

WORK TEAM 2010 REGISTRATION



Camp Challenge
Ministries

OFFICE

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Wasilla, AK 99654

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Email

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www.CampChallengeMinistries.com

Team Name	
Team Leader	
Work Team Dates	
Address	
City, State, Zip	
Email	
Primary Phone	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Church	
Pastor	
Church Phone	
Church Address	
City, State, Zip	

OFFICE ONLY

Date Received: _____

Conf. Sent: _____

Paperwork complete: _____

Notes: _____

<p>Team Leader Covenant</p> <p>As the designated Team Leader, I agree to:</p>	<ol style="list-style-type: none"> 1. Be responsible for daily Bible studies and / or devotional time with the team (either yourself or assign a team member). 2. Keep Camp Challenge informed of changes to the plans, size or make up of the work team. 3. Handle any team or participant discipline problem that may arise while at the ministry location. 4. Submit yourself and our team to the authority of Camp Challenge Ministries leadership. 5. Submit this Team Leader Covenant prior to your arrival at Camp Challenge. 6. Submit one Volunteer Application/Work Experience form for each member of your team including yourself. 7. Submit a Drivers Form for two members of your team. 8. Submit a Travel Information form for your group as soon as you make your travel reservations. Please send all forms no later than 6 weeks before your trip. 9. Keep the team to a maximum of 14 unless special arrangements have been made. Team Members under the age of 18 will have some limits in work assignments due to state regulations.
	<p>_____ Signature</p> <p>_____ Date</p>

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TEAM LEADER CHECK LIST

Team Name: _____

Team Leader: _____

✓ Please check when complete

Work Team Registration / Team Leader Covenant		
Team Travel Information		
Designated Driver Form		
Names of Team Members	Volunteer Application	Work Experience / Skills Form
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

WORK TEAM 2010 REGISTRATION

WORK TEAM TRAVEL INFORMATION

Team Name: _____

Team Leader: _____

Work teams coming to Camp Challenge by plane need to make airline reservations to Anchorage International Airport (ANC).

Camp Challenge is one (1) hour driving time from Anchorage Airport.

Please fill out this form and send it to the Camp Challenge Office as soon as travel arrangements have been made.

By Plane:

Arrival	Departure
Date:	Date:
Airline:	Airline:
Flight Number:	Flight Number:
Arrival Time:	Departure Time:

By Car:

Expected arrival date: _____

Departure Date: _____

Notes:

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VOLUNTEER APPLICATION

Camp Challenge Ministries is a religious organization and all Work Team staff is expected to live by Biblical principals.

Please attach a
current photo
here

Team Name	
Work Team Dates	
NAME	
Address	
City, State, Zip	
Email	
Primary Phone	
Other Phone	
Birthday / Age	/ / Current Age:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Vocation	
Emergency Contact	Name _____ Phone _____

Church	
Phone	
Pastor's Name	

HEALTH INFORMATION

Allergies: Yes No

If YES, please list allergies: _____

Medication(s) used: _____

Date of last tetanus shot: ____/____/____ Date of last physical exam: ____/____/____

Food Restriction(s): _____

Any restrictions camp personnel should know about: _____

Family Physician: _____ Telephone: _____

Insurance Provider: _____ Policy # _____ Phone # _____

Have you ever been convicted of a felony? Yes No If YES, please explain on a separate sheet.

Have you ever been charged with child or sexual abuse? Yes No If YES, please explain on a separate sheet.

This health history is correct as far as I know. I am able to engage in all activities of my program. In the event of an emergency, (if I am unable to make decisions for myself, and my relatives cannot be reached) I hereby give permission for the camp director or team leader to secure proper and prudent medical treatment on my behalf.

I understand the possible risk while in this program, and hereby release Camp Challenge Ministries, its employees, agents and camp staff from any and all claims, demands, actions, or causes of actions of any sort of injuries sustained during the period covered by this release.

I certify the information in this application is true to the best of my knowledge.

_____/_____/_____
Applicant Signature (if under 18 years of age a parent/guardian signature is required) _____ Date

_____/_____/_____
Parent/guardian Signature _____ Date

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Work Team Experience / Skills

Name: _____

Vocation	Very Experienced Can perform without supervision	Experienced Can do; may need advice	Familiar Can do with supervision	No Experience Will help
Appliance Repair				
Small				
Large				
Build				
Framing				
Finish				
Roofs				
Decks				
Stairs				
Burner Service				
Gas				
Oil				
Used Oil				
Cabinets				
Build				
Repair				
Chainsaw				
Tree Falling				
Cleaning				
Concrete				
Forms				
Pour				
Finish				
Driving/Operating				
Electrical				
Residential				
Commercial				
Flooring				
Carpet				
Vinyl				
Tile				
Furniture				
Build				
Repair				
Kitchen				
Paint				
Roll				
Cut In				
Stain				
Mask				
Plumbing				
Repair				
Rough In				
Sheetrock				
Hang				
Mud & Tape				
Sheet Metal				
Fabrication				
Installation				
Vehicle Maintenance				
Welding				
Repair				
Fabrication				
Misc. (fill in)				