



# LEGO...and Let God: Building Your Faith Brick by Brick

July 15, 16, & 17 9:00am-Noon

## **\*Volunteer Registration\***

Volunteers must be in High School or older. Form must be returned by June 15.

Volunteer's Name: \_\_\_\_\_

Best phone: \_\_\_\_\_ Email: \_\_\_\_\_

If in High School, Parent/Guardian Name: \_\_\_\_\_

Best phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Best phone: \_\_\_\_\_ Relationship to volunteer: \_\_\_\_\_

In the event of an illness or accident which requires immediate medical treatment, I give permission for the staff to authorize such treatment. I will not hold the Church, staff, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other listed emergency contacts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Minor, Parent Signature

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Date

Please circle desired role:    Set-Up/Clean-Up    Opening/Closing Leader    Game Leader

Group Leader (preferred ages? \_\_\_\_\_)

Snack Coordinator

**If a new volunteer, a background check will need to be done. Please complete the form on the back side.**

I give permission to use photos or videos of myself taken during the camp activities for uses such as brochures, bulletins, website, videos, or slides. \_\_\_\_\_ (Initials)

**CALVARY UNITED METHODIST CHURCH  
BACKGROUND AUTHORIZATION FORM**

Print Name: \_\_\_\_\_

Former Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**NOTICE – BACKGROUND INVESTIGATION**

In connection with your employment with Calvary United Methodist Church (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. The reports may contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

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