

# Camp St. Joseph, 2015

## Adult Registration

Name: (F,M,L) \_\_\_\_\_ I go by: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Leadership Needed

I am willing to take on some form of leadership role at Camp St. Joseph 2015. I plan on being present on the following days, at these times. (This is for planning purposes, and not yet a formal commitment.)

- Friday Oct. 2 *Times:* \_\_\_\_\_
- Sat. Oct. 3 *Times:* \_\_\_\_\_
- Sunday Oct. 4 *Times:* \_\_\_\_\_

### Safe Environment

Safe Environment Training (Check those appropriate)

- I have received the **VIRTUS** training, and a record is on file.
- I will complete the training.
- Background screening has been performed recently (5 years) and the results are on file.
- I have signed the permission for a background check to be done.

### Guidelines and Standards

I have read and will comply with the Chaperone Guidelines and Behavior Standards.  Yes.  No.

### Liability Waiver and Medical Release

I have signed a Release of Liability, and the Medical Release form.  Yes.  No.