



**Volunteer Application**  
**Epic Surf Ministries**  
 107 3<sup>rd</sup> Ave. S., Jacksonville Beach, FL 32250



**Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Receive/Send Text Messages?  Yes  No      Facebook:  Yes  No

Email: \_\_\_\_\_

Gender:     Male    Female    Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

T-Shirt (adult sizes):  Small    Medium    Large    XLarge

Surfing Ability (Honestly):  Novice     Intermediate     Advanced     Semi-Pro/Pro

Your local church: \_\_\_\_\_ How long attended: \_\_\_\_\_

Allergies, special needs, or other notes: \_\_\_\_\_

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**Select Camp Availability:**

- Camp 1: June 8-12
- Camp 2: June 15-19
- Overnight Camp: June 22-26
- Camp 3: July 6-10
- Camp 4: July 13-17
- Camp 5: July 20-24
- Camp 6: July 27-31
- Camp 7: Aug 3-7
- Picnic/Baptism: Aug 8

**Parent/Guardian Names:** \_\_\_\_\_

Parent/Guardian Mobile Phone(s): \_\_\_\_\_ & \_\_\_\_\_

Receive/Send Text Messages?                       Yes    No     Yes    No

Parent/Guardian Emergency Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_



# Volunteer Application



## Volunteer Qualifications and Responsibilities

The following qualifications are expected from volunteers in the EPIC surf camps. Please read them closely!

- At least 15 years of age
- Called by God to the surf camp vision: to reach kids for Christ through surfing
- Regularly attend a local Church
- Spiritually sound follower of Jesus, according to evaluation by Camp Director
- Filled with the Spirit, according to evaluation by Camp Director
- Complete application on file

The following responsibilities will be yours as a volunteer. Please evaluate your commitment carefully:

- Commit to volunteer to at least one full week of camp.
- Volunteers will not be surfing during camp sessions; you will be assisting the Directors and Instructors to serve and minister to campers.
- Arrive each day at 8:00AM for prayer, set-up; stay as late as 1:00PM for camp break-down
- Lead spiritually; interact socially; develop relationships with the campers throughout the week

## Church / Ministry Experience

How have you been involved at your church or Christian community as a leader/volunteer?

Please list below three personal references not related to you, one of which being your pastor or youth pastor.

Pastor/Youth Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Legalities

In the past ten years have you been charged with, convicted or plead no contest to a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? If yes, please explain.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the team, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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



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## Permissions and Release

**Applicant and Parents, please read...**

I understand that surfing can be very dangerous, and I may be injured while participating. I understand that there are certain risks involved with the sport of surfing and I assume all risks to surfing and ocean-related sports. I acknowledge that I have read and fully understand all of the above terms and conditions.

**Applicant Name:** \_\_\_\_\_  
(Please P-R-I-N-T)

**Applicant Signature:** \_\_\_\_\_  
(required, regardless of age)

**Date:** \_\_\_\_\_

For participants under the age of 18, a parent or guardian should complete the following:

### Hold Harmless Agreement:

I hereby certify that I am the parent or guardian of the participant named above, and do hereby give my permission without reservation and with full understanding and comprehension of the foregoing agreement to hold harmless EPIC Surf Ministries, Inc., the City of Jacksonville Beach, the employees and volunteers associated with EPIC Surf Ministries, Inc., and all other organizations and corporations affiliated with EPIC Surf Ministries, Inc. any and all liabilities including any such injuries which are alleged to have occurred as a result of negligent failure of EPIC officials and directors to properly supervise camp in the course of all activities with the organization.

### Consent to Medical Treatment

I hereby authorize EPIC Surf Ministries, Inc., or any agent of EPIC to act on my child's behalf, should I be unable to do so and to consent to reasonable medical/dental care and treatment which may be deemed necessary for my child's medical well-being during the course of the summer. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my child's behalf until I can be personally contacted.

**Parent/Guardian:** \_\_\_\_\_  
(Please P-R-I-N-T)

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_