

**HARRISBURG AREA CONFIRMATION CAMP
2025 STAFF REGISTRATION FORM**

PLEASE NOTE: ALL APPLICANTS MUST COMPLETE THIS FORM PLUS RISK WAIVER FORMS AND CHILD PROTECTION CLEARANCES.

NAME _____
First *Last*

ADDRESS _____
Number and Street

_____ *City, State and Zip Code*

PHONE: _____ EMAIL: _____

HOME CONGREGATION _____ YEARS OF MEMBERSHIP _____

CONGREGATION YOU ARE REPRESENTING AT CAMP IF DIFFERENT FROM ABOVE: _____

FEMALE MALE CLERGY LAY PERSON OTHER _____

I WANT A STAFF T-SHIRT: YES NO PLEASE CHECK SIZE: S M L XL XXL

ARE YOU A PREVIOUS PARTICIPANT OF CONFIRMATION CAMP? YES NO NUMBER OF YEARS _____

CONTACT IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP _____

IS THIS PERSON PRESENT AT CAMP? YES NO

MEDICAL INFORMATION

ARE YOU TAKING ANY MEDICATION OF WHICH THE NURSING STAFF SHOULD BE AWARE? YES NO

IF YES, PLEASE LIST: _____

ARE YOU ALLERGIC TO ANY MEDICATION? YES NO

IF YES, PLEASE LIST: _____

DATE OF YOUR LAST TETANUS SHOT? _____

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WOULD PREVENT YOU FROM ENTERING FULLY INTO THE CAMP PROGRAM? YES NO

IF YES, PLEASE DESCRIBE: _____

PLEASE LIST ANY DIETARY RESTRICTIONS/FOOD ALLERGIES: _____

MEDICAL INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

ID # _____ GROUP # _____ HMO PLAN YES NO

NAME OF SUBSCRIBER _____ RELATIONSHIP _____

PLACE OF EMPLOYMENT _____

EMPLOYER'S ADDRESS _____

Note: In the event of an emergency illness or injury requiring medical attention, the patient's insurance will provide the primary coverage.

**THE FOLLOWING ARE THE EXPECTATIONS FOR ALL STAFF AT THE
HARRISBURG AREA CONFIRMATION CAMP:**

- I WILL SHOW THROUGH MY ATTITUDE AND ACTIONS A WILLINGNESS TO EXPRESS AND SHARE MY FAITH WITH THE YOUNG PEOPLE OF THE CAMP.
- I WILL PARTICIPATE FULLY IN THE ACTIVITIES OF THE CAMP, ESPECIALLY WORSHIP AND STAFF MEETINGS.
- I WILL WORK COOPERATIVELY WITH THE OTHER STAFF.
- I WILL FOLLOW ALL THE RULES OF THE CAMP.
- I WILL REFRAIN FROM ENGAGING IN ANY PHYSICAL, EMOTIONAL, OR SEXUAL HARASSMENT.
- I WILL REMAIN AT CAMP FOR THE ENTIRE WEEK EXCEPT IN THE CASE OF AN ACTUAL EMERGENCY.
- I WILL READ AND BE FAMILIAR WITH THE CAMP STANDARDS MANUAL AND KEEP MY MANUAL CURRENT WITH NEW POLICY CHANGES.
- I INTEND TO PARTICIPATE IN CAMP FOR THE ENTIRE WEEK. _____ YES _____ NO
(IF NO, PLEASE INDICATE YOUR CONFLICT AND WHEN YOU WILL NOT BE ABLE TO PARTICIPATE IN CAMP: _____)

**YOUR SIGNATURE BELOW INDICATES YOUR COMMITMENT TO
ABIDE BY ALL OF THE ABOVE EXPECTATIONS.**

SIGNATURE OF APPLICANT _____ DATE _____

REVISED: 1/2019

HARRISBURG AREA CONFIRMATION CAMP
Acknowledgement of Risk, Release and Hold Harmless Agreement
(Adult Participant)

Name of Participant: _____

The Adult Participant agrees as follows:

1. Assumption of Risk. I understand that participation in the Harrisburg Area Confirmation Camp (HCC) involves physical activities, including, but not limited to swimming, outdoor games, ropes course and other outdoor camping activities as part of its outdoor ministry program. I understand that these activities involve risk of injury, and I knowingly and voluntarily assume the risk of engaging in activities on behalf of the Participant. I understand that participation may include activities which may be hazardous and that these potential dangers are part of and inherent to HCC's program. In some instances, the activities cannot be made safer. I expressly assume the risk of injury or harm in these activities and voluntarily agree to the terms of the Release as stated below. I further promise and agree to follow and to comply with all instructions of HCC and its staff, employees, and authorized representatives.

2. Waiver and Release. In consideration of the opportunity to participate in the HCC programs and in recognition of the nature of certain of activities, the Participant specifically waives any and all claims, suits, causes of action, actions, rights, expenses, damages of any kind, in law or in equity, for any and all injuries that may arise during, result from, or be otherwise connected with Participant's participation in HCC's programs. For those same reasons, Participant further remises, releases, quitclaims and forever discharges the HCC, its Board of Directors, officers, employees, staff, volunteers, agents, and representatives from any and all liability.

3. I authorize the HCC and its representatives to obtain any medical treatment for the named Participant that should appear necessary during his or her participation in the HCC and that I will be responsible for the payment of any expenses associated with the related illness or injury.

4. I agree and certify that I voluntarily signed this Agreement and I have read and fully understood the meaning of each of the terms of this Agreement. I intend to be legally bound by the terms of this Agreement.

Signature of Participant

Date

(Revised August, 2012)

This page required only if you do not have the FBI Fingerprint Clearance AND have lived in PA for the last 10 years.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____