date: _____

TRAVEL

Campers, Counselors-in-Training, and adult volunteers will be transported to/from Towson Presbyterian Church (400 W. Chesapeake Ave. Towson, MD 21204) and BeeTree Preserve (Kauffman Rd. Parkton, MD 21120) on the dates of Monday, Jul. 15–Friday, Jul. 19, 2024, under the coordination of Jenness Hall.

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Your Signature: _____ Date: _____