

# Volunteer Registration for The Christian Disciple Farm & Festival

Camp: August 2-6 Festival: August 1-7, 2021

**Registration deadline is July 15, 2021**

Online registration is available at [www.disciplefarm.com](http://www.disciplefarm.com)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Sex: Male/Female

**Email address** (only if this is a good way to send you confirmation of receiving your form and sending you other information we may need to get to you): \_\_\_\_\_

**Parent's Name** (if under 18): \_\_\_\_\_

**Emergency contact name & phone number:** \_\_\_\_\_

Do you have a home church?  yes  no If yes, name of church: \_\_\_\_\_

Location of church City: \_\_\_\_\_ State: \_\_\_\_\_

Are you attending with a group?  yes  no Name of group? \_\_\_\_\_

Have you helped at camp before?  yes  no If yes, what did you help with: \_\_\_\_\_

Do you speak any Spanish?  yes  no Do you know any sign language?  yes  no

Do you have current CPR or First Aid Training?  yes  no

Any allergies?  yes  no If yes, please list: \_\_\_\_\_

Please list specific allergy information here (i.e. **Describe reaction, level of sensitivity, treatment, etc.**)

Any dietary restrictions (including special diets) ?  yes  no If yes, explain: \_\_\_\_\_

Do you have any restrictions or special needs related to physical activity?  yes  no

If yes, explain: \_\_\_\_\_

Are you currently taking any medications we need to be aware of?  yes  no

If yes, explain: \_\_\_\_\_

List any medical conditions or concerns we should be aware of: \_\_\_\_\_

**T-shirt Size (Free-circle one):** Small Medium Large X-Large XX-Large XXX-Large

**I will be able to help at the camp on the following days:** (8:00AM to 2:30PM M-F, depending on your job)

Sat 7/31 (setup 10am-4, Free lunch)  Mon. 8/2  Tues. 8/3  Wed. 8/4  Thurs. 8/5  Fri. 8/6

## Christian Disciple Festival Information

The festival starts on Sun. the 1st with registration beginning at 4pm. Come anytime after 1:00pm to help with setup on Sunday. We also need help on the 7<sup>th</sup> cleaning up. Fee for the week is \$180.

**I am planning to stay overnight at the Festival on the following nights:**

Sun. 8/1  Mon. 8/2  Tues. 8/3  Wed. 8/4  Thurs. 8/5  Fri. 8/6

**I will be staying overnight in:**

a tent (You need to provide your own. If you need electrical for your tent please let Sue know. There will be an extra fee of \$30 for the week for electrical.)

an RV or pop up (Extra fee of \$60 for the week if you need electrical)

Inside of a big, open building (No extra fee. Provide your own air mattress or cot and bedding.)

**Provide day & approx. time of: arrival \_\_\_\_\_ departure \_\_\_\_\_ (clean up on 7<sup>th</sup> is till 11AM)**

Fee is \$30/day or \$180 for the 6 nights. This includes all your meals, most activities and your overnight accommodations. Please calculate how much you will owe and send your payment in with your forms. Adjustments can be made at registration so don't worry if things change. If you are attending with a group it would be helpful if you list all the people attending with your group when you send the payment in, and give us the contact information for the leader.

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# Camp Volunteer Opportunities & Information

Please number the top three preferred areas you would like to help in (1,2,3 - #1 being your first choice). We will make every effort to give you your first choice. See the job description sheet for more information on these jobs.

\_\_\_\_\_ **Buddy to a camper with special needs (age 14+)**

If you have had any experience (it is not necessary) working with children with special needs please tell us about it:

\_\_\_\_\_  
Are there any restrictions as to the type of special needs you feel you could handle (i.e. Behavior problems, unable to push heavy objects) \_\_\_\_\_

Name of camper you would like to be a buddy to, if known. \_\_\_\_\_

\_\_\_\_\_ **Group Leader (age 18+)**

If you have never been a group leader at this camp before, please attach a sheet of paper with your answers to these questions on it:

1. Why do you think you would be a good candidate for this job?
2. Where are you on your walk with Christ?
3. How does your Christianity affect your lifestyle?

\_\_\_\_\_ **Assistant Group Leader - age 16+**

\_\_\_\_\_ **Craft activities – age 14+**

\_\_\_\_\_ **Kitchen Helper – age 14+**

\_\_\_\_\_ **Fishing Activity Helper-age 14+**

\_\_\_\_\_ **Rockwall Helper (2 days only)- age 16+**

\_\_\_\_\_ **Child care for 2 year olds and younger-14+**

\_\_\_\_\_ **Nurse**

\_\_\_\_\_ **Photo/videography-age 16+**

\_\_\_\_\_ **Other (Please explain) \_\_\_\_\_**

\_\_\_\_\_ **Teen/young adult craft leader- age 18+**

\_\_\_\_\_ **Horseback riding (2 days only)-age 14+**

\_\_\_\_\_ **Carnival - 12+**

\_\_\_\_\_ **Grounds Keeping – age 14+**

\_\_\_\_\_ **Registration (only needed mornings)**

\_\_\_\_\_ **Music Activity Helper – age 16+**

\_\_\_\_\_ **Group Games - 14+**

\_\_\_\_\_ **I'll help wherever needed**

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Due to the special needs nature of this camp we attract a number of people with special needs of their own who wish to volunteer. We love to see this happen, however, in order to match people correctly to a job they can handle we do need some information. Do you have any cognitive delays, learning issues, limitations or behaviors that may affect your job at camp? Let us know about anything that may limit you with the job you requested so we can accommodate if possible.

Please explain: \_\_\_\_\_

Are you, or do you have experience as a Speech therapist, Occupational therapist, Physical therapist or special education teacher. If so and you would be willing to work at camp in that capacity please write it in the *other* slot above.

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Use this space to provide any other information about how you want to help at camp or the festival. Let us know of any unique talents or skills you would like to share with the kids.

Please briefly explain any previous mission or ministry work you have been involved in. (Previous experience is not necessary - attach separate page if needed)

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**Return this form, the Volunteer Release & Background Check Form, the Covenant Form and your payment (if you are staying at the festival) to Ken Rheingans at W1008 Froelich Rd Sullivan, WI 53178 . If you have any questions please contact Sue: (262) 593-5616 or [suerheingans@aol.com](mailto:suerheingans@aol.com) or Ken: (414)807-3193 or [Rheingans@aol.com](mailto:Rheingans@aol.com)**

**Checks must be made out to [Epworth League](#) Online payment is available as well. If you realize later that adjustments need to be made to your payment, they can be done at registration.**