



# Servant/Guide Questionnaire & Application

Anyone desiring to serve at Climbers With Christ (CWC) MUST have completed and returned pages 1 and 2 of this application prior to serving on any CWC event. No exceptions will be made unless approved by CWC Director prior to the event. If not able to attend a CWC training prior to an event, please bring page 3 of this application with you to the event or outing on which you desire to serve. If submitting this by mail or email please attach a photo of yourself with your application. Please return completed applications to: Climbers With Christ PO Box 1541one WA 99139, or email to [climberswithchrist@hotmail.com](mailto:climberswithchrist@hotmail.com)

Name \_\_\_\_\_ Married/Single (circle) Age \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Mailing address \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Church you attend: \_\_\_\_\_

Please take some time to pray before completing the following questions. There are NO *wrong* answers before the Lord, only honest ones. No honest answer from a truly repentant heart, should affect your opportunity to serve with CWC. Please use the backside if needed.

If not working, why?

What interests you most about serving on a CWC outing?

When did you become a Christian (ie. "Born-again", "saved", made a child of God by his Spirit)?

Describe your daily relationship with Jesus at this present time. (use back if needed)

How much time, this week, have you spent reading God's Word?

List some of the qualities or skills that you feel God has gifted you with that would contribute to a CWC outing.

Do you currently possess a valid First Aid/CPR card or other certification? Yes/ no

If no, would you be willing to obtain one prior to serving with CWC? Yes/ no

Have you experience Belaying? Yes/ no Yrs? \_\_\_  Familiar device(s): Fig. 8 \_\_\_ ATC/ "Bucket" \_\_\_ Grigri \_\_\_

**\*LEAD CLIMBING GUIDE applicants only \***

Do you believe God has called you to partner with CWC as a "climbing guide"? Explain

Check areas of skill in which you feel qualified enough to be put in a leadership role. Note years of experience

Camping/hiking \_\_\_  Rock climbing(TR) \_\_\_  Snow/glacier \_\_\_  Skiing/snowboarding \_\_\_

Snow/winter camping \_\_\_  Rock climbing(Lead) \_\_\_  Ice climbing \_\_\_

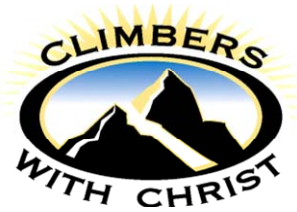
List any other *valid* Certifications you currently posses.

CWC Guide Training completed:

Driver's License

Exp Date \_\_\_/\_\_\_/\_\_\_ Date of birth

Climbers With Christ is a Bible-based outdoor ministry dedicated to sharing the Good News of Jesus Christ and helping build deeper relationships with both Him and others through the opportunities afforded in His awesome creation.



# Servant/Guide 2014-2015

## Climbers With Christ Release of Liability Form

(This document affects your legal rights, please read it carefully, and fill it out as completely as possible)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date of recent Exam \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus \_\_\_/\_\_\_/\_\_\_ Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

### -- Release from Liability and Assumption of Risk Agreement --

- A. I agree that I will not sue, or otherwise make any claim against CLIMBERS WITH CHRIST, or their employees or volunteers, for any loss, injury or damage resulting from any cause, including negligence on their behalf. (Initial\_\_\_\_\_)
- B. I am aware of the inherent risks involved in this activity, including but not limited to the risk of serious injury or death. (Initial\_\_\_\_\_)
- C. I agree that all equipment used, is used at my own risk. CLIMBERS WITH CHRIST, and any other party shall not be held liable. CLIMBERS WITH CHRIST makes no warranties regarding equipment used. (Initial\_\_\_\_\_)
- D. I understand that any route or activity chosen as a part of our outdoor adventure may not be the easiest but has been chosen for its interest and challenge for the participants. (Initial\_\_\_\_\_)
- E. To the fullest extent by Law I agree to defend, indemnify, and hold harmless CLIMBERS WITH CHRIST, and any of its officers, members, affiliated organizations, agents volunteers or any employees for any injury or death caused by or resulting from my or my child or ward's participation in the activities associated with CLIMBERS WITH CHRIST, both scheduled or unscheduled, including transportation. (Initial\_\_\_\_\_)
- F. I understand this is a binding contract that supersedes any other agreement or representations, and is intended to provide a comprehensive release of liability but is not intended to assert defenses which are prohibited by law. (Initial\_\_\_\_\_)
- G. I am voluntarily participating in this activity with the knowledge of the inherent risks involved, and hereby agree to accept full responsibility for the risks involved. (Initial\_\_\_\_\_)
- H. I understand that CLIMBERS WITH CHRIST or any person associated with are not responsible or liable for any transportation to or from a CLIMBERS WITH CHRIST event. (Initial\_\_\_\_\_)

**I have carefully read this agreement and I fully understand its contents. I am aware that I am releasing certain rights that I otherwise may have and I enter into this contract on behalf of myself and/or my child or ward of my own free will. (Initial\_\_\_\_\_)**

Date \_\_\_\_\_ Printed name of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Parent or guardian signature (Required if under 18)

Date \_\_\_\_\_ Print name \_\_\_\_\_ Signature \_\_\_\_\_

**CWC GUIDE/FACILITATOR TRAINING**

NAME:

1. Must have completed and *turned in* a ‘Climbers With Christ Volunteer and Guide Application and Waiver’ **within the last two years.** (Initial \_\_\_\_\_)
2. Received CWC Operations (or camp) Manual. (Initial \_\_\_\_\_)

CWC Director Initial \_\_\_\_\_ Date \_\_\_\_\_

**Mountain Skills**

1. Proficient in the following: **Helmet/Harness set up** and adjustment.(Initial\_\_\_\_) **Figure 8 knot.** (Initial\_\_\_\_) **Grigri** and **ATC** or “Bucket” style belay device -set up and use of. (Initial\_\_\_\_)
2. **Anchors.** Understanding. Hows and whys of set up. Usage of. (Initial\_\_\_\_)
3. **Belaying.** 4 hours minimum. Commands (Initial\_\_\_\_). Ground belay (Initial\_\_\_\_). Top belay (Initial\_\_\_\_). Rappel belay (Initial\_\_\_\_). *See Ropes Course requirement 4.*
4. **Rappelling.** Commands (Initial\_\_\_\_). Figure-8 set up and use of (Initial\_\_\_\_). Approximate number of rappels to date \_\_\_\_\_.
5. **Prusikking.** Knots and set up (Initial\_\_\_\_). Technique (Initial\_\_\_\_).

CWC Director Initial \_\_\_\_\_ Date \_\_\_\_\_

**Ropes Course (Specific)**

1. **All** Ropes course events (including CWC events) are to have adequate staffing, including a minimum of 1 Climbers With Christ WFR certified lead guide. Proper facilitation of the Low Elements is 1 Facilitator per group, and at least 1 leader/adult from the participating group. A **minimum** of 4 *Belay experienced* Facilitators are required to facilitate the High Elements. (Initial \_\_\_\_\_)
2. **Helmets are mandatory**, and to be worn at all times, for all *active* high elements Facilitators, high elements participants, and for the *fallers* participating at the low elements Trust Fall element. (Initial \_\_\_\_\_)
3. **First aid** kit locations? CWC Lead Guide/Facilitator **and** the renter group’s designated medical/first aid person **must be immediately** notified of any and all injuries received while at or participating in the ropes courses. Prior approval from one of these persons must be obtained before giving care requiring more than the use of *a single* band-aid. (Initial \_\_\_\_\_)
4. **Belay Training.** All *high elements Facilitators* must have completed a minimum of **4 hours** of specific high ropes elements belay training and show a competence and confidence in their execution of both the cable and trapeze belays, **or** have completed 1 or more CWC Guide Training days *within the prior two year period.* Any other authorization of a Facilitator must be approved by CWC Leadership or the Camp Director. (Initial \_\_\_\_\_)
5. Knowledge of and observation of all related CWC and Camp guidelines, policies and expectations. (Initial \_\_\_\_\_)

CWC Director Initial \_\_\_\_\_ Date \_\_\_\_\_

I hereby state that I agree with, and willfully agree to follow and uphold these, and all other Climbers With Christ and/or Bible Camp Guest policies and rules during my time spent in service here.

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

Authorized CWC Director’s signature \_\_\_\_\_ Date \_\_\_\_\_

**(If required)**

Authorized Bible Camp Director’s signature \_\_\_\_\_ Date \_\_\_\_\_