



# Camp Braveheart

## Volunteer Application

**Mail to:** Camp Braveheart  
Attn: Martha Furman  
2977 Golf Colony Drive  
Salem, VA 24153

OR

**Email to:** [campbraveheart@gmail.com](mailto:campbraveheart@gmail.com)

### Basic Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ SSN# \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Email \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Do you text? Y N  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender: Male Female Marital Status: Single Married  
Adult T-shirt size: XS S M L XL

### Medical Information

Are there any medical conditions that you have that need to be known as you serve at Camp Braveheart?  
(i.e. asthma, diabetes, seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please submit a copy of your insurance card for Camp Braveheart to have on file in case of emergency.

**Restrictions:** List certain restrictions pertaining to you

Allergies (i.e. food, nuts, drugs, bee stings, etc.) \_\_\_\_\_  
Food (i.e. vegetarian, gluten free, etc.) \_\_\_\_\_  
Physical \_\_\_\_\_  
Other \_\_\_\_\_

### Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Number (\_\_\_\_) \_\_\_\_\_ Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

**Background**

College/University Name \_\_\_\_\_ City/State \_\_\_\_\_  
 Years Completed \_\_\_\_\_ OR Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduate School Name \_\_\_\_\_ City/State \_\_\_\_\_  
 Years Completed \_\_\_\_\_ OR Degree \_\_\_\_\_ Major \_\_\_\_\_

Current Church Name \_\_\_\_\_ Number of Years Attended \_\_\_\_\_

Have you been involved in a church or parachurch ministry? Yes No

If so, which one? \_\_\_\_\_

How did you become a Christian?

If you trusted Christ at a very young age, please consider describing a later time when your spiritual maturity began in earnest.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal Statement**

Please describe a major trial you have faced and your response to it.

(250 words or less)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Braveheart Grief Ministries is a Virginia non-profit corporation and charitable foundation that sponsors the Camp Braveheart program under the direction of its Director, Martha M. Furman, LPC, LMFT.

## Informed Consent

Please sign and date the following statements once you have read and agreed with them.

I agree to authorize my personal information to be used to perform a personal background check since I will be working with children.

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

I have permission and support from my current supervisor or school program to receive hours toward my supervision or internship. (You will receive a form for what we cover in training, face to face hours, and individual supervision for your school program or supervisor. Please send me the information of your school and supervisor.)

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

I hereby affirm that the information I have provided on this application is true and accurate. I authorize the Braveheart Ministries and any representative thereof to make independent inquiry about me to assess my qualifications regarding this program.

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

## References

Please have each reference email Martha Furman at [campbraveheart@gmail.com](mailto:campbraveheart@gmail.com) with the "Reference Form" on page 4

### Academic/Professional Reference

This person should have insight into your character, conduct and competence as expressed either in school or at work.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_ Professional Reference relationship to you \_\_\_\_\_

### Ministry Reference

This person must be a pastor, elder, campus ministry staff member, or other adult Christian who knows you well.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_ Ministry Reference relationship to you \_\_\_\_\_

### Peer Reference

This must be a peer, friend or colleague who knows you well and has spent significant time with you in the past two years.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_ Peer Reference relationship to you \_\_\_\_\_

## Reference Form

Applicant: Please email this form to each of your references.

References: Please fill this form out and email to campbraveheart@gmail.com

Your Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How have you interacted with the Applicant and for how long?

---



---

How would you describe the Applicant's character?

---



---

How would you describe the Applicant's personality?

---



---

Do you recommend this person to work with children at a therapeutic camp for grief issues? Y N  
Why or why not?

---



---



---

Please rate the applicant on the following qualities and abilities by checking the box which corresponds to your rating:

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Unknown</b>
Flexibility					
Honesty					
Ability to accept guidance					
Leadership ability					
Emotional maturity					
Teaching ability					
Initiative					
Dependability					
Patience					
Problem solving					
Behavior management skills					
Energy/endurance					
Organization					
Sincere liking & understanding of children					
Common sense					



CAMP BRAVEHEART  
A Program of Braveheart Grief Ministries\*  
CONSENT TO PHOTOGRAPH AND VIDEO,  
PARTICIPATE & RELEASE OF LIABILITY  
(Read before signing)

NAME (printed): \_\_\_\_\_ DOB: \_\_\_\_\_

**PHOTOGRAPH AND VIDEO CONSENT:**

I understand that photographs and videos are taken of participants during Camp Braveheart activities. I grant permission for these photographs and videos to be used on the Camp Braveheart’s webpage and for purposes for publicity, illustrations and advertising.

**CONSENT TO PARTICIPATION & ASSUMPTION OF RISK:**

I acknowledge that there are risks inherent in any week-long program involving physical activities conducted in a rural camp setting, including, but not limited to, bodily injury or death.

By signing below, I voluntarily consent to my participation in the program and activities provided by Camp Braveheart on the premises of Ridge Haven Camp in Brevard, NC, and assume all risks of possible injury that may arise.

**RELEASE & WAIVER OF CLAIMS:**

In consideration of being permitted to attend and participate in the activities of Camp Braveheart and the benefits to be derived therefrom, I, for myself, my heirs, and personal representatives or assigns, do hereby waive, release and discharge forever any and all claims against any of the Released Parties (defined below) for damages, losses or liabilities involving bodily injury, death, damage to reputation, or damage or loss of property, that I may experience as a result of any act or omission, even if arising from the negligence of the releasees, that occurs in connection with the Camp Braveheart program that is related to or arises from my participation in the program activities or the facilities or property owned or managed by Ridge Haven Camp (“Claims”). This waiver and release applies to any Claims against the following “Released Parties”: Braveheart Grief Ministries, Camp Braveheart, Ridge Haven Camp (which is the location where the program is conducted), the Camp’s Director, Martha M. Furman, LPC, LMFT, all other professional counselors, camp counselors, staff members and volunteers who work for Braveheart Grief Ministries, Camp Braveheart or Ridge Haven Camp, as well as campers who are attending Camp Braveheart.

By my signature below, I represent to Camp Braveheart and its Director (Ms. Furman) that I have registered for this camp and I have read and understand the terms of the release and waiver of Claims and assignment of rights. I voluntarily agree to the above provisions.

X \_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Printed Name of Parent/Guardian

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participant’s Signature                      Age                      Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature                      Date

\* Braveheart Grief Ministries is a Virginia non-profit corporation and charitable foundation that sponsors the Camp Braveheart program under the direction of its Director, Martha M. Furman, LPC, LMFT.



## PARTICIPANT RELEASE OF LIABILITY

(READ BEFORE SIGNING)

Activity Name: All Campus Activities

Participant Name: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Ridge Haven, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I understand that photographs taken of participants in Ridge Haven activities may be used on the Ridge Haven web pages and for promotions in brochures, displays, newsletters, fundraising, and other items of publicity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature                      Age                      Date

### FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature                      Date