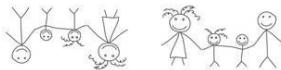




Reconciliation House Inc.



Volunteer Application



BACKGROUND INVESTIGATION

All applicants and volunteers with Reconciliation House Inc. are subject a background investigation by the Local Sheriff's Office and/or other law enforcement agencies. State and county statutes require all persons working with children undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national origin, age, handicap, religious affiliation, marital status, or status as a veteran.

PLEASE COMPLETE ALL FIELDS:

VOLUNTEER INFORMATION		
Name:		
Date of birth:	Phone	Alternate
Current address:		
City:	State:	ZIP Code:
Driver's License Number		
State Issued		
IF YOU HAVE BEEN A RESIDENT OF GEORGIA FOR LESS THAN 7 YEARS, PLEASE GIVE THE FOLLOWING INFORMATION:		
Previous Address:		
City	State	Zip
Number of Years at this Address:		
OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:		
Signature	Date:	

Please return this form via mail, fax or e-mail to:

Reconciliation House Inc.
P.O. Box 143, Yatesville, Georgia 31097
Phone: 478.787.4215 / Fax: 706.472.3031
E-mail: reconciliationhouse@yahoo.com



VOLUNTEER PHOTO RELEASE

Reconciliation House Inc., May use any photos and videos take of the volunteer at any camp event in their publications or those of its sponsors.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date

VOLUNTEER RELEASE FORM

I _____

accept sole responsibility for any injury that I may incur during the time in which I am working as a volunteer for Reconciliation House Inc.

I further release Reconciliation House Inc. and the Johnson's from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am volunteering.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date

VOLUNTEER CONFIDENTIALITY FORM

I _____

In consideration of my volunteering with Reconciliation House Inc, do hereby agree that any information I receive concerning Reconciliation House Inc., during the course of my volunteering whether printed, written, or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or oral, shall be held in confidence and not revealed with directly or indirectly, in whole or part, to any other person, firm, or organization and I agree not to use such confidential information for my personal advantage or that of any third party. Further, I understand and agree that Reconciliation House Inc., will have the right to discontinue my volunteer service, bring a restraining order or if necessary bring other legal action against me and obtain costs and attorney's fees, should I violate this confidentiality agreement.

Upon the termination of my volunteer services, I agree not to disclose either directly or indirectly, in whole or part, any information concerning Reconciliation House Inc., which may have become know to me during the course of my volunteering.

Print Name:

Applicant Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date



Voluntary Medical Information

VOLUNTEER INFORMATION

Name:				
Date of birth:	Phone	Alternate		
Current address:				
City:	State:	ZIP		
Primary Care Physician :			Phone	
Address		City	State	Zip
Insurance Carrier:			Phone	
Address		City	State	Zip
ID#	Group#			
In Case of emergency, please contact:				
Name :				
Address				
City		State	Zip	
Relationship		Phone		
Medical Information (use back if necessary)				
Current Medical Problems:				
Medications currently taking and dosage				
Allergies (food, medication, bees, pollen, etc.)				
Medical treatment in the past 12 months:				
Signature:		Date		

This form will be kept in a sealed envelope and returned to you at the end of the Weekend. Reconciliation House Inc. cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.

Reconciliation House Inc. provides no liability or medical insurance for campers or volunteers

RECORDS CHECK CONSENT FORM

I hereby authorize _____ Name of Requestor (PLEASE PRINT)

To receive any criminal history record information pertaining to me which may be in the files
of any state or local criminals justice agency in Georgia.

PRINT FULL NAME: Last Name _____ First Name _____ Middle Name _____

DOB: _____ Sex: _____ Race: _____ SSN: _____

Signature: _____ Date: _____

Reason for Record Check request:

Employment:

Providing care to children _____ (PUR/W) Providing care to the elderly _____ (PUR/N)

Providing care to the mentally ill _____ (PUR/M) Military recruitment _____ (PUR/B)

Department of Family and Children Services / Adoptions / Foster Care _____ (PUR/E)

Other employment _____ (PUR/E)

Other reason for record check: _____

GCIC CRIMINAL HISTORY CHECK _____ LOCAL RECORDS CHECK _____

For Office Use Only

CASE NUMBER OR ARN _____

YOU MUST USE A CASE NUMBER, TICKET NUMBER, OR COURT NUMBER
IF YOU HAVE TO ASSIGN A CASE NUMBER PUT IN THE COMMENTS WHO
YOU ARE RUNNING CHECK FOR AND WHY.

GCIC Terminal Operator's Name and Initials running the record check: (please print name
and sign) _____ Date _____

Notary _____

Term Expires _____

Make a copy of the ID of the subject you are releasing the information to and attach it to the consent form. Keep
and file a copy of the consent form and ID for audit purposes.



A small illustration of two stylized stick figures, one male and one female, holding hands, positioned below the organization's name.

Volunteer with an organization that supports the Incarcerated and their Loved Ones and the community at large.

Certain volunteers must be 18 years of age or older and complete a background check.

In order for our organization to be successful, we are in need of mature, responsible volunteers to fill the following positions and others as needed.

Volunteers needed to staff the three-day camp; the fourth full weekend in July.

Male and Female Tent Leaders/Counselors:

- * Tent ages 11-13 – Boys/Girls
- * Tent ages 13-15 – Boys/Girls
- * Tent ages 15-18 – Boys/Girls

Additional Positions:

- *First Aid
- *Games Coordinator
- * Fishing
- * Nature Hike
- * Lifeguards
- * Crafts
- * Arts
- * Kitchen - food prep set up and cleanup of dining area
- * Night Security - can be split into 2 shifts of 4 hours each
- *Volunteer Floater (relieves volunteers of their duties throughout the day)
- *Camp set up and breakdown

Descriptions of camp Volunteer Positions:

Tent Leaders - Each leader will oversee one tent which includes approximately six youth/campers and one to two adults. They are responsible for adhering to all behavioral agreements set up by RHI. They will need to be at camp for the duration.

Counselors - Each counselor is responsible for six youth/campers, taking them to the activities, being a friend and a good leader. These volunteers need to be at camp for the duration.

Nature Coordinator - This person will develop and present a nature activity for children focusing on God's creations.

Games Coordinator - An active person(s) to teach and referee games

Volunteers for camp are asked to arrive at the campground the night before camp begins for the children, or first thing Friday morning. That evening we will have volunteer training that will last approximately 2 hours.