



**URBANSURF**  
MINISTRIES

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A MINISTRY OF CALVARY FELLOWSHIP GERMANTOWN

**SURFCAMP VOLUNTEER  
APPLICATION FORM**

# Hello!

Thank you for your interest in volunteering with Urban Surf Ministries.

UrbanSurf Ministries was started in 2012 by Pastor John Rozier of Calvary Fellowship Germantown. It began with the vision of bringing the inner-city youth of Philadelphia to the beach and using surfing as a bridge to share the Gospel - teaching students how to handle the waves of life through faith, the Word of God, and fellowship with other Christians. Over the last several years, UrbanSurf Ministries has been growing along the East Coast and now hosts surf camps in Maryland, Florida and New Jersey.

Urban Surf looks for volunteers who are strong believers, ready to serve with hearts for youth!

Here are some things to consider as you apply to serve with UrbanSurf:

1. It is important volunteers are 100% committed to the safety and well-being of each camper, so you may be subject to a background check.
2. Days at camp are long and you may be subject to extreme weather conditions, heat, thunderstorms, wind.
3. Even though much of the surf camp is held at public beaches, the camp is not open to friends or family members unless they are confirmed volunteers or attendees. The safety of our campers is of utmost importance, so we ask you be "on duty" at all times throughout the camp.
4. Cost of the camp for volunteers is \$ 70.00 Please make all checks out to: Calvary Chapel Germantown. Cash must be place in sealed envelope with your Name on the outside.

Please fill out the attached application and medical form and return them in provided envelope to your host's contact: \_\_\_\_\_, NO LATER THAN \_\_\_\_\_.

We will review your application and call you to confirm your involvement at this year's surf camp.

God bless you!!

John & Sherri Rozier  
Urban Surf Ministries Directors

<b>NAME</b>		<b>GENDER</b>	<b>DOB</b>
<b>WHICH SURFCAMP ARE YOU VOLUNTEERING FOR: (CIRCLE)</b>		<b>ARE YOU APPLYING TO HELP: (CIRCLE)</b>	
<b>LBI</b>	<b>ORLANDO</b>	<b>ENTIRE CAMP</b>	<b>LIMITED DAYS</b> <b>BEFORE/AFTER</b> <b>BEHIND THE SCENES</b>
<b>HOME ADDRESS</b>			
<b>EMAIL ADDRESS</b>			
<b>HOME PHONE</b>		<b>MOBILE PHONE</b>	

<b>WHY ARE YOU INTERESTED IN SERVING IN THIS MINISTRY?</b>		
<b>I UNDERSTAND THAT I MAY BE REQUIRED TO COMPLETE A BACKGROUND CHECK AND/FINGERPRINT CHECK</b> YES   NO		
<b>HOW DID YOU HEAR ABOUT URBAN SURF?</b>		
<b>DO YOU KNOW HOW TO SWIM?</b> YES   NO	<b>ARE YOU FIRST AID CERTIFIED? (ACTIVE)</b> YES   NO	
<b>IN WHAT TYPE OF ENVIRONMENT CAN YOU SWIM?</b>	<b>ARE YOU CPR CERTIFIED? (ACTIVE)</b> YES   NO	
(CIRCLE ALL THAT APPLY)	<b>CAN YOU ENDURE WARM OR EXTREME HEAT CONDITIONS?</b>	
SHALLOW,   DEEP WATER,   OCEAN,   POOL	YES   NO	
<b>WHAT POSTION ARE YOU MOST INTERESTED IN?</b> (CIRCLE ALL THAT APPLY)	<b>WHERE DO YOU ATTEND CHURCH?</b>	<b>WHAT MINISTRY ARE YOU CURRENTLY INVOLVED WITH?</b>
DORM COUSELOR	<b>HOW LONG?</b>	<b>LIST A PASTOR/LEADER THAT CAN BE CONTACTED FOR REFERENCE (S)?</b>
SURF INSTRUCTOR	<b>HOW MANY TIMES A WEEK DO YOU ATTEND?</b>	<b>NAME:</b> _____
ACTIVITIES		<b>PHONE:</b> _____
SUPPORT		<b>EMAIL:</b> _____

**Resolution on Participation in Church Activities**

Participation in any services, programs or activities sponsored or presented by Calvary Fellowship of Germantown are limited to those who share our Christian ministry purposes in the worship of God the Father, Son and Holy Spirit, building up the church of Jesus Christ through the teaching of the Word and ministry of the Spirit, and persuasion of men to repent and confess Jesus Christ as Lord. Any persons, who interfere with or disrupt these services, programs and activities, or who, in the opinion of the Ruling Elders, might do so or have other purposes, will be excluded from participation.

**By signing below, you certify that you have read and understand the above statements.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ □

**Urban Surf Volunteer Medical Information Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

List any Food or Medication Allergies: If none, check here:   
\_\_\_\_\_

What is your reaction to this allergen? \_\_\_\_\_

Are you currently taking any medications? No Yes

If Yes, list here: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE....

High Blood Pressure	Yes	No	Asthma or Respiratory Issues	Yes	No
High Cholesterol	Yes	No	High Blood Sugar	Yes	No
Diabetes	Yes	No	Restless Leg	Yes	No
Anxiety	Yes	No	Difficulty Walking	Yes	No
Depression	Yes	No	Claustrophobia	Yes	No
Kidney Disease	Yes	No	Joint Issues	Yes	No
Low Blood Sugar	Yes	No	Date of last Tetanus Shot:	_____	

If you answered yes, please add further information that might be important:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other fears, phobias or health concerns you may have:  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10, 1 being weakest, 10 being strongest, how would you rate your physical fitness?

1 2 3 4 5 6 7 8 9 10

Do you have any dietary restrictions? \* Yes No If yes, please list:

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*\*Please note, considerations for dietary exceptions are based on medical necessity, not preference. Please be aware that food options may be limited. So any necessary food items or supplements need to be discussed with the team leader beforehand and may need to be provided by the team member.*

**Primary Health Insurance Information:** (If not insured, check here: )

Company: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

All information is confidential and will only be viewed by the team leader and medical personnel if necessary.