

Special Ministries Fall Camp Whispering Hope Ranch 2010

www.whisperinghoperanch.org

Volunteer Packet

Camp Dates: September 24 - 26, 2010

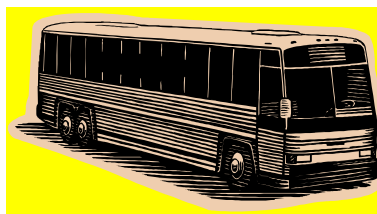
Registration Due: September 8, 2010

Training Date: September 8, 6:30-8:00, E102

Check In: (volunteers arrive before 11:00)
11:30 a.m. - 12:30 p.m.

Location: Scottsdale Bible Church Jr. High Bldg.
7601 E Shea Blvd, Scottsdale 85260

Questions: Amy Daniels: 480.824.7267 or
adaniels@sbcas.org



Bus returns: 3:30 p.m. Sunday, September 26

Scottsdale Bible Church South parking lot

PACKING LIST AND EQUIPMENT

*Please put your name on
ALL luggage and personal items

- Pillow
- Sleeping bag or blanket
- Sheets (twin set)

- Bath towel
- Wash cloth
- Shampoo/conditioner
- Soap
- Toiletries

- Closed toe shoes – closed toe shoes are required on the property
- Socks and undergarments
- Jeans or long pants
- Shirts (both short sleeves and long sleeves)
- Shorts (knee length)
- Pajamas
- Jacket

- Sun screen lotion
- Bug repellent
- Sunglasses and/or hat
- Flashlight (very important to most campers)
- Rain jacket
- Camera
- Phone cards are a must in order to make a long distance call (no cell phone service)

IMPORTANT:

Prescription medications must be in prescription bottles with doctor's instructions (even vitamins will be given to the nurse). Place in a plastic baggie with first and last name on bag. Give directly to the volunteer nurse before boarding the bus.

Whispering Hope Ranch

Emergency Contact Numbers for Parents/Caregivers

- Main Ranch Office (M-F 9:00 a.m. – 4:00 p.m.) 877.478.0339
- Wellness Center Phone & Answering Machine 928.478.0146

VOLUNTEER Registration form for Special Ministries Camp

Register by September 8:

Scottsdale Bible Church
Special Ministries
7601 E. Shea Blvd.
Scottsdale, AZ 85260

Name: _____
 First Middle Last

If under 18 years old, parents' names _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Age: _____ Date of Birth: _____ [] Male [] Female

Email address: _____ T-Shirt Size: S M L XL XXL XXXL (circle one)

If new to Special Ministry please list two references:

Name	Phone	Email
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Name	Phone	Email
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EMERGENCY CONTACT

Name of person to contact in case of emergency:

Name Relation (____) Phone

Amy Daniels
adaniels@sbcaz.org
480.824.7267

PO Name: _____

WHISPERING HOPE RANCH FOUNDATION CONSENT AND LIABILITY RELEASE & PHOTO RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR LEGAL RIGHTS ARE AFFECTED BY THIS CONSENT AND LIABILITY RELEASE.

A signed release is required of all adults/minors before being granted access to the premises of Whispering Hope Ranch.

The release must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

I hereby request Whispering Hope Ranch Foundation (“WHRF”) to grant me and/or my child(ren)/ward access to the premises and facilities of Whispering Hope Ranch (“WHR”), near Payson, Arizona. In consideration of, and as a condition to WHRF granting me this privilege, I as an individual and as a parent, custodian and/or legal guardian of a minor child(ren) or (“child(ren)/ward”), agree that:

1. The privilege of access is granted only to me and/or my child(ren)/ward;
2. I assume all risks of personal injury and/or injury to property inherent in visiting WHR, which is located in a wilderness area and which houses domesticated and undomesticated animals;
3. I release and hold WHRF and WHR harmless and waive any claim against them for any accident or injury to me and/or my child(ren)/ward and/or our property occurring on WHR premises;
4. I agree to pay all medical expenses incurred for myself and/or my child(ren)/ward arising out of any accident or injury occurring on WHR premises;
5. I agree not to file suit or make any claim against WHR and/or WHRF;
6. This release extends to all officers, directors, employees, servants, agents and assigns of WHRF;
7. I agree that this release applies to me, my child(ren)/ward, my family and any others who may want to assert a claim for accident or injury occurring while visiting WHR;
8. I am aware of the inherent risks associated with equine activities, and am willing and able to accept full responsibility for my and/or my child's(ren's)/ward's safety and welfare and release WHRF and/or WHR from liability;
9. I agree that Arizona law applies to this consent and it is to be interpreted in favor of releasing WHR and WHRF from liability.

WHISPERING HOPE RANCH FOUNDATION PHOTO RELEASE

I consent to and authorize the use and reproduction by Whispering Hope Ranch Foundation (“WHRF”) of any and all photographs and any other audio-visual materials taken of me and/or my child(ren)/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I hereby waive any claim for remuneration for any WHRF of my and/or my child’s(ren’s)/ward’s likeness.

I DO **NOT** CONSENT TO THE PHOTO RELEASE.

I have read the above liability release and sign with full knowledge of content.

Must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

Participant Name(s) - Please print.	Relationship – Please check.
1.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
2.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
3.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
4.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self

Signature (Self/Parent/Guardian): _____

Date: _____

Printed Name (Self/Parent/Guardian): _____