



Lighthouse Christian Ministries
 800 Grand Avenue, Bacliff, Texas 77518
 Office: 281.339.3033 *301

KIDZ DAYZ Adult Volunteer Application, 18+ Only

CONTACT INFORMATION:

Name: _____

Address: _____

Email: _____

Mobile Phone: _____ (Other) _____

Church Affiliation: _____, T-Shirt Size: _____

Please provide birthdate: ____/____/____, This Application is for 18+ only.

*****Youth Volunteers: Fill Out Registration Packet & Sign Youth Volunteer Expectations*****

VOLUNTEER AVAILABILITY

Camp Starts: July 8th & Ends July 26th

Adult volunteers should arrive by 9am & stay until 2pm, unless other arrangements are made.

Please mark each day you are available to serve in the camp on the calendar provided.

July 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

HOW WOULD YOU LIKE TO SERVE?

(Circle One & Fill in the blank):

- 1) Put me where you need me!
- 2) I would prefer to serve in the following way, _____.

Please list any gifts or talents you would like to share in preparation for, or during camp. (i.e. Singing, Playing Guitar, Teaching, Art, Set Design, Audio/Visual. Please elaborate.)

EMERGENCY CONTACT:

Name: _____

Phone: _____ Relation: _____

If you plan on bringing your children, please list their names and ages below and fill out a registration packet for each child. Please note that children must be going into 1st through 6th grade to attend the camp.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please Read and Initial the Statements Below:

Volunteer Waiver and Release: In consideration for being permitted to volunteer for Lighthouse Christian Ministries, I do hereby release, waive, discharge, and hold harmless Lighthouse Christian Ministries, its employees, and the Board of Directors, resulting from or related to any injury or loss that may occur. _____

LCM's Confidentiality Statement: While serving at LCM, I agree that I will represent LCM in my actions and deeds. I will hold confidential, all communications, observations and information made by, between or about clients. This includes all client service and administrative records, computer records, including any and all logs/records resulting from telephone contacts, or any other work product of staff or volunteers related to recipients of service. I hereby agree that I am bound by this confidentiality upon leaving my services as a volunteer for LCM and there ever after. _____

Background Consent: My signature below verifies I have read and understand the Waiver and Confidentiality Agreement and, all the information I have provided on this application is true. I am providing Lighthouse Christian Ministries my consent for an initial **Background Check** as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this Organization. _____

Sign below to agree to the statements above and signify your data is true:

Print Name: _____

Signature: _____

Date: _____

Kidz Dayz Representative: _____

Office Use Only:

- Complete Criminal History & Offender Registry Search Initial: _____
- Add to Spreadsheet & Remind Initial: _____
- Attach Emergency Medical and Photo Releases Initial: _____
- Attach Statement of Faith Initial: _____