



**Camp Echoing Hills  
Volunteer Registration/Contract Form**

Form must be completed and mailed with registration fee of \$25 to Camp Echoing Hills. Incomplete applications will not be considered.

Please  
attach  
a  
recent  
photo  
here!

**COST:** As with any mission trip there is some expense involved when you serve with Camp Echoing Hills. We require all participants to pay \$175 to cover the cost of food and lodging. There is a \$25 application fee required when you submit the application. The remaining \$150 is due upon your arrival at camp.

**PLEASE PRINT CLEARLY:**

Full Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age at Time of Camp: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_ (Application must be in by May 15<sup>th</sup> in order to receive a t-shirt)  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent E-mail: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

**Social Security Number (18 + only)** \_\_\_\_\_  
 (For background check – Additional \$12 fee)

**Please indicate which week you would like to serve.**

- \_\_\_\_\_ Journey Camp – June 15 – June 21
- \_\_\_\_\_ Encounter Camp (Total Care) – June 22 – June 28
- \_\_\_\_\_ Cornerstone Camp (Older Adults) – June 29 – July 5
- \_\_\_\_\_ Impact Camp (Kids/Teens) – July 6 – July 12
- \_\_\_\_\_ Ignite Camp (Young Adults) – July 13 – 19
- \_\_\_\_\_ Revolution Camp (Adults) – July 20 – July 26
- \_\_\_\_\_ Expedition Camp – July 27 – August 2

**CAMPER  
SCHOLARSHIPS**

Would you like to help a camper come to camp? Contact Lauren Unger at [lunger@ehvi.org](mailto:lunger@ehvi.org) to learn how!

**CIRCLE BELOW THE POSITION YOU  
OR YOUR GROUP LEADER HAS REQUESTED**

We reserve the right to place volunteers in positions available.

Cabin Counselors  
(Ages 17 – 25)  
Requires staying in  
camper cabin

Counselors in Training  
CIT  
(Ages 16 – 20)

Cabin Mom or Dad  
(Ages 26 +)

Volunteer Nurse  
Requires LPN or RN

Nurse Assistant  
Requires Med Passing

Helping Hands  
Ages 13 - 15

COMING FOR MORE THAN ONE WEEK? THE COST IS \$175 FOR YOUR FIRST WEEK AND \$100 FOR EACH  
ADDITIONAL WEEK YOU ATTEND.

Camp Echoing Hills Contact Information: Phone: 740.327.0300 • Email: [lunger@ehvi.org](mailto:lunger@ehvi.org)  
 Address: 36272 CR 79 • Warsaw, OH • 43844



**INTERVIEW ON PAPER**

**Please complete this section so we can get to know you a little better. Please feel free to attach another page for more writing space.**

Do you have experience working with people with developmental disabilities? If yes, please describe your work experience.

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Why do you want to serve at Camp Echoing Hills, and what do you hope to gain from this experience?

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Have you volunteered at Camp Echoing Hills before? \_\_\_\_\_

Do you have any special skills/talents that you would be willing to share with us during your week of camp? For example: Audio/Visual \_\_\_ Certified Lifeguard \_\_\_ Cooks Helper \_\_\_ Drama/Dance \_\_\_ Maintenance Helper \_\_\_ Medical Team \_\_\_ Office Helper \_\_\_ Photographer \_\_\_ Sign Language \_\_\_ Worship Leader \_\_\_

Do have any special food requirements (i.e. allergies, vegetarian, etc.)? If yes, explain your special needs while attending camp.

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**ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS**

- 1) Have you ever been charged with or convicted of a felony? \_\_\_Yes \_\_\_No
- 2) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs? Yes \_\_\_No\_\_\_
- 3) Are you seeking to volunteer in order to satisfy court-ordered community service? \_\_\_Yes \_\_\_No

If you answered Yes to any of the above please explain

\_\_\_\_\_

Have you ever participated in Camp Echoing Hills as a family? \_Yes No If so, Date

I authorize and give Camp Echoing Hills my permission to run a background check/search on me.  
\_\_\_\_Yes \_\_\_\_No

I would like to share accommodations with: \_\_\_\_\_

If 15 and under give name of chaperone: \_\_\_\_\_

**Our Purpose**

CREATING OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO KNOW AND EXPERIENCE JESUS CHRIST



## Our Core Values

1. Strip Limitations – Make a point to know the abilities of all people and help them grow in faith.
2. Build Community – Have a larger understanding of the world around us and step out and show our love to the people around us.
3. Create/Grow Disciples – Encourage and nurture everyone in their faith so they can go forth and produce fruits for God’s harvest.
4. Look to the Future – Practicing good stewardship
5. Taking up your cross – Serve others by sacrificing your own needs.

## CAMP ECHOING HILLS - Policies

Please read these policy statements carefully and sign your application only if you agree to abide by them.

### Policies

**Alcohol, Illegal Drugs & Tobacco:** We do not condone the abuse of alcohol or allow for public drunkenness. Alcohol, illegal drugs, or tobacco are not used or kept on our camp properties for any reason.

**Appropriate Conduct:** Serving at camp is not a time to start a romantic relationship. We are meant to serve our campers without distraction.

**Curfew:** Curfew for volunteers is 11:00pm each evening. Some nights summer staff will have extended curfew due to staff meetings or late nights finishing camper care.

### Appearance & Dress Code:

- **Shirts:** T-shirts should not have inscriptions or advertising for questionable products (i.e. beer products or slanderous sayings). No spaghetti-strap, tight-fitting, or low-cut shirts. Straps on shirts must be at least the width of two fingers and completely cover bra straps. Shirts must cover abdomen, even when hands are lifted in the air.
- **Shorts/Pants:** Shorts must be loose-fitting and mid thigh or longer. No shorts or pants with words across the seat are to be worn at any time. **Leggings are not to be worn at camp.**
- **Shoes:** Shoes must be worn at all times. Close-toed, close backed shoes are required during all daytime activities for the safety of our volunteers. (Flip flops okay after campers are in bed.)
- **Swimsuits:** Men must wear swim trunks (no Speedos). Women must wear modest one-piece swimsuits. Two-piece swimsuits will be permitted provided they completely cover the abdomen area even with hands in the air. No low cut swimsuits are to be worn.
- **Tattoos & Body Piercing:** While at camp, only small studs on pierced ears may be worn by either sex. Our staff will wear no naval, eyebrow or tongue jewelry at camp. Please understand that this is a safety issue. At the discretion of the Camp Director, any tattoo deemed inappropriate will need to be covered.
- **Cell Phones, Laptops or iPods:** Laptops, iPads, etc should not be brought to camp. This is to prevent distraction as well as to protect your equipment. We allow the use of cell phones at camp ONLY during designated times. Most of the time it should be left with group leaders. Cell phones will not be used as alarm clocks or cameras, so please make arrangements for these items. If you need to make an emergency call, there are phones available.

*These guidelines will be enforced for your safety, the safety of our campers, and the safety of our program.  
If you have any questions about these policies, please contact us.*



**Please initial each statement and sign at the bottom:**

- I understand that if this application is not complete it will not be accepted.
- I understand the campers will be counting on me to be at Camp Echoing Hills. My signature below is my binding word to fulfill my commitment. I would only break my commitment for a serious health reason or for a family emergency.
- I understand I will keep a vigorous schedule. Knowing all of this information, I acknowledge I am physically and mentally able to participate in all activities.
- I agree to abide by all of the rules, guidelines, and policies of Camp Echoing Hills while I am participating in their program.
- I understand that a background check for all volunteers age 18 and older is mandatory and will provide Camp with necessary information for check.
- I understand Camp Echoing Hills is not responsible for any lost clothing or other personal property while I am at camp and I agree to clearly mark all articles with my full name.
- I acknowledge that the information included on this application is accurate and truthful to the best of my knowledge.
- I understand when returning this signed application it will include my \$25 application fee, refundable in the event my application is not complete, knowing the remaining balance of \$150 is due upon arrival at camp.
- I understand as a volunteer I am subject to all policies and procedures included in this application.
- I understand that CEH has the right to turn away any volunteer who does not meet the above criteria.
- I understand any volunteer who is found to have broken the volunteer code of conduct or other camp policies may be subject to disciplinary action up to and including dismissal from camp at the expense of the volunteer.

My signature below indicates that I have read and agree to comply with the above policies.

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

Signature of parent, if under age 18 \_\_\_\_\_

**MEDIA RELEASE**  
**(Must be signed by everyone at Camp)**

Consent is given to Camp Echoing Hills, mine or my child's name, picture, likeness, writings or audio or video tape recordings for use in any media for educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Camp Echoing Hills without compensation for such usage.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Parent Signature (for anyone younger than 18): \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL INFORMATION

**(Bring this signed form with you to be turned in the day of your arrival.)**

### PLEASE PRINT CLEARLY:

Full Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List any health conditions:

\_\_\_\_\_

Year of Last Tetanus Shot \_\_\_\_\_

Date of TB Test \_\_\_\_\_ **(Mandatory Annually. May need a two step test if you have not had one in over a year)** Results of TB Test \_\_\_\_\_

Please list all allergies (Medications, foods, bee stings, etc.): \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Person to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Alternate Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

Member Name: \_\_\_\_\_

### Parent/Guardian Authorization for Minors:

I give permission for my son/daughter as named above to participate in the programs and activities at Camp Echoing Hills as a volunteer.

In the event I cannot be reached in an Emergency, I hereby give permission to the physician selected by the Camp Administrator to hospitalize, secure treatment for, and to order injection anesthesia, or surgery for my son/daughter as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

