

Volunteer Form

General:

First Name	
Last Name	
Birthday	
Address	
City/State/Zip	
Email	
Phone	<input type="checkbox"/> Texting is OK

Emergency Contacts:

Name:	Relation:	Name:	Relation:
Phone:		Phone:	

Volunteer Commitment:

I Promise to....

<ul style="list-style-type: none"> • act safely. • treat sensitive information with respect and confidentiality. • not be present on NLOM property while under the influence of illegal drugs or alcohol. • submit background check when required. • will not hold NLOM staff responsible for accidents, claims, and damages arising therefrom. • authorize NLOM to take such action is deemed necessary for the care, welfare, and health of myself including giving consent for medical treatment. • give NLOM permission to use any photographs or videos of myself taken at camp in future promotions.

Signature:	Date:
-------------------	--------------

For Office Use ONLY:

<p><i>Notes:</i></p> <p style="text-align: center;"> <input type="checkbox"/> Results <input type="checkbox"/> Administration <input type="checkbox"/> Department </p>
--