

Volunteer Application Form
Westminster Woods Camp & Retreat Center
18487 Barber Rd Fall River, KS 67047
620-692-3692 westminsterwoods@terraworld.net

Please fill out this form entirely, sign it and return to Westminster Woods.

Name _____ Age _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail address _____
Church _____ City of church _____
I wish to volunteer in: ___ kitchen ___ health room ___ maintenance ___ photography
Dates you would like to volunteer _____
Related certificates or licenses _____
Physicians name _____ Physicians # _____
Allergies (including medications) _____
Medications you are currently taking _____
Any restrictions due to medical reasons _____

Name & telephone number of person to notify in case of emergency:

Name _____ home # _____
work # _____ cell # _____

Please list Two references:

Name _____ Phone # _____
Relationship to you _____
Name _____ Phone # _____
Relationship to you _____

** By signing this application, I affirm my belief and willingness to abide by the policies and procedures set forth by the Committee on Camping Ministry. I understand that the campers are under the direct supervision of the Westminster Woods Summer Ministry Staff and all volunteers are under the supervision of the Camp Administer.

Signature

Date

The medical and reference information provided will be kept at Westminster Woods office and will be shared only on a need to know basis.