

2026 Volunteer Application



Many adult volunteers are needed to help our summer youth camps be effective and successful. Please pray about this opportunity for service. Please select the area(s) below in which you would like to volunteer, and then complete the rest of the application. When you are finished, please return the application to the address listed at the end.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Church _____

Skills Classes Arts/Crafts Nature Archery Survival Skills Slingshots
 Photography Other _____

General Bus Driver Kitchen Canteen Nurse Bathroom
 Cleaning Other _____

Check camp (s) you are willing to serve:

June 15-20 / Adventure Camp I (7th-8th grade)

June 15-20 / Summit Camp I (9th-12th grade)

July 07-12 / Summit Camp II (9th-12th grade)

June 29-July 1 / Base Camp (1st-3rd grade)

July 13-18 / Adventure Camp II (7th-8th grade)

June 22-27 / Explorer Camp I (4th-6th grade)

July 6-11 / Explorer Camp II (4th-6th grade)

Camp T-shirt size:

(Regular cut) Small Med Large XL XXL XXXL XXXXL

(V-Neck (unisex)) Small Med Large XL XXL XXXL XXXXL

All volunteers are required to undergo a background check. Please fill out the following information.

Full Name _____

Date of Birth _____

By signing below, you are agreeing for WPC&RC to conduct the background check

Signature _____

Date _____

Thank you for your willingness to serve. I look forward to working with you this summer! If you have any questions, please feel free to contact me.

Please Mail to:

Wabash Park Camp & Retreat Center

Attention: Deana Hayes-Black

304 E. CR 650 S

Clay City, IN 47841

Email: Deana@wabashparkcamp.org

Heath Form ~ 2026

Please print



Name _____ Date of Birth ____ / ____ / ____
Age _____ Gender: M ___ F ___
Home Address _____ City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____
Emergency Contact Name _____
Work Phone () _____ Cell Phone () _____
Family Physician _____ Physicians Phone () _____

Do you currently take prescription or non-prescription medication on a regular basis? ____ yes ____ no

Do you have:

Allergies? ____ yes ____ no

Please specify:

Asthma? ____ yes ____ no

Diabetes? ____ yes ____ no

Other? _____

Tetanus Immunization Date: _____

Other information that would be helpful to the camp nurse while you are at camp?

Our family insurance coverage is _____ Policy # _____

Policy Holder's Name _____

*Please attach a photo static copy of your health insurance card.

AUTHORIZATION I herewith authorize any representative of Wabash Park Camp & Re- treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the named staff as Attorney-In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/26 - 7/31/26. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: _____ Date: _____

(Note: This document must be signed and dated to be accepted)