

# Volunteer Registration Form

2016

Name \_\_\_\_\_  
First Middle Initial Last Nickname

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

\*\*Must have Email to continue. If you don't have an email address contact the Camp Office.

Have you ever been a volunteer at Ceta Canyon before? Y N If so, When? \_\_\_\_\_

Which Camp would you like to volunteer? \_\_\_\_\_

To ensure the safety of the camp and by following the protocol of the Safe Sanctuaries Policy we are to do a background check for the volunteers. Are you willing to have a background check? Yes No

Is there anything that you would like to inform Ceta Canyon about before we perform the background check?

Yes No If yes, please explain \_\_\_\_\_

Name (as appears on birth certificate) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ Gender: Male Female

Physical Address \_\_\_\_\_

Signature \_\_\_\_\_

## Please provide 3 References:

	Name	Phone	Email	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## Please **send** the attached reference form to each reference.

**Liability:** Camp Activities at Ceta Canyon Camp may include but are not limited to: swimming, hiking, sports, water recreation, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risks of the above and any other ordinary risk incidental in a public camp setting and will hold Ceta Canyon Camp and their Trustees, employees, and agents harmless from any and all liability. I hereby grant permission to Ceta Canyon Camp and Retreat Center to use photos of the above named, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's website.

**Health:** Applicant certifies that they are completely physically, mentally, psychologically, and emotionally healthy, and capable to participating in all activities, except those listed and submitted to the camp along with this application. Applicant has specified in detail any reasonable accommodations necessary for any disability that they may have and has supplied equipment, medicine, or medical supplies that they may need.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:**  
Ceta Canyon Camp & Retreat Center  
37201 FM 1721  
Happy, TX 79042

**Fax to:**  
806-488-2594  
**Email to:**  
[info@cetacanyon.org](mailto:info@cetacanyon.org)

Office Use Only	
SAT: Sent _____	Completed _____
Background: Completed _____	
Reference: 1) _____	2) _____ 3) _____

# Volunteer Reference Form



Applicant name \_\_\_\_\_

Reference Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you know the applicant?

What is your relationship to the applicant?

What makes this person a good candidate to volunteer with children and youth?

Would you ever trust this person to "take care of" or "babysit" your child?

Is this person a reliable, trustworthy, and responsible individual?

On a scale of 1-10, 1 being not good and 10 being great, how good would they be at leading children and youth?

Is there any reason this person should not be considered for this volunteer position?

Please mail, fax, or email this form to the following address:

**Mail:**

Ceta Canyon Camp  
37201 FM 1721  
Happy TX, 79042

**Fax:** 806-488-2594

**Email:** [info@cetacanyon.org](mailto:info@cetacanyon.org)

**Questions?** Phone: 806-488-2268