

Last Name: _____ First Name: _____ T-shirt size: _____

Middle Name: _____ Date of Birth: _____ Social Security #: _____

Address: _____ Apt. #: _____ City: _____

State: _____ Zip: _____ Home Phone #: _____ Work Phone #: _____

Mobile #: _____ E-mail: _____ Driver's License #: _____

Sexual Offender, Criminal Records Check, & Voluntary Disclosure Statement

I, _____, hereby authorize Loucon to request the police department, sheriff's department, F.B.I., Sexual offender registries, courthouses, Lexis Nexus, and any other entities to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said organizations/entities from all liability that may result from any such disclosure made in response to this request.

1. Have you ever been convicted of any crime of violence against a minor, including but not limited to those listed below? (circle one) YES NO
 - a. Indecent assault and battery on a child under fourteen.
 - b. Indecent assault and battery on a mentally retarded person.
 - c. Indecent assault and battery on a person who has obtained the age of fourteen.
 - d. Rape
 - e. Rape of a child under sixteen with force.
 - f. Assault with the intent to commit rape.
 - g. Kidnapping of a child under sixteen with intent to commit rape.
 - h. Distribution and trafficking of narcotics or other controlled substance?
 - i. Intent to commit any of the above crimes.
2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? (circle one) YES NO
3. Are you subject to any court order involving sexual or physical abuse of a minor including, but not limited to a domestic order or protection? (circle one) YES NO
4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? (circle one) YES NO

I understand that Loucon may deny employment or voluntary help to any person who answers any of the questions numbered 1-4 above in the affirmative and/or in applying for a counseling position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. And/or the camp may terminate employment or volunteer service of any person:

1. Found to have a history of complaints of abuse of a minor and/or
2. Found to have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor. This disclosure statement must be updated annually.

Signature: _____ Date: _____

Signature of Parent/Guardian if applicant is under 18 years of age: _____ Date: _____

Counselor Name: _____

Please list three individuals who are not related to you by blood or marriage as references. If possible please list people who have known you for at least three years. One reference should be from a church representative and another one should be from someone who has witnessed your interaction with children/youth. Minors under the age of 18 are required to include a fourth reference which should be from a parent or guardian. Please include all requested information & print legibly.

Full Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Nighttime Phone #: _____ Years Known: _____

Full Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Nighttime Phone #: _____ Years Known: _____

Full Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Nighttime Phone #: _____ Years Known: _____

Full Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Nighttime Phone #: _____ Years Known: _____

School & Residence Section

Previous Residence(s) during the past 5 years (include college & home residences)

1. Address: _____ City: _____ State: _____ Zip: _____

2. Address: _____ City: _____ State: _____ Zip: _____

3. Address: _____ City: _____ State: _____ Zip: _____

4. Address: _____ City: _____ State: _____ Zip: _____

5. Address: _____ City: _____ State: _____ Zip: _____

Counselor's Name: _____

1. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

2. Give a Record of Past Treatment: _____

3. List a record of immunizations including date of last tetanus shot: _____

4. Provide a record of any allergies that you may have, and list medications you take: _____

5. Are you generally in good health and able to participate in all normal camp activities (circle one) YES NO
6. Date of your most recent physical examination: _____
7. Physician's Name: _____ Physician's Phone #: _____

NOTE: ALL medications brought to camp must be kept out of the reach of campers. ALL medications brought to camp should be taken to the Camp Health Care Provider.

NOTE: Please notify the Loucon office if you are exposed to any communicable disease during the three week period immediately prior to your time as a camp counselor.

I, _____, hereby certify that the above information is correct and give my permission for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that I may be transported for special activities in the camp, church, or rental van/bus. I realize that counselors at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give me over the counter medication (such as Tylenol, etc.) as proper treatment as deemed necessary for minor ailments. I realize that counselors at camp can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility and liability for injury to myself and/or my child. I agree to submit any insurance claims to my insurance carrier first and will only use Loucon's insurance as a secondary insurance.

In case of medical emergency, I understand that every effort will be made to contact the parent, guardian, or emergency contact person. In the event that they cannot be reached I hereby give permission to the Camp Director to authorize a physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me as named below.

Signature: _____ Date: _____

Signature of Parent/Guardian if applicant is under 18 years of age: _____ Date: _____

Activity Participant Acknowledgement of Risks

In consideration of the services of Loucon, their facilities, employees, the trustees of the Kentucky Annual Conference of the United Methodist Church, and all other persons or entities associated with Loucon, I agree as follows;

Loucon's High Ropes Course, climbing, rappelling, Zipline, archery, hiking, teambuilding, low elements, water skiing, canoeing, sailing, swimming and other Loucon activities involve a variety of activities that often include warm-ups, games, group initiative problems, low and high ropes course elements. Although Loucon has taken responsible steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled, Loucon has informed me that these activities are not without risks. The same elements/activities that contribute to the unique character of these activities can be causes of loss of damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Loucon does not want to frighten me or reduce my enthusiasm for the activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

Counselor's Name: _____

I am aware that participation in activities entails risk of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that Loucon staff has been and will be available to more fully explain to me the nature and physical demands of each activity and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have clearly read, clearly understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, and estate for all members of my family, including minor children.

Signature: _____ Date: _____

Signature of Parent/Guardian if applicant is under 18 years of age: _____ Date: _____

Volunteer Agreements & Permissions

I, _____, hereby certify that the information I have provided on this application for volunteer service is true and correct. I authorize Loucon to verify the information I have provided in the application, sexual offender/criminal records check, voluntary disclosure statement, reference section, residence section, and any other information you have provided by contacting the references I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness for the voluntary position for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become a volunteer at Loucon, I agree to abide by and be bound by the policies of Loucon and to refrain from inappropriate conduct in the performance of my duties on behalf of Loucon. I also understand that any misrepresentation of me may result in my dismissal.

I grant permission for Loucon to utilize photographs, videos, etc. for Loucon's promotional use including but not limited to Loucon's brochures, website, facebook, twitter, you tube, videos, commercials, etc.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature: _____ Date: _____

Signature of Parent/Guardian if applicant is under 18 years of age: _____ Date: _____

Counselor Forms need to be given to the dean of your camp or mailed directly to the following address by May 15th:

**Camp Loucon
C/O Program Staff
8044 Anneta Road
Leitchfield, KY 42754**

More forms are available at www.Loucon.org. Call 270-242-7160 with questions.