

# VOLUNTEER PARTICIPATION FORM

## BAPTIST CONVENTION OF NEW MEXICO PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES

<b>ALERT</b> For Office Use Only
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Please complete this form in its entirety and return it to camp manager before participating in any volunteer project.

### Volunteer Information:

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

### Physician / Health Information:

Physician Name: \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Night: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Last date of tetanus or booster shot: \_\_\_\_\_

Are all immunizations current?  **Yes**  **No** If no, please explain: \_\_\_\_\_

List medical conditions for which Volunteer is currently being treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List medications currently being taken (please include concise directions, including dosage and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any allergies or special concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note to Parent/Guardian of Minor Volunteer: Your project/event Sponsor will be responsible for handling and administering all medications.** These over-the-counter medications are available if needed. Please indicate whether or not your project/event Sponsor may give the Volunteer these medications.

Acetaminophen  **Yes**  **No**      Ibuprofen  **Yes**  **No**

Antacid  **Yes**  **No**      Benedryl  **Yes**  **No**

**Volunteer or Parent/Guardian of Volunteer:** What other important information do we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteers of all ages are expected to conduct themselves in a caring, trustworthy, fair and responsible manner. Participation in the above named project/event is a privilege and all Volunteers and Sponsors are expected to maintain the highest standards of behavior at all times. There will be a zero tolerance policy for unacceptable behavior.

I, the Adult Volunteer or Parent/Guardian of \_\_\_\_\_ hereby give my permission for treatment by a licensed physician (if medical treatment is deemed necessary by the physician). In case of surgical emergency, I also give my consent to medical procedures diagnosed and prescribed by the attending, licensed physician. I hereby assume complete financial responsibility for all medical services. **Attach a copy of your insurance form or card, if you have one.**

*If participation in any or all camp projects/events is permitted, but you have **not** authorized medical services for you or any member of your family participating in camp activities, you must **attach to this form**, a written statement of procedures to be followed in the project/event the Volunteer is injured or becomes ill, going to, during, or returning from, the activity).*

**And**, to preserve this project/event and provide means for future publicity of like projects/events, the Volunteer or the parent/guardian grants permission for the Volunteer to be photographed/video taped and for resulting pictures/video to be used in reports, publicity, local and nationally, and the BCNM website.  **YES**  **NO**

**And**, recognizing that camps, retreats, etc. involve some degree of risk, and though reasonable measures will be taken to provide a safe environment, the Baptist Convention of New Mexico cannot guarantee the safety of Volunteers. Knowing of this risk, I give permission for the Volunteer to engage in all activities, when available, of the project/event attended including, but not limited to, the following: hiking, archery, riflery, ropes course, tower, mountain bikes, outdoor games, mud pit, paintball, tubing/sledding, camp fire, woodworking, tenting, leather work, rock shop, climbing wall, general camp program, worship services, and Bible study. **Listed below are the activities I do not want the Volunteer involved in:** \_\_\_\_\_

**And, as an Adult Volunteer or Parent/Guardian, I also give my permission for the Volunteer to be involved in camp-related activities that may take place outside the campgrounds.**

**Therefore**, by affixing my signature below, I do hereby agree to hold harmless and indemnify the Baptist Convention of New Mexico, and all agents and representatives thereof, from all claims of losses, injuries, damages, and/or death that may involve me or my child participating in this project/event. I further agree to waive any rights of legal action against the Baptist Convention of New Mexico.

\_\_\_\_\_  
**Adult Volunteer or Custodial Parent's or Guardian's Signature          Date**

Adult Volunteer or Custodial Parent or Guardian's Insurance Information:

Insurance Company Name: \_\_\_\_\_

Group number \_\_\_\_\_ Policy number \_\_\_\_\_ Primary Insured \_\_\_\_\_

Emergency contact:

(1) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Relationship) (Phone number)

(2) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Relationship) (Phone number)

**The Permission to Volunteer/Authorization for Medical Services form must remain in the possession of the BCNM representative during the project/event. This form must be notarized.**

**NOTARY ACKNOWLEDGMENT**

STATE OF NEW MEXICO  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_