

CAMP OUTREACH 2020 APPLICATION

APPLICATION DEADLINE MAY 15th

Camp Outreach offers the opportunity to serve the community while developing practical skills and building relationships with God and each other. Participants 13 years and up make needed repairs on homes of widows, disabled, single parent, elderly and other people needing help. Daytime activities will also be provided this year for children 4-12 whose parents are participating in Camp Outreach.

Application for the Plainfield, Indiana camp July 12-18, 2020

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH PERSON ATTENDING

PER PERSON CAMP FEES: \$135 US

Please **circle the dates** you will be in attendance: July 12 13 14 15 16 17 18

PARTICIPANT CONTACT INFORMATION

Name _____
Address _____
Date of Birth _____ Gender: _____
Home Phone _____ Pager/Cell Phone _____
E-Mail _____ T-Shirt Size: Adult XXXL XXL XL X L M S

EMERGENCY INFORMATION In the unlikely event of an emergency, please designate a contact. List emergency contacts in order of preference.

Name _____	Name _____
Telephone Number 1 _____	Telephone Number 1 _____
Telephone Number 2 _____	Telephone Number 2 _____
Relationship to Participant _____	Relationship to Participant _____
Dentist's Name _____	Phone _____
Physician's Name _____	Phone _____

PREFERENCE: Mark the box in those areas in which you would prefer to serve

SKILL LEVELS Please rate your skill level "___" from 0 – 5, with 0 = no experience and 5 = expert

- | | |
|--|---|
| <input type="checkbox"/> __Teaching Children | <input type="checkbox"/> __Food Preparation and Service |
| <input type="checkbox"/> __Carpentry | <input type="checkbox"/> __Roofing |
| <input type="checkbox"/> __Plumbing | <input type="checkbox"/> __Drywall |
| <input type="checkbox"/> __Electrical work | <input type="checkbox"/> __Landscaping |
| <input type="checkbox"/> __Painting | <input type="checkbox"/> __Ramp building |
| <input type="checkbox"/> __Leading Sports | <input type="checkbox"/> __Other: _____ |

Comments: _____

Note: Experienced crew leaders will be available to teach necessary skills to participants who have no previous experience.

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BIBLE STUDY PRESENTATION IDEAS

Please list ideas for Bible Studies and indicate any studies you would be willing to present. If you wish to present, you will be contacted to confirm the presentation and to finalize scheduling.

PARTICIPANTS 18 AND OVER PLEASE COMPLETE THIS SECTION

(Under 18 proceed to next area)

PARTICIPANT NAME _____ E-mail _____

MEDICAL INFORMATION Do you have any health condition or physical disability that would prevent participation in renovation activities? **Yes No**

Explain _____

ALLERGIES If you are allergic to any medications, please list _____

If you are allergic or sensitive to any foods, please list _____

HEALTH INSURANCE

Participant's Name _____

Insurance Company _____

Policy/Group Number _____

Name of Primary/Guarantor Member _____

Medicaid Number (where applicable) _____

CONSENT AND WAIVER

As a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials. I also understand that reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, its sponsors, and camp staff in the unlikely event of an injury. I hereby give my consent for photographs or videos of me to be used by Common Ground Christian Ministries, Inc. and associated ministries for publicity, public information, public education and fundraising endeavors.

Signature _____ Date _____

PARTICIPANTS UNDER 18 PLEASE COMPLETE THIS SECTION

PARTICIPANT NAME _____

PARENT INFORMATION Name of Parent/Legal Guardian _____

E-mail _____ Telephone Number (Your cell or home) _____

Mother's Cell/Work _____ Employer _____ Work Hours _____

Father's Cell/Work _____ Employer _____ Work Hours _____

MEDICAL INFORMATION Do you have any health condition or physical disability that would prevent participation in renovation activities? **Yes No** If yes, please explain _____

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ALLERGIES If you are allergic to any medications please list _____
If you are allergic or sensitive to any foods please list _____

HEALTH INSURANCE

Participant's Name _____
Insurance Company _____
Policy/Group Number _____
Name of Primary/Guarantor Member _____
Medicaid Number (where applicable) _____

EMERGENCY MEDICAL RELEASE

In the event of medical emergency, I understand that every effort will be made to contact parents or guardians of the minor participants. In the event I cannot be reached, I hereby give my permission to the director or authorized designee of the camping program to hospitalize, secure responsible treatment for and to appropriate medical care as necessary for the participant as named hereon. This authorization is valid for the time my child is attending Camp Outreach.

Parent/Guardian Signature Date _____ Date _____

CONSENT AND WAIVER

I, as parent/guardian of _____, give my permission for him/her to attend Camp Outreach. I ascertain that he/she is medically and mentally able to participate in all activities. As a participant in Camp Outreach, my child agrees to abide by all of the rules and regulations as outlined by camp counselors and officials. I also understand that reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, its sponsors, and camp staff in the unlikely event of an injury. I hereby give my consent for him/her to appear in photographs or videos to be used by Common Ground Christian Ministries, Inc. (CGCM) or those organizations granted authorization by CGCM for Camp Outreach publicity, public information, public education and fundraising endeavors. I acknowledge there are risks associated with attending Camp Outreach.

Parent/Guardian Signature _____ Date _____

As a participant/parent or guardian of a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials.

Under 18 year old Participant Signature _____ Date _____

Return applications with payment to:

**Camp Outreach c/o Common Ground Christian Ministries
1655 Hawthorne Drive, SUITE A
Plainfield, IN 46168**

Please make check in the amount of \$135 payable to: Common Ground Christian Ministries
Questions? Contact us at: JenniferLeeSwenson@gmail.com or call 317-319-3883 and ask for Jennifer Swenson

Application deadline: May 15th, 2018

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