

Tee-shirt Size: _____

The Arc Macon - Volunteer/Staff Release
Camp ASCCA – Jackson Gap, AL August 12-16, 2024

Name _____

Address _____

City _____ Zip _____

Phone (day) _____ (night) _____ (other) _____

In case of emergency, I request the following person(s) be notified:

Name: _____ Phone: _____

Name: _____ Phone: _____

I agree to abide by the following guidelines while serving as a volunteer for The Arc Macon.

1. To the best of my ability, I will strive to provide a safe and enjoyable environment for the consumers in this program at all times.
2. I will immediately report any verbal or physical abuse, inappropriate or aggressive behavior, or dangerous situations (*exhibited by staff or consumers*) to the Program Director.
3. I will read and familiarize myself with the rules, policies/procedures, and consumer needs (included in an information packet to be distributed at orientation).
4. I will keep my personal medications at the Health Lodge and go there to take it.
5. I will abide by the policy that **all** medications (prescription or over-the-counter) are kept and dispensed at the Health Lodge and therefore, will **not** give out medications to the consumers, staff, or other volunteers.
6. I will **not** possess or consume any form of alcoholic beverages while serving as a volunteer for The Arc Macon.
7. I will **not** possess any form of illegal drugs/substances or indulge in any form of substance abuse while serving as a volunteer for The Arc Macon.
8. I will **not** leave the program area without the knowledge of the director and will **not**, under any circumstances, leave participants in my care unsupervised.
9. I understand that The Arc carries a blanket accident/sickness insurance policy on every consumer and volunteer (*similar to school insurance*). Beyond that coverage, I will **not** hold The Arc Macon, Camp ASCCA, any coordinating agency, or individual liable for accidents, injuries, or illnesses incurred during my association with this program. I further release The Arc Macon and any organization or individual associated with this program from all liability for lost or stolen articles. *****If vaccinated for COVID, please provide a copy of vaccination card. Note, CDC guidelines must be followed for all camp attendees. Camp Volunteers' acceptance will not be based on COVID vaccination status. All volunteers are required to submit proof of a negative COVID test during the week prior to the start of camp (test and results must be from 08/04/2024 - 08/11/2024 - NO EARLIER). Home tests are accepted. Proof of negative test results can be emailed, sent via text, or hand delivered to the Retreat Director the morning of camp. The test results must be negative to attend camp.**

Important: Please use the back of this form to explain any health/medical problems that the medical staff should be aware of (diabetes, allergies, etc.). List all medications you take regularly (*prescriptions and/or over-the-counter*). This information could be crucial in case of an accident or illness. For the safety of the campers, we ask that all medications be kept in the Health Lodge. Pack them in a separate bag with your name and you will have full and private access to your medications at all times. Thank you. **I fully understand and agree to abide by the above statements.**

Signature

Date Signed

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the BIBB COUNTY SHERIFF'S OFFICE to conduct an
Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the B.C.S.O to relay that information to _____ via:

The Arc Macon Debi Sharpe
 4664 Sheraton Drive
 Macon, GA 31210

US Mail In-Person Pick-Up Encrypted Email Email Address: dsharpe@thearcmacon.org

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
 Purpose Code used: (check one)

	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
X	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date



PHOTO RELEASE FORM

I hereby grant The Arc Macon the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW), or other form of promotion. I hereby release The Arc Macon and its designees from any and all claims, actions, and liability relating to its use of said photographs.

I understand this release remains effective unless The Arc Macon receives written notice of revocation.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Name (print full name): _____ Date: _____

Signature: _____ Phone: _____

If signing as Guardian, please print full name here: _____

Address: _____

City: _____ State: _____ Zip Code: _____