



# Rural Bible Crusade of Wisconsin Staff Agreement/Health Form

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

## Insurance Information

Insurance Company \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship to staff \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

## Health History

Immunizations up to date?  Yes  No  We don't immunize

Last tetanus booster \_\_\_\_\_

Any medication allergies?  No  Yes \_\_\_\_\_

Any environmental allergies?  No  Yes \_\_\_\_\_

Any food allergies?  No  Yes \_\_\_\_\_

Any special dietary needs?  No  Yes \_\_\_\_\_

(Please contact the RBC Director about special dietary needs: 715-384-4944)

Do you have any of the following: **(Check all that apply)**

asthma / breathing disorder  ear infections  diabetes  seizures/epilepsy

history of major head trauma  heart problems  emotional disorder

sleep walking/night terrors  contacts/glasses  oral appliance  homesickness

physical limitations/restrictions  other (including treatments to be administered while at camp)

Explain any checked \_\_\_\_\_

## Medications

Will you be bringing any prescription medications to camp?  Yes  No  Maybe

Will you be bringing over the counter medications to camp?  Yes  No  Maybe

Will you be bringing an inhaler to camp?  Yes  No  Maybe

Will you be bringing an epi-pen to camp?  Yes  No  Maybe

Possible medications \_\_\_\_\_

**RURAL BIBLE CRUSADE OF WISCONSIN  
ACKNOWLEDGEMENT & ASSUMPTION OF RISK WAIVER AND RELEASE**

**UPON CAREFUL READING AND CONSIDERATION I, \_\_\_\_\_  
(VOLUNTEER/STAFF) RECOGNIZE THAT SOME ACTIVITIES CARRY THE RISK OF  
INJURY.**

You hereby attest as follows:

By signature below, I acknowledge that I will participate in Rural Bible Crusade of Wisconsin activities, programs, and related events. I understand that participation in these activities, programs, and related events is not without risk. I will release, hold harmless, and indemnify Rural Bible Crusade of Wisconsin, its board, staff, and/or volunteers for any harm, injury, or death caused by my participation with RBC. I understand that no activity program is absolutely safe and free of risk. Rural Bible Crusade of Wisconsin reserves the right to use any pictures taken of me at Camp/Retreats/VBS to promote the ministry.

I understand that this is a volunteer/unpaid position. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment or volunteer relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment/volunteer relationship may not be changed by any written document or by conduct unless such changes is specifically acknowledged in writing by an authorized executive of this organization.

If I need medical attention while participating, it is my wish that the treatment be begun while efforts are being made to contact my emergency contact. So that treatment is not delayed, I consent to any medical procedures that the Rural Bible Crusade of Wisconsin staff and/or physician believes needed, on the understanding that efforts will continue to be made to contact my emergency contact. I accept responsibility for all cost related to such treatment. Initial: \_\_\_\_\_

**My signature at the end of this document verifies that I have watched the Keeping Children Safe and Secure video (int.\_\_\_\_), read and agree to follow Rural Bible Crusade of Wisconsin's \*Child Protection Policy (int. \_\_) , \*Staff Conduct Policy (int. \_\_), Risk/Liability Waiver and Release (int. \_\_\_\_), and \*Doctrinal Statement (int. \_\_\_\_). I also verify that Rural Bible Crusade of Wisconsin has permission to do a background check on me.**

\*All of these documents/video (Keeping Children Safe and Secure, Child Protection Policy, Staff Conduct Policy, and Doctrinal Statement) may be accessed on [www.ruralbiblecrusade.org](http://www.ruralbiblecrusade.org). If you are unable to access them please contact the Rural Bible Crusade of Wisconsin office at [jdcrcb@gmail.com](mailto:jdcrcb@gmail.com) or 715-384-4944.

**I have had sufficient opportunity to read this entire document and other documents/video listed above. I have read/watched and understood them, and agree to be bound by the terms.**

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

**Please Mail to:**

Rural Bible Crusade  
P.O. Box 635  
Marshfield, WI 54449

“The earth is the Lord's and the fullness thereof,  
the world and those who dwell therein, for He has  
founded it upon the seas and established it upon  
the rivers.”

Psalm 24:1-2