



Come and volunteer with us for 3-week of exploring God's handiwork in ancient civilization!

Important Information:

- Please PRINT clearly
- Drop off the completed form to the Church Office (Mondays – Fridays 10-4pm), OR Church Basement Room B11 Secured Mail slot (Sundays 9:00-12:30pm), OR Mail to:
Trail Mix Camp | 9950 Sheppard Ave East | Scarborough, ON M1B 5R6
Tel: 416.282.2063 X 102 or 105 Fax: 416.282.4693
Email: trailmix@tjacac.org Website: www.tjacac.org/trailmix
- Deadline for application: **Sunday, April 30, 2019**

Volunteer's General Information (Age as of July 16, 2019)

- Lunch will be provided for all volunteers

First Name	Middle Name	Last Name
<hr/>	<hr/>	<hr/>
Date of Birth (month / day / year)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Applying as: <input type="checkbox"/> Adult Volunteer (Age 18+) <input type="checkbox"/> Teen Volunteer (Ages 15-18) <input type="checkbox"/> Leader-in-Training (Ages 12-14)
()		T-Shirt Size: <input type="checkbox"/> Youth L <input type="checkbox"/> Adults S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L
Contact Phone Number		
<hr/>		
Home Address		
<hr/>		
City	Province	Postal Code
<hr/>	<hr/>	<hr/>

Volunteer's Medical & Emergency Contact Information

Health Card Number	Family Doctor's Name	Family Doctor's Phone Number
<hr/>	<hr/>	<hr/>
Please describe any known allergies, dietary needs or medical conditions		<input type="checkbox"/> None
<hr/>		<hr/>

Please describe any special needs (e.g. physical and/or learning disabilities) None

Additional relevant information you would like us to know None

EMERGENCY CONTACT

First Name	Last Name
_____	_____
() - X	() -
Relationship to Volunteer	Daytime Phone Number
_____	_____
	Mobile Phone Number

Volunteer Background Information

Have you accepted Jesus Christ as your Lord and Savior? YES NO If YES, when: _____ (Year)

Have you been baptized? YES NO If YES, when: _____ (Year)

Have you been certified with Plan to Protect? YES NO If YES, when: _____ (YYYY/MM/DD)

Have you done a police / vulnerable sector background check? YES NO If YES, when: _____ (YYYY/MM/DD)

Please list some of your ministry experience with children: _____ (YYYY/MM/DD)

Please provide us with two references:

Reference #1:

Name and Relationship

Contact Information (Email / Phone)

Reference #2:

Consent and Wavier (PLEASE READ CAREFULLY AND SIGN)

I, the undersigned, have, to my best knowledge, provided my health history. In the event of accident, injury or illness, I authorize the Trail Mix Director and his/her designate to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being. Trail Mix Day Camp / Toronto Jaffray Chinese Alliance Church is not responsible for any bodily injury, loss or damage to personal property suffered by the participant either before, during, or after the program; unless such injury is the direct and sole result of proven negligence on the part of Toronto Jaffray Chinese Alliance Church.

I DO NOT wish to appear in any Trail Mix or Jaffray Church promotional material.

Signature of Volunteer

Date Signed (YYYY/MM/DD)

Signature of Parent or Guardian

Date Signed (YYYY/MM/DD) (

If volunteer is under 18 years of age

