

Volunteer Impact Portal (VIP)

STEP-BY-STEP GUIDE TO CREATE YOUR ACCOUNT IN THE NEW VIP

THINGS YOU WILL NEED IN ORDER TO COMPLETE THE APPLICATION PROCESS

The application process will take 45 - 60 minutes to complete in full. Please be sure to gather the following and block off time to complete the application.

- Full Name and email addresses of four references
- Your insurance company name, phone number, policy number
- Name of any medication you are taking
- Name and phone number of emergency contact(s)

VIP VOLUNTEER GUIDE

Volunteer Impact Portal (VIP)

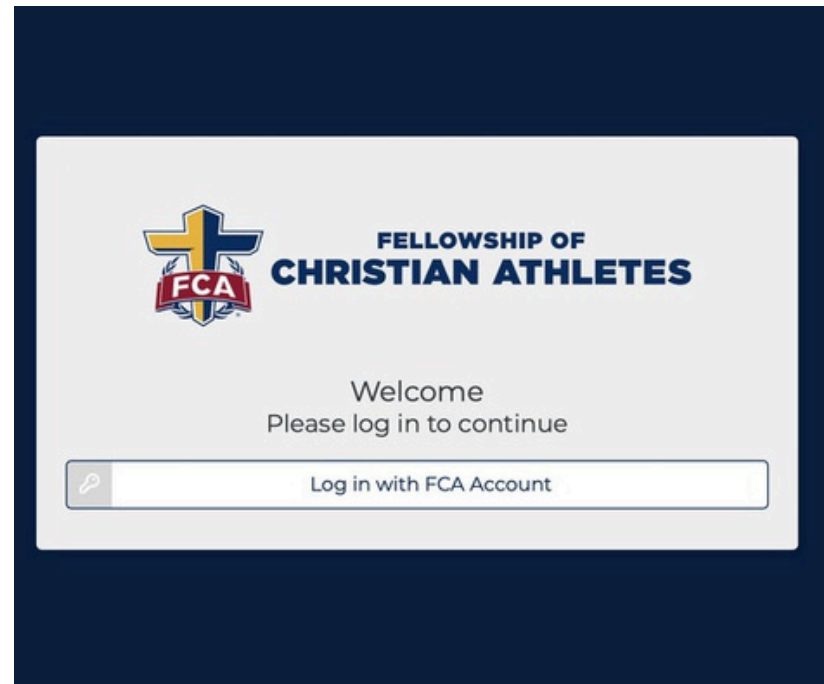
Step 1

Go to VIP.FCA.ORG, use the QR code below or click on the link your FCA staff provided you.

**Volunteer
Impact Portal**



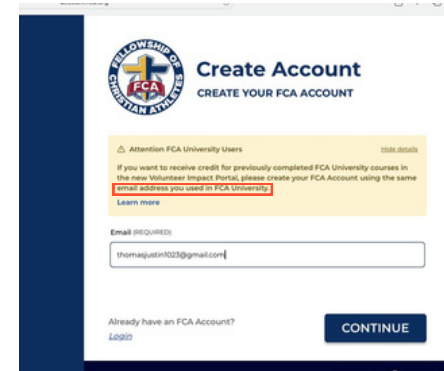
vip.fca.org



Step 2

Create your account. If you have previously completed courses in FCAUniversity, use the email associated with those trainings.

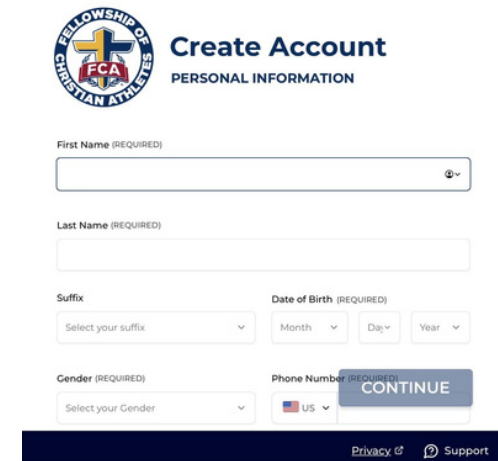
- Ensure that the email you provide is one that you check regularly as correspondence will be going to the email provided.
- If you used an email address that no longer exists, or you no longer have access to, use your current email address and contact your local FCA Staff or FCA Support at 1-800-289-0909.



The screenshot shows the 'Create Account' page for FCA University Users. The header includes the FCA logo and the text 'Create Account' and 'CREATE YOUR FCA ACCOUNT'. A yellow callout box contains the following text: 'Attention FCA University Users', 'If you want to receive credit for previously completed FCA University courses in the new Volunteer Impact Portal, please create your FCA Account using the same email address you used in FCA University.', and a 'Learn more' link. Below this is an 'Email (REQUIRED)' field with the text 'thomasjustin1023@gmail.com'. At the bottom, there is a 'CONTINUE' button and a link for users who already have an account.

Step 3

Enter your personal information, such as name, date of birth, phone number, etc, then click “Continue”

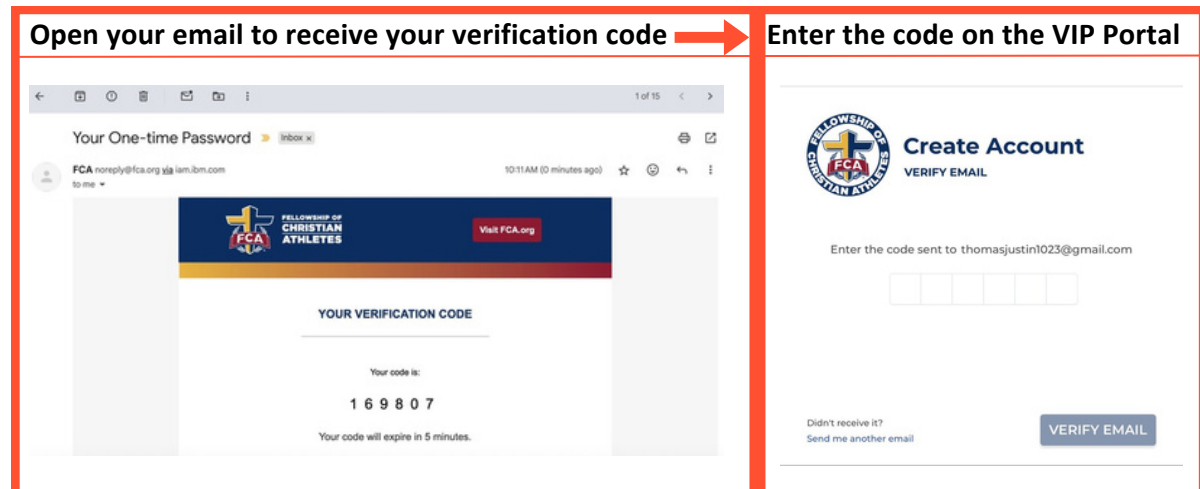


The screenshot shows the 'Create Account' page for Personal Information. The header includes the FCA logo and the text 'Create Account' and 'PERSONAL INFORMATION'. The form fields include: 'First Name (REQUIRED)', 'Last Name (REQUIRED)', 'Suffix' (with a dropdown menu), 'Date of Birth (REQUIRED)' (with Month, Day, and Year dropdowns), 'Gender (REQUIRED)' (with a dropdown menu), and 'Phone Number (REQUIRED)' (with a country dropdown set to 'US'). A 'CONTINUE' button is located at the bottom right. At the bottom of the page, there are links for 'Privacy' and 'Support'.

Step 4

Open your email inbox to locate your one-time password from *noreply@fca.org* and use the code provided to verify your email in the VIP.

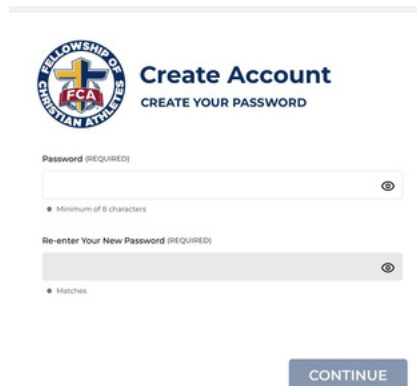
Click “Continue”



The diagram illustrates the email verification process. On the left, an email from 'FCA noreply@fca.org' is shown with the subject 'Your One-time Password'. The email content displays 'YOUR VERIFICATION CODE' and the code '169807'. An arrow points from this email to the right, where a 'Create Account' page titled 'VERIFY EMAIL' is shown. This page prompts the user to 'Enter the code sent to thomasjustin1023@gmail.com' and features a 'VERIFY EMAIL' button.

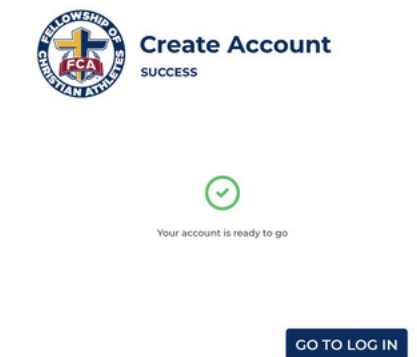
Step 5

Create your password



Step 6

Good job! You have successfully created your account in FCA's Volunteer Impact Portal (VIP)



Return to the Volunteer Impact Portal to apply for a Camp Role or use the link supplied to you.

**Volunteer
Impact Portal**



vip.fca.org

VIP VOLUNTEER GUIDE

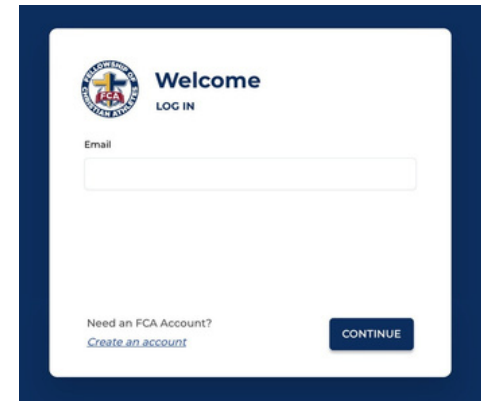
Volunteer Impact Portal (VIP)

STEP-BY-STEP GUIDE TO APPLY FOR A ROLE IN THE NEW VIP WITH A PROVIDED LINK

(if you did not receive a link, proceed to the next slide)

Step 1

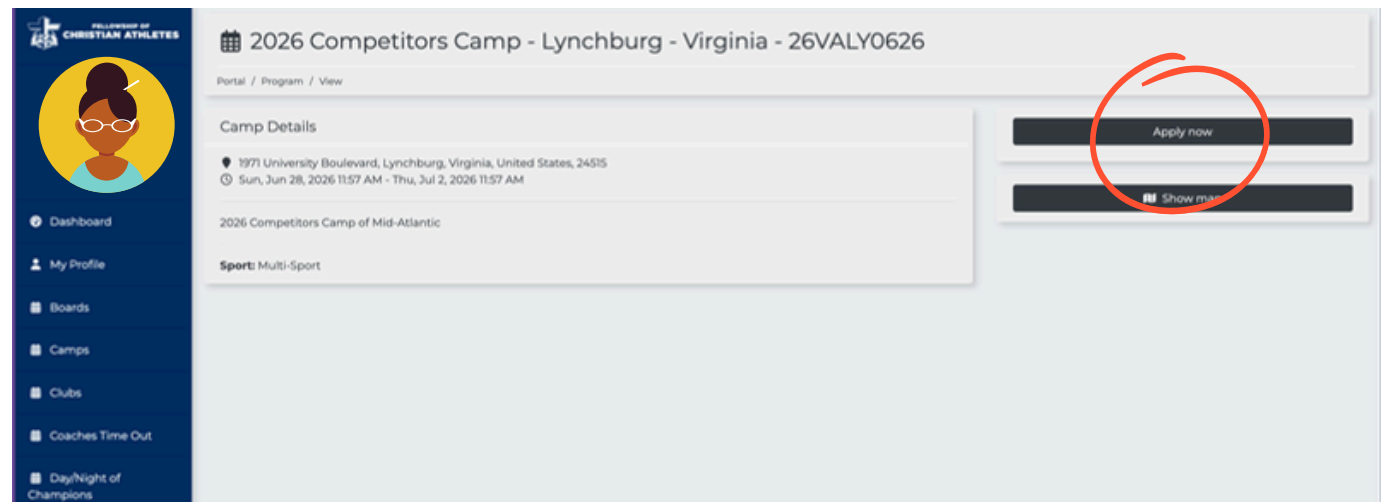
Click on the link your FCA Staff provided you.



Step 2

Click the “Apply Now” button to begin your application.

Please continue to Step 3 on page 8



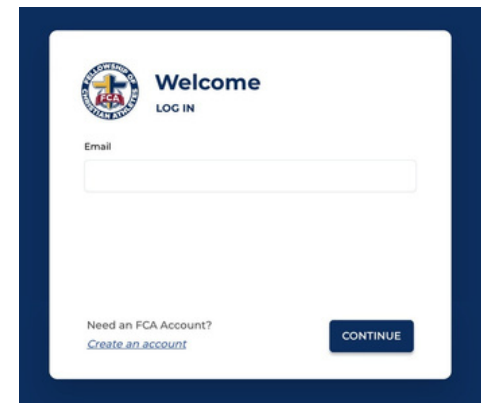
VIP VOLUNTEER GUIDE

Volunteer Impact Portal (VIP)

STEP-BY-STEP GUIDE TO APPLY FOR A ROLE IN THE NEW VIP BY SEARCHING FOR YOUR CAMP

Step 1

Log in to your dashboard

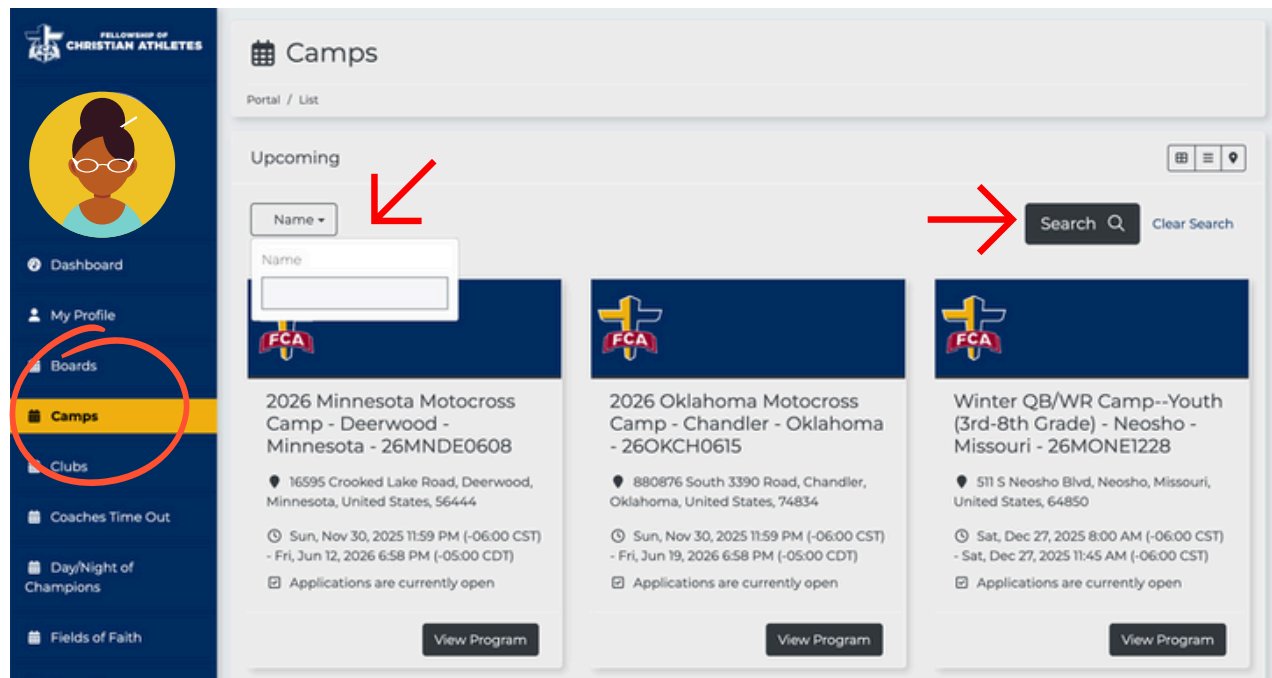


Step 2

Click “Camps”

Then click on the down arrow in the “Name” box.

Enter the name or location of the camp you’re searching for, then click “Search”



VIP VOLUNTEER GUIDE

Volunteer Impact Portal (VIP)

STEP-BY-STEP GUIDE TO APPLY FOR A ROLE IN THE NEW VIP BY SEARCHING FOR YOUR CAMP (continued)

Step 2 (continued)

Locate the camp to which you would like to apply

Click “Apply Now”

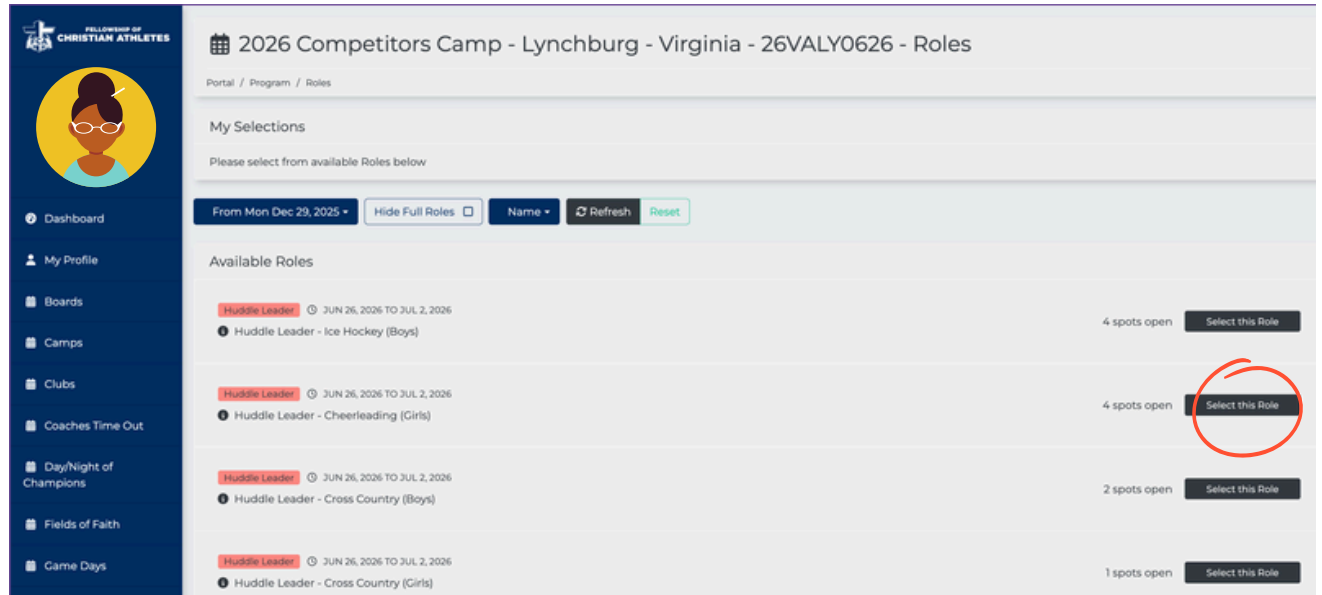
Proceed to Step 3

The screenshot displays the 'Camps' section of the Volunteer Impact Portal. The sidebar on the left shows the user's profile and navigation options, with 'Camps' highlighted. The main content area shows a list of upcoming camps. The 'Mid-Atlantic College Camp (MACC) - North East - Maryland - 26MDNO0522' is highlighted with a red arrow pointing to its 'Apply now' button.

Camp Name	Location	Code	Dates	Application Status	Action
Western MD FCA Leadership Camp 2026 - Middletown - Maryland	9621 Frostown Road, Middletown, Maryland, United States, 21769	26MDMI0314	Sat, Mar 14, 2026 8:00 AM - Sun, Mar 15, 2026 8:00 PM	Applications are currently open	Apply now / View Program
Mid-Atlantic College Camp (MACC) - North East - Maryland	3380 Turkey Point Rd, North East, Maryland, United States, 21901-6048	26MDNO0522	Fri, May 22, 2026 12:55 PM - Mon, May 25, 2026 12:55 PM	Applications are currently open	Apply now / View Program
Hagerstown Power Camp - Hagerstown - Maryland	1101 South Potomac Street, Hagerstown, Maryland, United States, 21740	26MDHA0615	Mon, Jun 15, 2026 8:04 PM - Thu, Jun 18, 2026 8:04 PM	Applications are currently open	View Program

Step 3

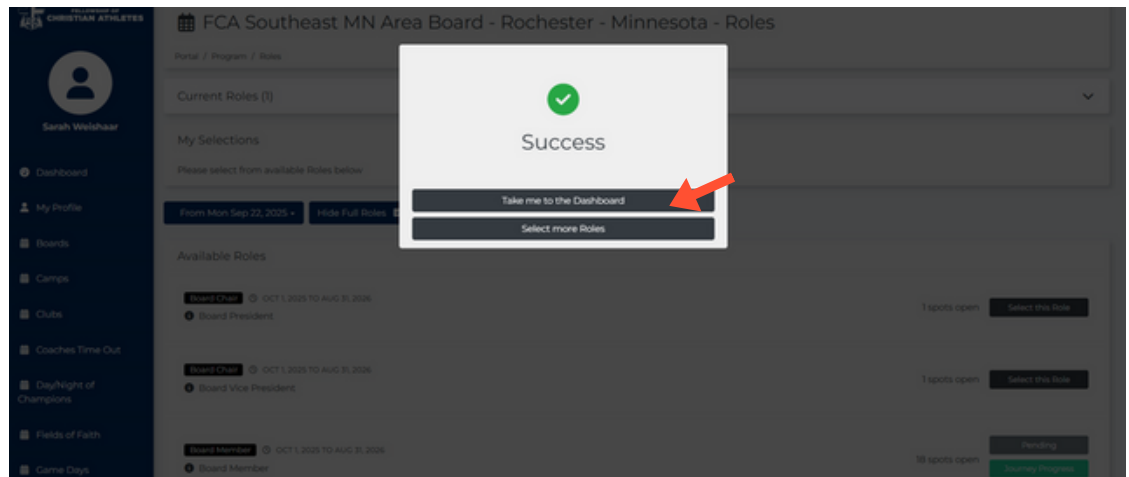
Review the roles listed and select the position for which you would like to apply



Step 4

Once you have selected the role you wish to apply for, a banner will pop up on your screen saying, "Success"

Click on the black box that says "Take me to the Dashboard"



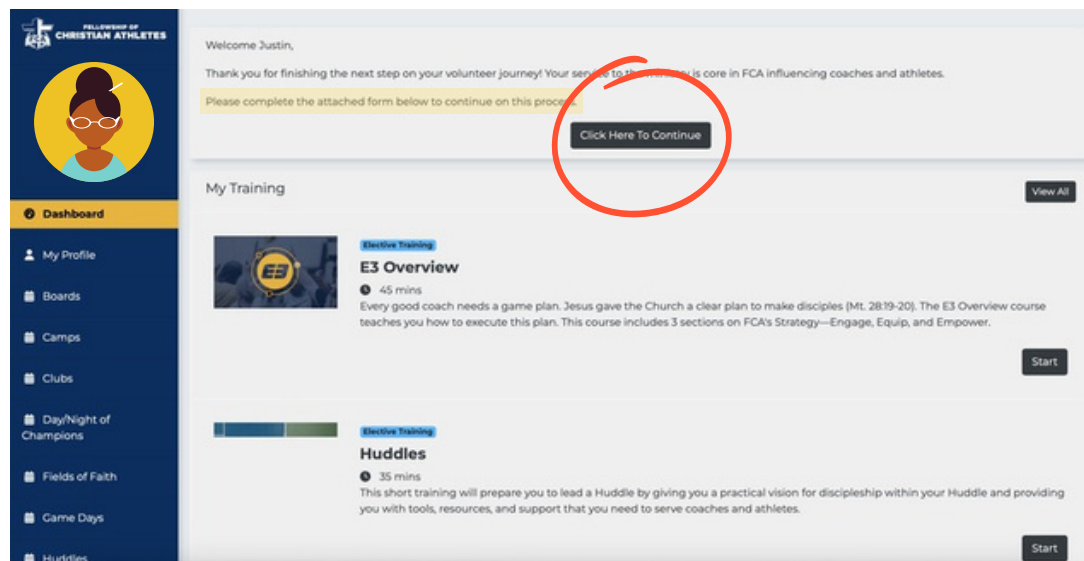
Step 5

You are in now in your Dashboard.

On the left side, you will see

- Your “My Profile” tab
- Various FCA Programs
- FCA Trainings

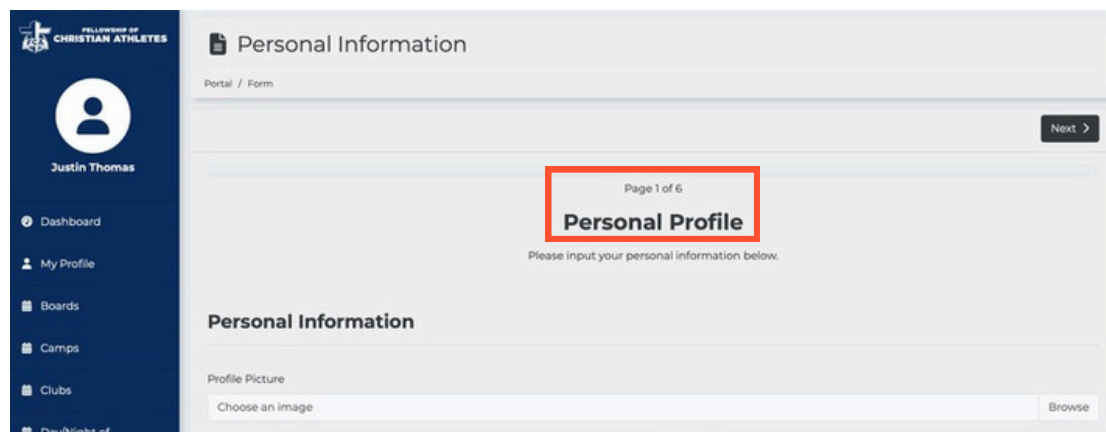
At the top of the page, you will see a message indicating which step of the application process you are currently in. Click on the black box to continue your application.



Step 6

You will find that some of the information you provided while creating your profile has been auto-populated. Fill in the required blank spots, indicated by a red asterisk symbol.

If you would like, upload a profile picture.



If you're under 18, you'll need to provide your parent/guardian's info, and they'll receive an email to approve your participation as a student leader.

[CLICK HERE TO JUMP TO PARENTAL CONSENT INSTRUCTIONS](#)

Step 7

Select four individuals who know you well.

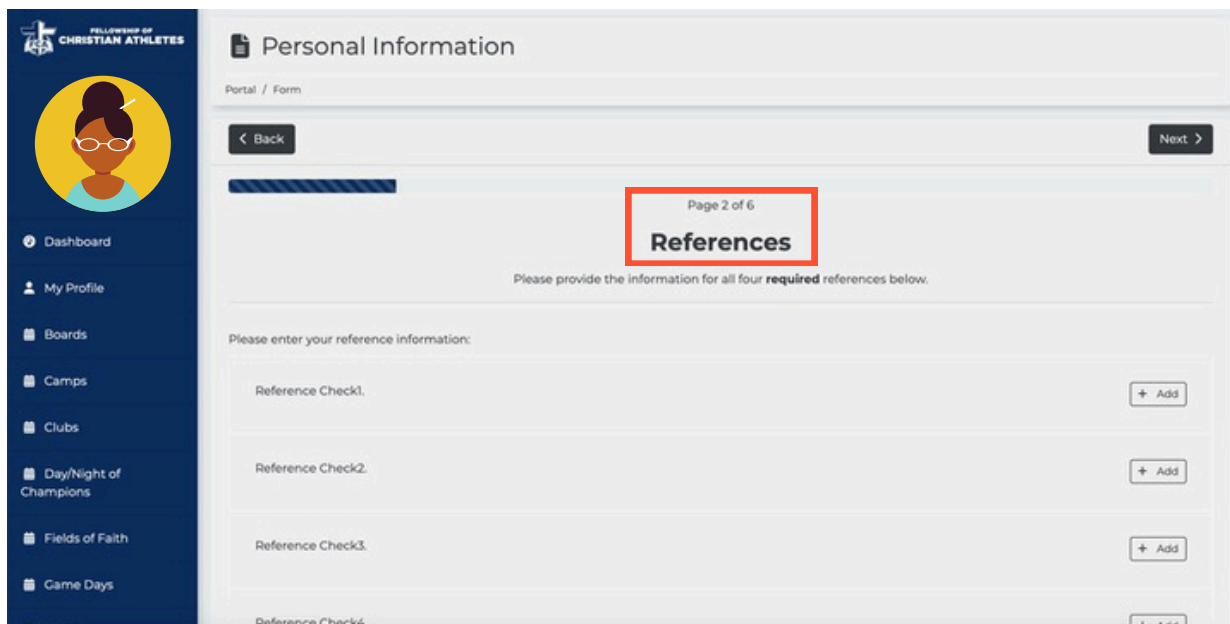
As you submit the names and email addresses of your references, please let them know that they will be receiving an email that requires action from noreply@rosterfy.co.

The questions that are asked take under one minute to complete.

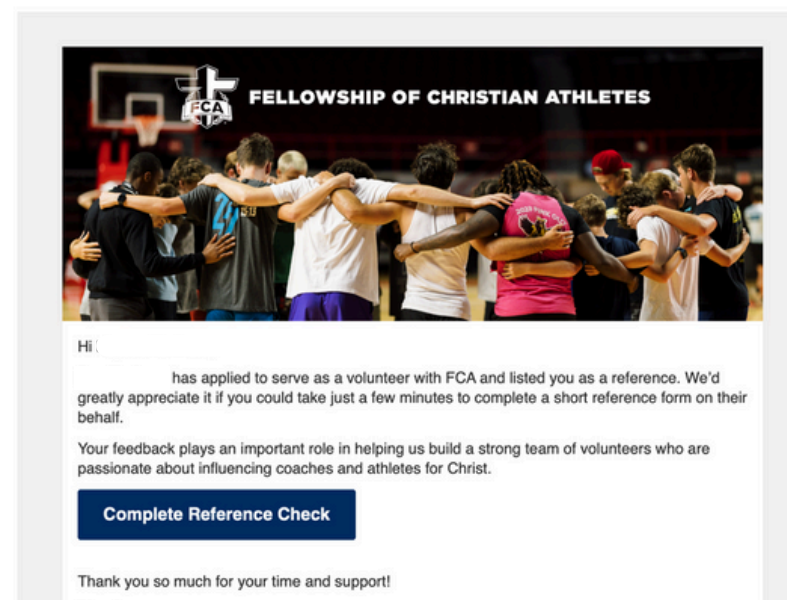
If your references do not reply within the given timeframe, you will need to call the Support Center at 1-800-898-0909 to have a new link sent to your references. Local FCA staff do not have the ability to make these adjustments within the systems, so communication with your references is key.

While those completing reference checks have a particular time period allotted to provide their responses, the sooner your references reply, the sooner your application can be advanced.

Your application will not advance without at least two of the 4 leaving positive references.



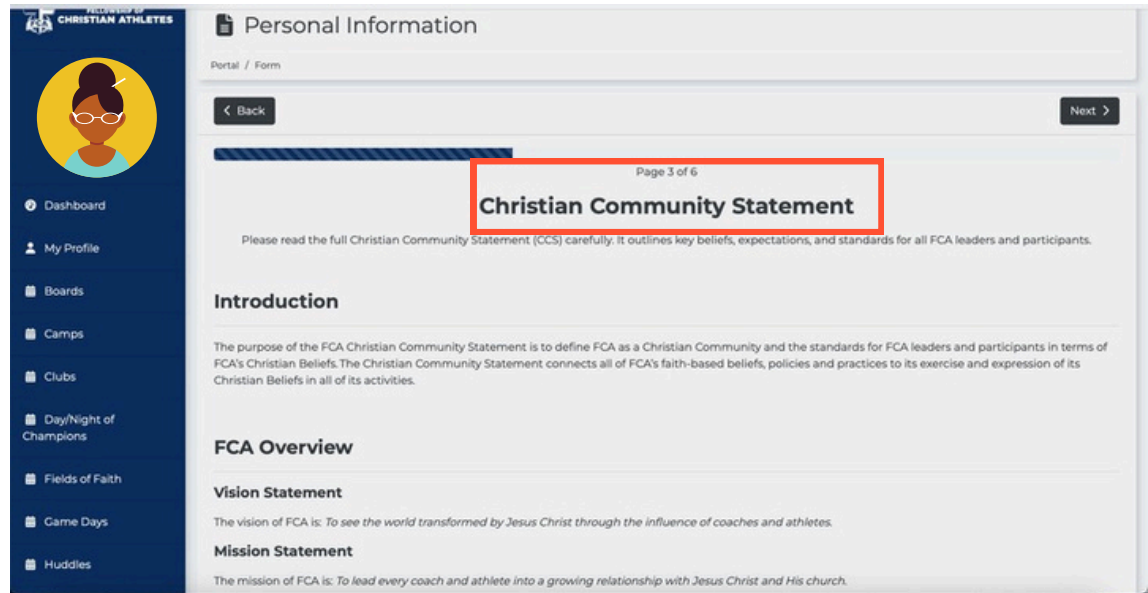
The screenshot shows a web application interface for the Fellowship of Christian Athletes (FCA). On the left is a dark blue sidebar with a user profile icon and a menu with items: Dashboard, My Profile, Boards, Camps, Clubs, Day/Night of Champions, Fields of Faith, and Game Days. The main content area is titled 'Personal Information' and shows 'Page 2 of 6' with a red box around the 'References' heading. Below the heading, it says 'Please provide the information for all four required references below.' and 'Please enter your reference information:'. There are four rows, each labeled 'Reference Check1.' through 'Reference Check4.', with an '+ Add' button to the right of each row.



Step 8

Please read through FCA's Christian Community Statement.

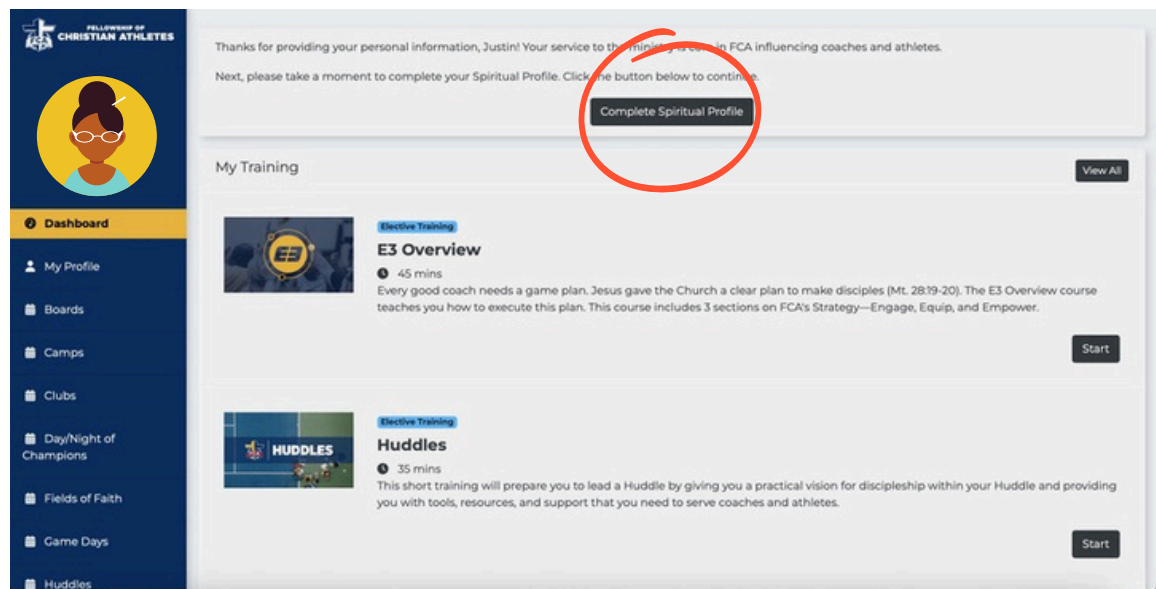
Follow the prompts provided and reach out to your local FCA staff if you have questions.



Step 9

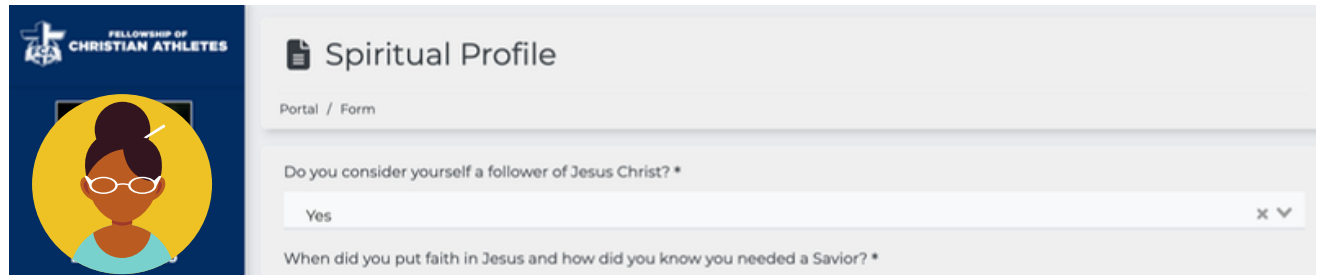
Following your review and responses from FCA's Christian Community Statement, you will be brought back to your dashboard.

On the top portion of the page, you will see a black box that says, "Complete Spiritual Profile." Click that button to continue.

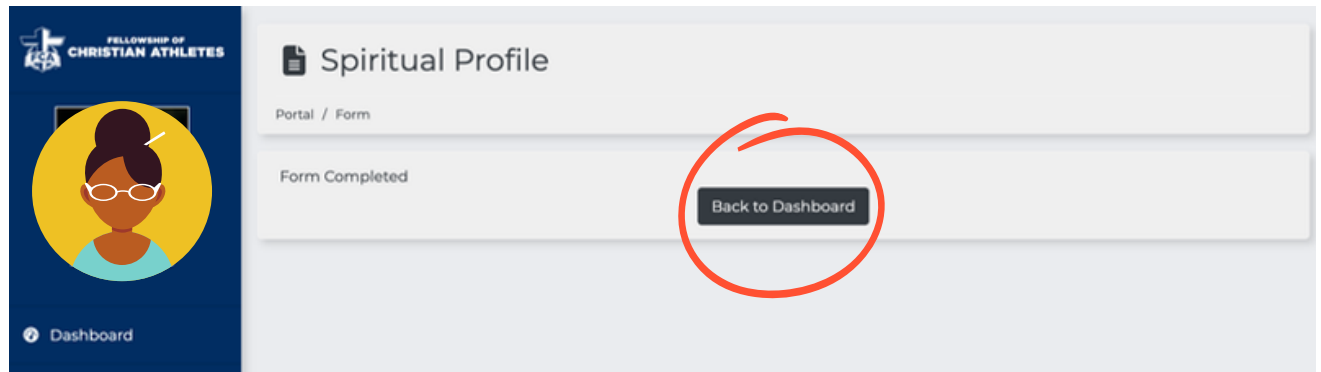


Step 10

Use the drop down and text box features to complete your Spiritual Profile.



Once complete, click the black box that says “Back to Dashboard” to continue your application.

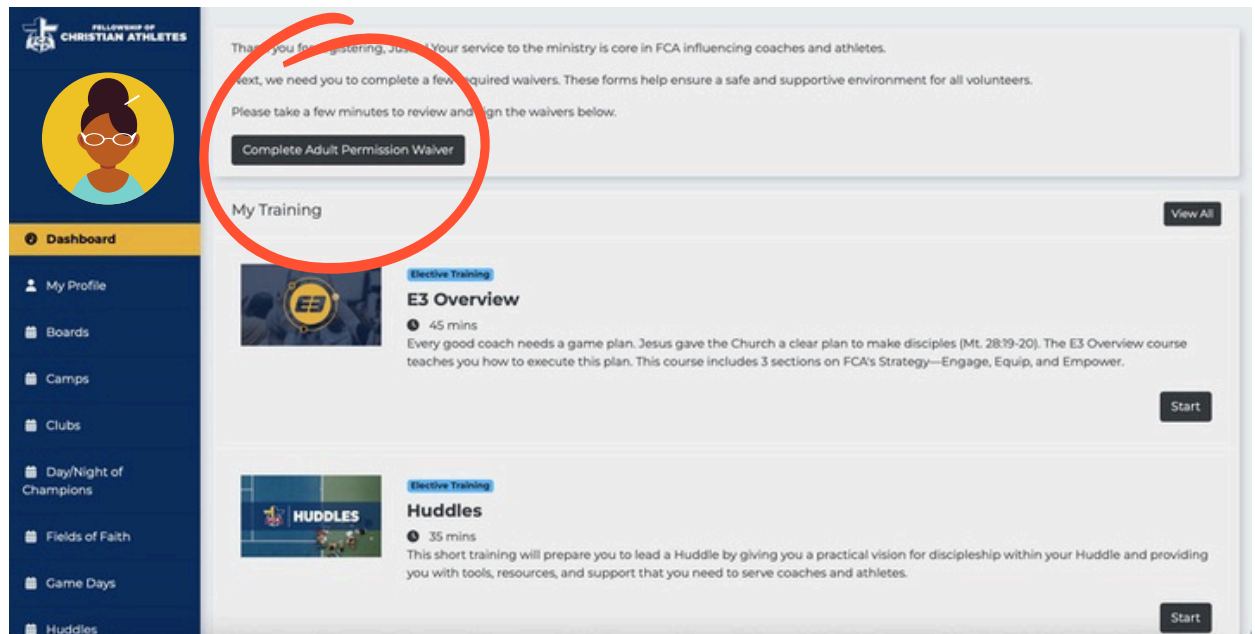


Step 11

On the top portion of the page, you will see a black box that says, “Complete Adult Permission Waivers.” Click that button to continue.

You will review the following:

- Adult Permission Waiver
- Anti-Hazing/Bullying Waiver
- Youth Protection Waiver
- Image & Likeness Release Waiver

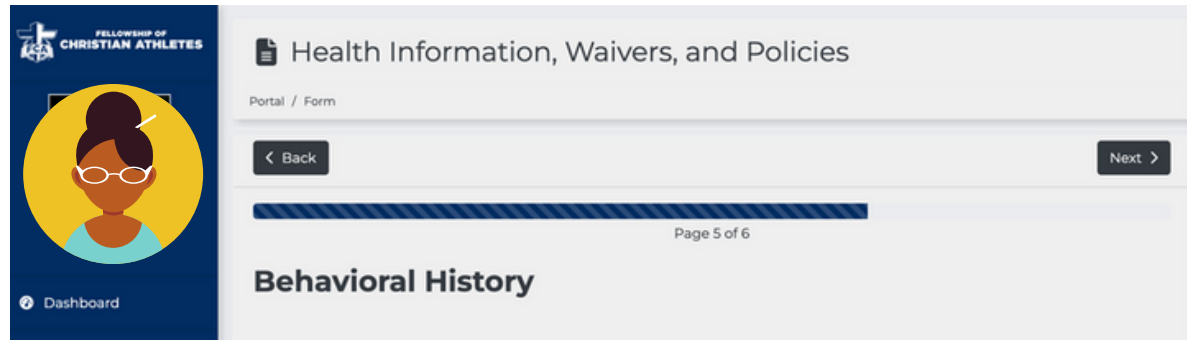
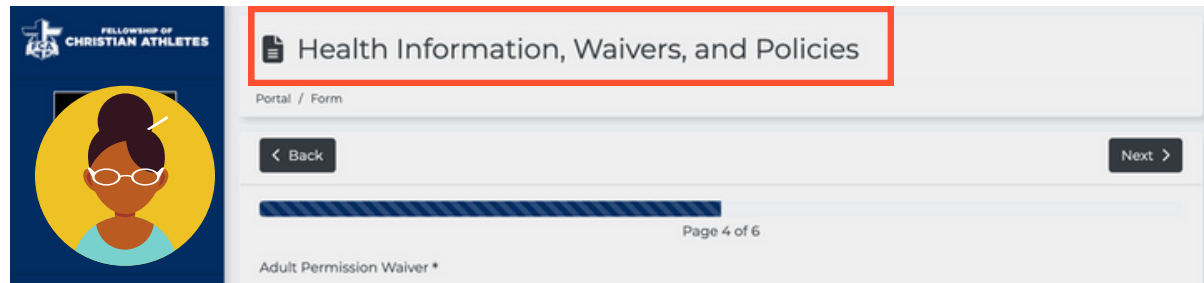


Step 12

Complete the Health Information, Waivers, and Policies.

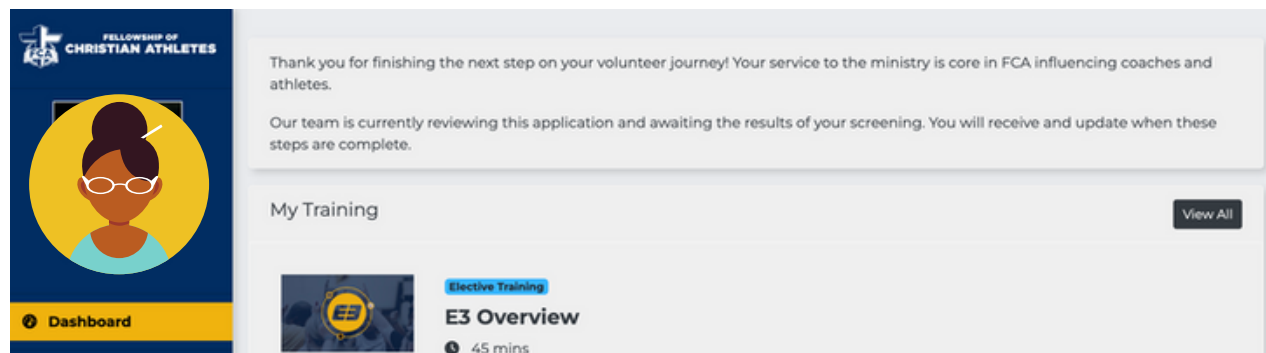
Please note - providing your medical information is required for camp participation.

Click the black box that says, "Next" to continue through each page.



Step 13

Your application will now be reviewed by staff, and background check instructions will follow once the review is complete.



****Steps 14 and 15 apply to applicants ages 18 and older****

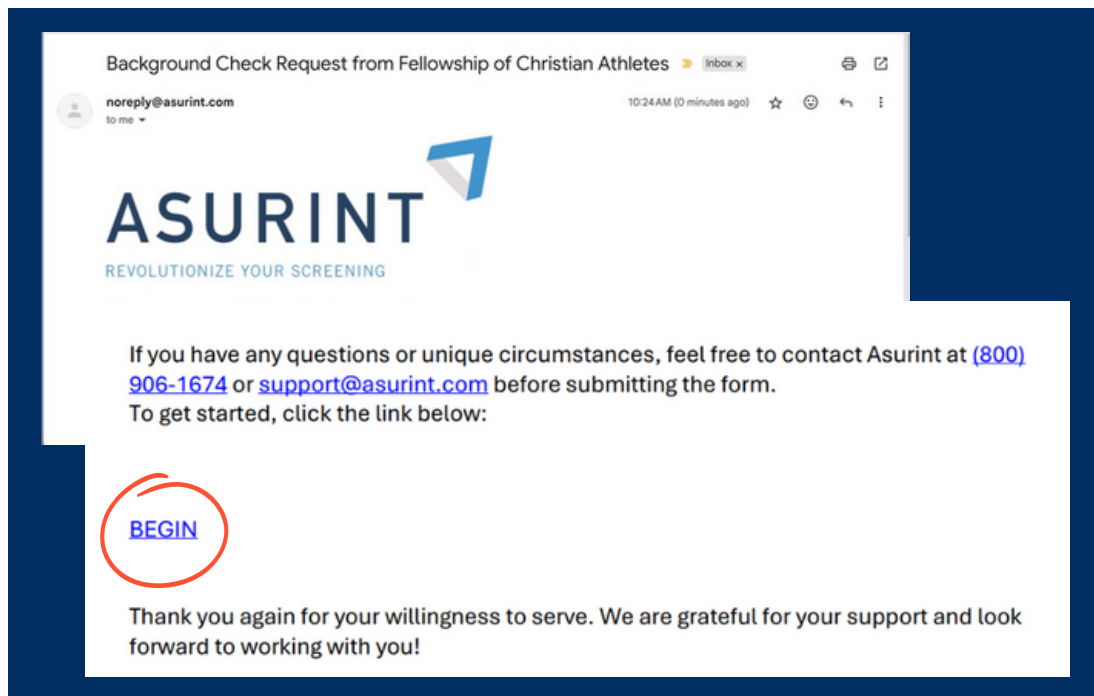
Step 14

Once the staff has reviewed and approved your application, you will receive an email from noreply@asurint.com

If you don't see it, check your junk mail inbox.

ASURINT, is our background check provider. You will be given the option to pay for this yourself. Please select the option to have your background check paid for by FCA.

Scroll to the middle of the email and click, "Begin."



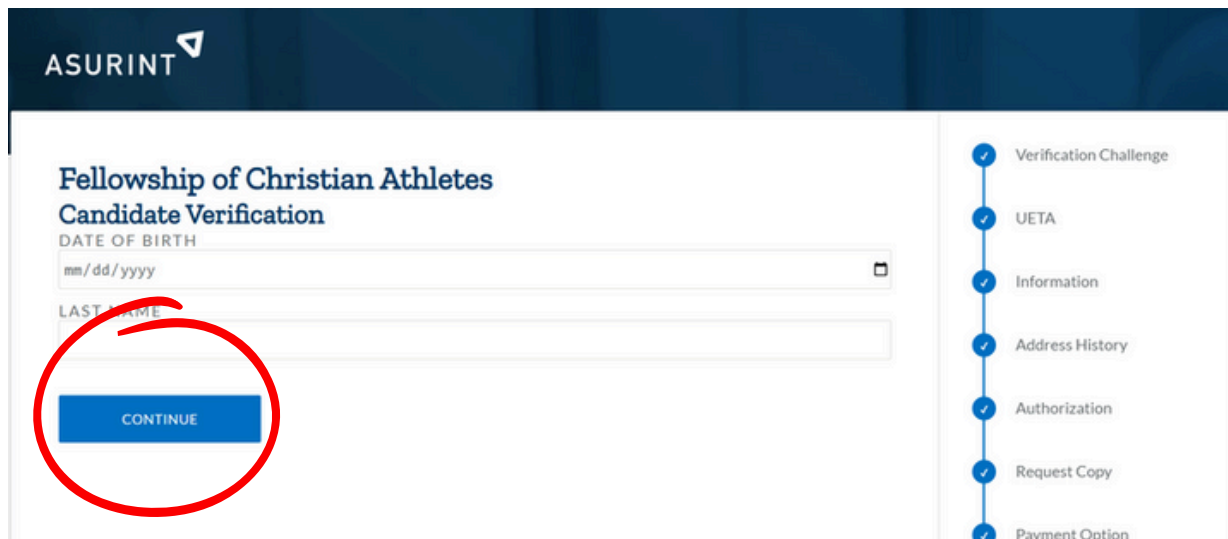
Step 15

Once you select "Begin," you will be directed to Asurint's website.

Enter your birthday and last name, then click the button that says, "Continue."

Be sure to use your legal name.

Proceed through this process until the application is complete.

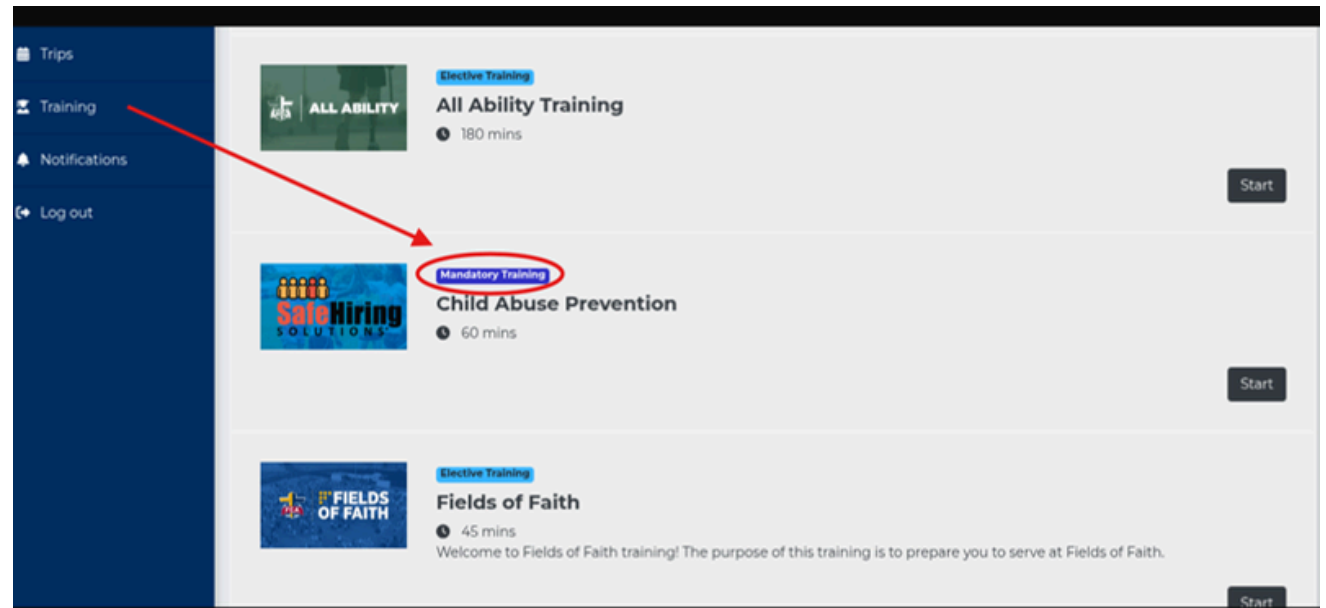


Step 16

As your application, reference check, and background check are being processed, it is time start your online trainings.

Everyone must complete the “1-hour Child Abuse Prevention” course in one sitting.

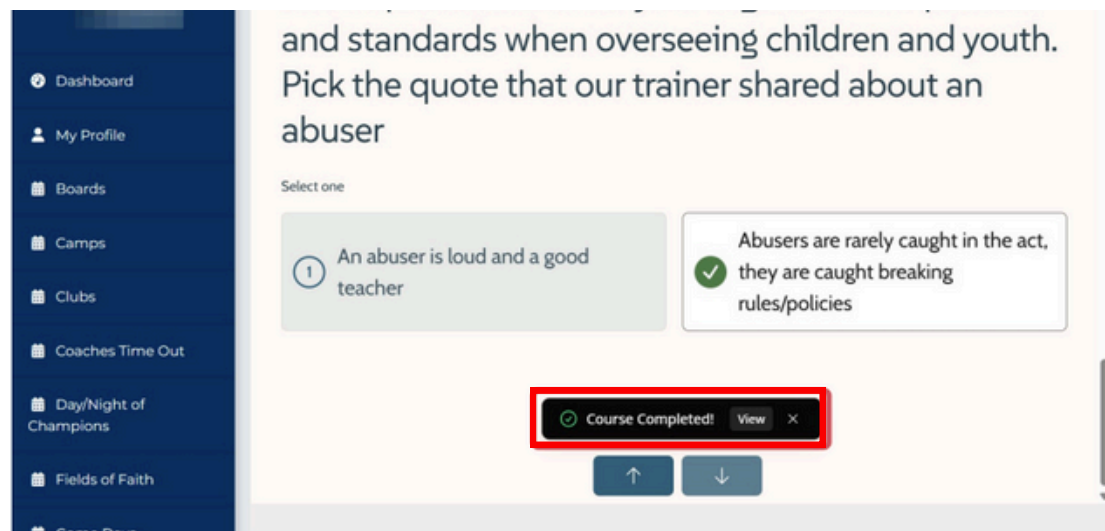
Depending on which role you applied for, you will find additional trainings. If a course is required, the phrase “Mandatory Training” will be above the course title.



You are welcome to take any of the other Elective Training courses that FCA has to offer.

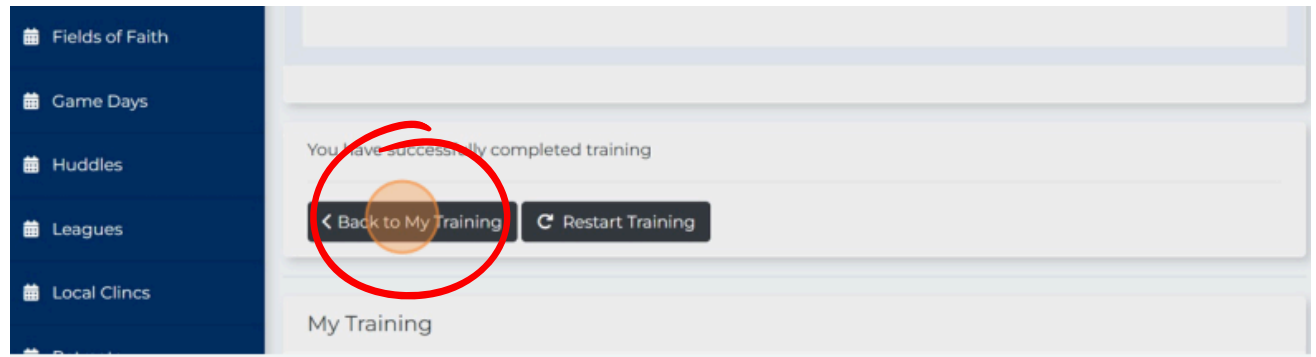
Step 17

Upon completion, you will see the “Course Completed” notice.



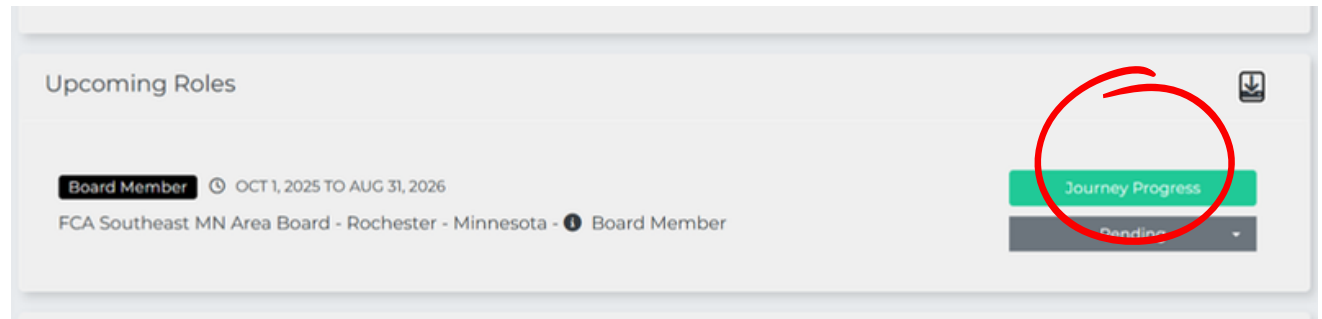
Step 18

Click “Back to my Training” button at the bottom of your screen.

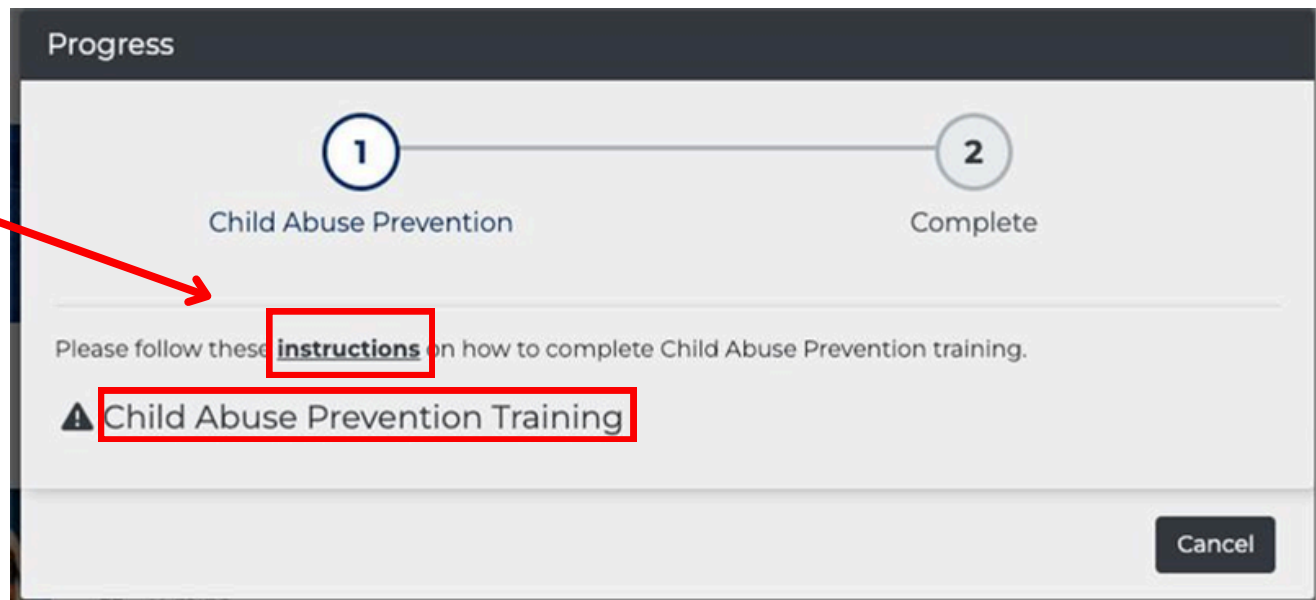


Scroll down until you see “Upcoming Roles”.

Click on the green “Journey Progress” button.



Click “instructions” or the “Child Abuse Prevention Training”



Step 19

You will see a statement asking you to acknowledge your completion of the course.

Click the box and “Save”



Please ensure you have completed Child Abuse Prevention training. You can access the training or verify completion in your Dashboard and mark this step as complete.

I have completed my Child Abuse Prevention training: *

Save

Step 20

Congratulations! You have successfully applied for a role in FCA’s Volunteer Impact Portal (VIP)

If you have any questions as you move through the application process, please reach out to your local staff or the person who sent the instructions to you.

VIP VOLUNTEER GUIDE

FCA Parent/Guardian Consent Form for Student Volunteer

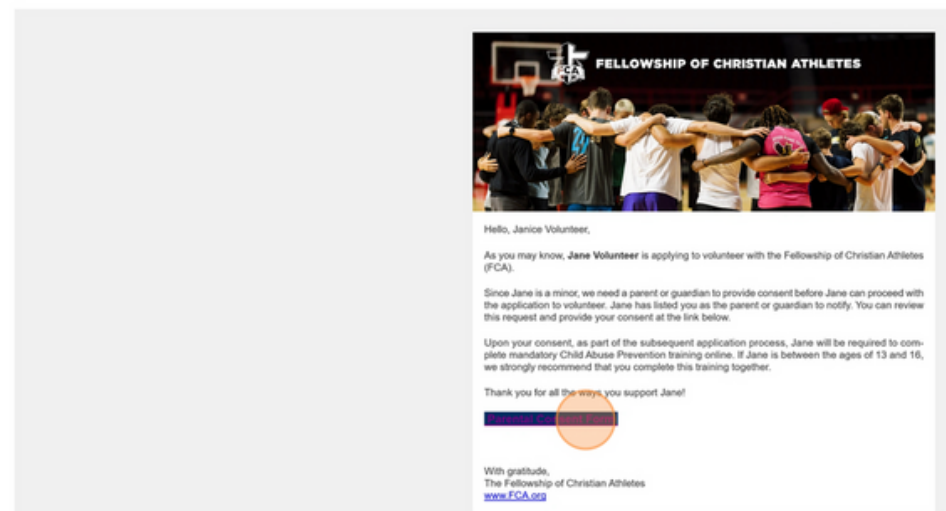
When your student begins their application for volunteering with FCA, they provide contact information for a parent or guardian as one of their first steps. We require parent/guardian consent before the student can continue their volunteer application process. The following instructions are for the parent/guardian of the minor volunteer.

Note - the parent/guardian does NOT need to create a VIP account in order to complete the Consent Form.

Step 1

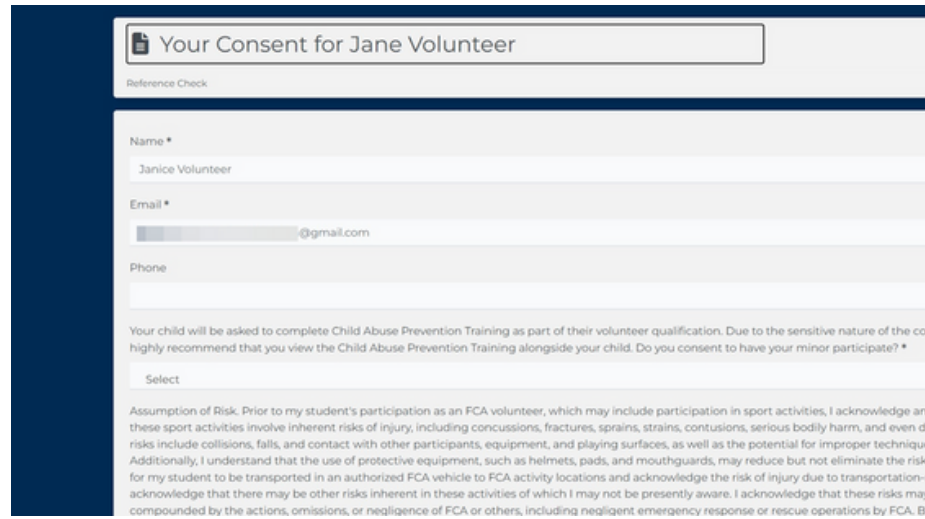
Open the email "Parental Consent Required" from FCA and click the "Parental Consent Form" link

From: FCA Volunteer <no-reply@fca.org>
Date: Thursday, October 16, 2025
Subject: Parental Consent Required
To: @gmail.com



Step 2

The email link will take you to the parent/guardian consent form in the Volunteer Impact Portal



Your Consent for Jane Volunteer

Reference Check

Name *
Jane Volunteer

Email *
[redacted]@gmail.com

Phone

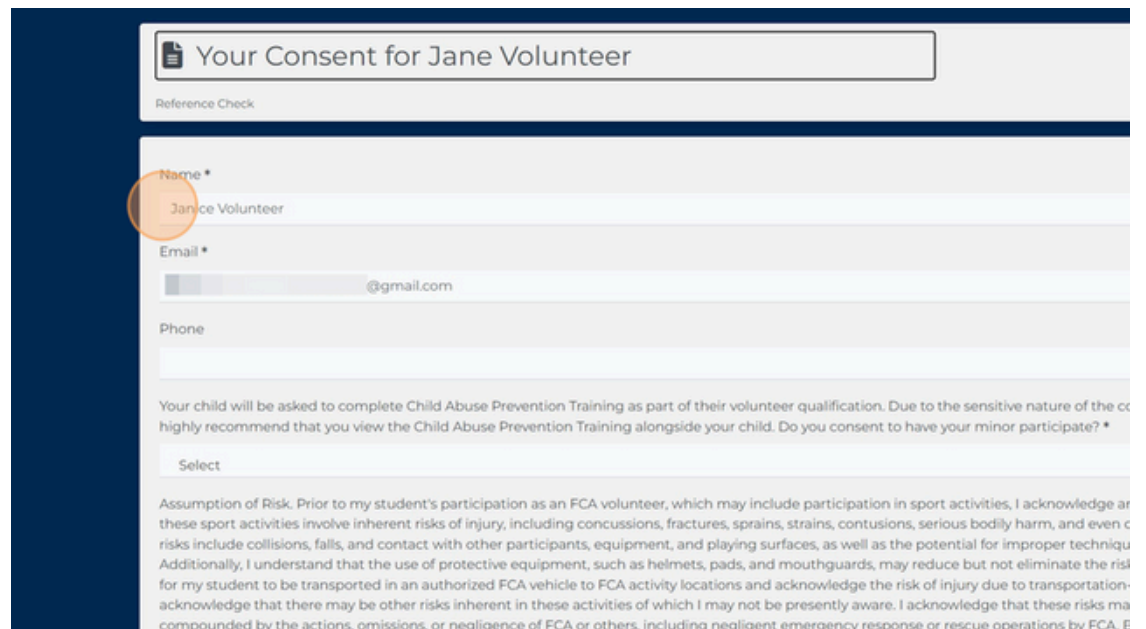
Your child will be asked to complete Child Abuse Prevention Training as part of their volunteer qualification. Due to the sensitive nature of the co highly recommend that you view the Child Abuse Prevention Training alongside your child. Do you consent to have your minor participate? *

Select

Assumption of Risk. Prior to my student's participation as an FCA volunteer, which may include participation in sport activities, I acknowledge an these sport activities involve inherent risks of injury, including concussions, fractures, sprains, strains, contusions, serious bodily harm, and even d risks include collisions, falls, and contact with other participants, equipment, and playing surfaces, as well as the potential for improper techniqu Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may reduce but not eliminate the risk for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk of injury due to transportation-acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I acknowledge that these risks may compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue operations by FCA. E

Step 3

Your name and email address will be populated automatically



Your Consent for Jane Volunteer

Reference Check

Name *
Jane Volunteer

Email *
[redacted]@gmail.com

Phone

Your child will be asked to complete Child Abuse Prevention Training as part of their volunteer qualification. Due to the sensitive nature of the cc highly recommend that you view the Child Abuse Prevention Training alongside your child. Do you consent to have your minor participate? *

Select

Assumption of Risk. Prior to my student's participation as an FCA volunteer, which may include participation in sport activities, I acknowledge an these sport activities involve inherent risks of injury, including concussions, fractures, sprains, strains, contusions, serious bodily harm, and even c risks include collisions, falls, and contact with other participants, equipment, and playing surfaces, as well as the potential for improper techniqu Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may reduce but not eliminate the risk for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk of injury due to transportation-acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I acknowledge that these risks may compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue operations by FCA. E

Step 4

Enter your primary phone number where you can be reached if needed

Your Consent for Jane Volunteer

Reference Check

Name *

Janice Volunteer

Email *

@gmail.com

Phone

Your child will be asked to complete Child Abuse Prevention Training as part of their volunteer qualification. Due to the sensitive nature of the content, we highly recommend that you view the Child Abuse Prevention Training alongside your child. Do you consent to have your minor participate? *

Select

Assumption of Risk. Prior to my student's participation as an FCA volunteer, which may include participation in sport activities, I acknowledge that these sport activities involve inherent risks of injury, including concussions, fractures, sprains, strains, contusions, serious bodily harm, and even risks include collisions, falls, and contact with other participants, equipment, and playing surfaces, as well as the potential for improper technique. Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may reduce but not eliminate the risk of injury for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk of injury due to transportation-related activities. I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I acknowledge that these risks may be compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue operations by FCA.

Step 5

Confirm your consent for your student to participate in the required Child Abuse Prevention training

Alert: Due to the sensitivity of the topic, we recommend students ages 13-16 complete the required Child Abuse Prevention training with a parent or guardian.

Janice Volunteer

Email *

@gmail.com

Phone

5555555555

Your child will be asked to complete Child Abuse Prevention Training as part of their volunteer qualification. Due to the sensitive nature of the content, we highly recommend that you view the Child Abuse Prevention Training alongside your child. Do you consent to have your minor participate? *

Select

Yes

No

Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may reduce but not eliminate the risk of injury for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk of injury due to transportation-related activities. I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I acknowledge that these risks may result from the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue operations by FCA. By signing this Waiver Form, I expressly warrant that the above-named student is capable of withstanding both the physical and mental demands of the activities. I also acknowledge all risks of the student being on the premises and participating in the activity, whether such risks are known or unknown to me at this time, including injury, death, or other loss, whether caused by the ordinary negligence of FCA or otherwise. *

Select

Release of Liability. I expressly release FCA and its leaders, employees, Officers, Directors, volunteers and agents, and the employees, officers, directors, volunteers of the premises, venue, or facilities in which this activity takes place ("Releasees") from any claim that my student may have or that I may have against the Releasees for injury or illness incurred during participation in the activity and while present at the premises, venue or facilities in which this activity takes place, whether caused by the ordinary negligence of FCA or otherwise. This Release covers all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against the Releasees for injury or illness incurred during participation in the activity and while present at the premises, venue or facilities in which this activity takes place, whether caused by the ordinary negligence of FCA or otherwise.

Step 6

Use the dropdown to acknowledge the Assumption of Risk

highly recommend that you view the Child Abuse Prevention training alongside your child. Do you consent to t

Yes

Assumption of Risk. Prior to my student's participation as an FCA volunteer, which may include participation in these sport activities involve inherent risks of injury, including concussions, fractures, sprains, strains, contusions risks include collisions, falls, and contact with other participants, equipment, and playing surfaces, as well as the Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency respon: Waiver Form, I expressly warrant that the above-named student is capable of withstanding both the physical ar all risks of the student being on the premises and participating in the activity, whether such risks are known or death, or other loss, whether caused by the ordinary negligence of FCA or otherwise. *

Select

Select

Acknowledge

Do Not Acknowledge

ordinary negligence of FCA or otherwise. This Release covers all claims that members of the student's or my tan against the Releasees. I covenant not to make or bring any such claim against FCA or any other Releasee, and f from liability under such claims. This waiver and release does not extend to claims for gross negligence or willfu

Select

Indemnification and Hold Harmless. I further agree to indemnify and hold harmless the Releasees from any anc action, including reasonable attorneys' fees and insurance-related costs, arising from or related to the student's injury, illness, or other harm incurred during such activities. This includes any claim related to the student's own

Select

Step 7

Use the dropdown to acknowledge the Release of Liability

for my student to be transported in an authorized FCA vehicle to FCA activity locations and acknowledge the risk of injury due to acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I acknowledge that compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue oper Waiver Form, I expressly warrant that the above-named student is capable of withstanding both the physical and mental deman all risks of the student being on the premises and participating in the activity, whether such risks are known or unknown to me a death, or other loss, whether caused by the ordinary negligence of FCA or otherwise. *

Acknowledge

Release of Liability. I expressly release FCA and its leaders, employees, Officers, Directors, volunteers and agents, and the employe of the premises, venue, or facilities in which this activity takes place ("Releasees") from any claim that my student may have or th injury or illness incurred during participation in the activity and while present at the premises, venue or facilities in which this act ordinary negligence of FCA or otherwise. This Release covers all claims that members of the student's or my family or estate, heir against the Releasees. I covenant not to make or bring any such claim against FCA or any other Releasee, and forever release anc from liability under such claims. This waiver and release does not extend to claims for gross negligence or willful misconduct. *

Acknowledge

Select

Acknowledge

Do Not Acknowledge

injury, illness, or other harm incurred during such activities. This includes any claim related to the student's own negligence or th

Select

First Aid and Emergency Medical Treatment. I recognize that there may be occasions where the student may need first aid or en an accident, illness, or other health condition or injury. I give permission for agents of FCA obtain medical treatment, including hi arises in the agent's opinion. I agree to pay all fees and costs arising from this action to obtain medical treatment. I release, disch based on such treatment or other medical services. I give permission for camp trainer and camp professional medical staff to giv and I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, inclu student to be transported to a medical center in an emergency, and, again, I agree to pay for any medical treatment. *

Select

Image & Likeness Release Waiver. On occasion, FCA or its representatives takes photographs or makes an audio or video recordir activities. I understand that these materials are the property of FCA, and grant FCA and its representatives permission to use the photograph, video, or other digital media taken at FCA activities. Such materials may be used in FCA publications or advertising t also be used by FCA or its agents to produce ministry resources for staff training, Camp or Campus Ministries, or in other ways to make these materials available for sale to the public. Such photographs or video records may also be used by staff and participant

Step 8

Use the dropdown to acknowledge the First Aid and Emergency Medical Treatment agreement

Acknowledge

Indemnification and Hold Harmless. I further agree to indemnify and hold harmless the Releasees from any and all claims, demands, actions, including reasonable attorneys' fees and insurance-related costs, arising from or related to the student's participation in injury, illness, or other harm incurred during such activities. This includes any claim related to the student's own negligence or the

Acknowledge

First Aid and Emergency Medical Treatment. I recognize that there may be occasions where the student may need first aid or an accident, illness, or other health condition or injury. I give permission for agents of FCA obtain medical treatment, including hospitalization, surgery, or other medical services. I agree to pay all fees and costs arising from this action to obtain medical treatment. I release, discharge, and hold harmless the agents of FCA from any and all claims, demands, actions, including reasonable attorneys' fees and insurance-related costs, arising from or related to the student's participation in injury, illness, or other harm incurred during such activities. This includes any claim related to the student's own negligence or the

Select

Select

Acknowledge

Do Not Acknowledge

also be used by FCA or its agents to produce ministry resources for staff training; Camp or Campus Ministries; or in other ways to make these materials available for sale to the public. Such photographs or video records may also be used by staff and participate in Local news organizations may hear of FCA activities or events, and FCA may invite or allow them to photograph or record FCA events. I consent to the use of any such audio or visual record of the student to be used, distributed or displayed as agents of FCA but is not limited to photographs, video and audio recordings. *

Select

Does the student have any known physical disability or illness which might interfere with the student's participation in strenuous activities? *

Select

Does the student have any severe allergies or reactions to drugs or medicines? *

Select

Is the student presently taking any medications or on any special diet or exercise restrictions? *

Step 9

Use the dropdown to acknowledge the Image & Likeness Release waiver

Acknowledge

Image & Likeness Release Waiver. On occasion, FCA or its representatives takes photographs or makes an audio or video recording of the student's participation in FCA activities. I understand that these materials are the property of FCA, and grant FCA and its representatives permission to use the photograph, video, or other digital media taken at FCA activities. Such materials may be used in FCA publications or advertising and also be used by FCA or its agents to produce ministry resources for staff training, Camp or Campus Ministries, or in other ways to make these materials available for sale to the public. Such photographs or video records may also be used by staff and participate in Local news organizations may hear of FCA activities or events, and FCA may invite or allow them to photograph or record FCA events. I consent to the use of any such audio or visual record of the student to be used, distributed or displayed as agents of FCA but is not limited to photographs, video and audio recordings. *

Acknowledge |

Select

Acknowledge

Do Not Acknowledge

Does the student have any severe allergies or reactions to drugs or medicines? *

Select

Is the student presently taking any medications or on any special diet or exercise restrictions? *

Select

Does the student have any history of concussions? *

Select

Are there any emotional/social disabilities that would be helpful for us to be aware of? *

Select

Step 10

Enter any required medical information regarding the student

FCA asks for medical information so we can respond quickly in the case of a medical emergency.

Acknowledge

Does the student have any known physical disability or illness which might interfere with the student's participation in strenuous activities? *

Select

Does the student have any severe allergies or reactions to drugs or medicines? *

Select

Is the student presently taking any medications or on any special diet or exercise restrictions? *

Select

Does the student have any history of concussions? *

Select

Are there any emotional/social disabilities that would be helpful for us to be aware of? *

Select

If you answered "Yes" to any of the medical questions above, please provided additional details.

Indicate the date of last Tetanus shot *

Who does the student live with? *

Select

Medical Insurance Company

Step 11

Please tell us who the student lives with

No

Are there any emotional/social disabilities that would be helpful for us to be aware of? *

No

If you answered "Yes" to any of the medical questions above, please provided additional details.

Jane has an inhaler for asthma.

Indicate the date of last Tetanus shot *

12/10/2019

Who does the student live with? *

Select

Select

Both parents

One parent

Guardian

Other

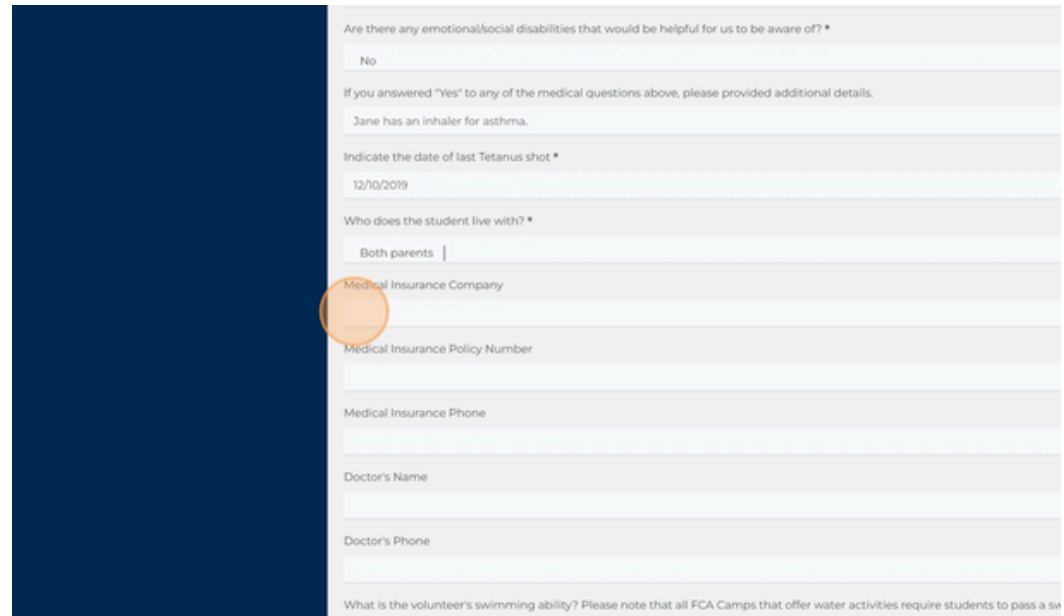
Medical Insurance Phone

Doctor's Name

Doctor's Phone

Step 12

Medical insurance and doctor information is optional to provide in case of a medical situation or emergency



Are there any emotional/social disabilities that would be helpful for us to be aware of? *

No

If you answered "Yes" to any of the medical questions above, please provided additional details.

Jane has an inhaler for asthma.

Indicate the date of last Tetanus shot *

12/10/2019

Who does the student live with? *

Both parents |

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Doctor's Name

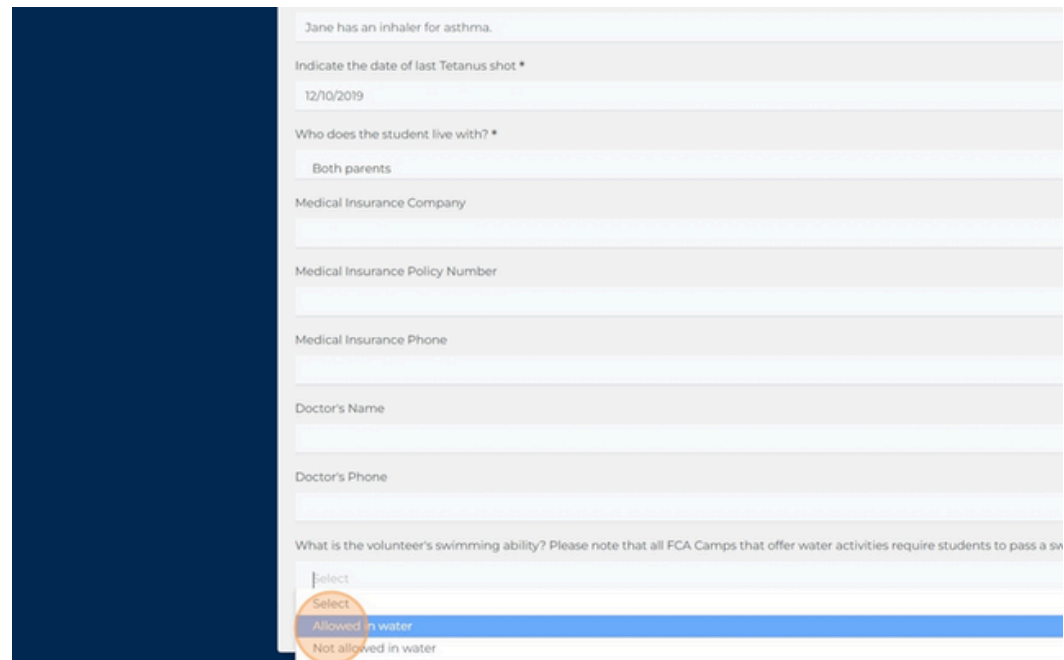
Doctor's Phone

What is the volunteer's swimming ability? Please note that all FCA Camps that offer water activities require students to pass a sw

Step 13

Use the dropdown to let us know whether the student is allowed in water based on swimming ability

We ask about student volunteer swimming ability to encourage appropriate water safety at FCA Camps and activities.



Jane has an inhaler for asthma.

Indicate the date of last Tetanus shot *

12/10/2019

Who does the student live with? *

Both parents

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Doctor's Name

Doctor's Phone

What is the volunteer's swimming ability? Please note that all FCA Camps that offer water activities require students to pass a sw

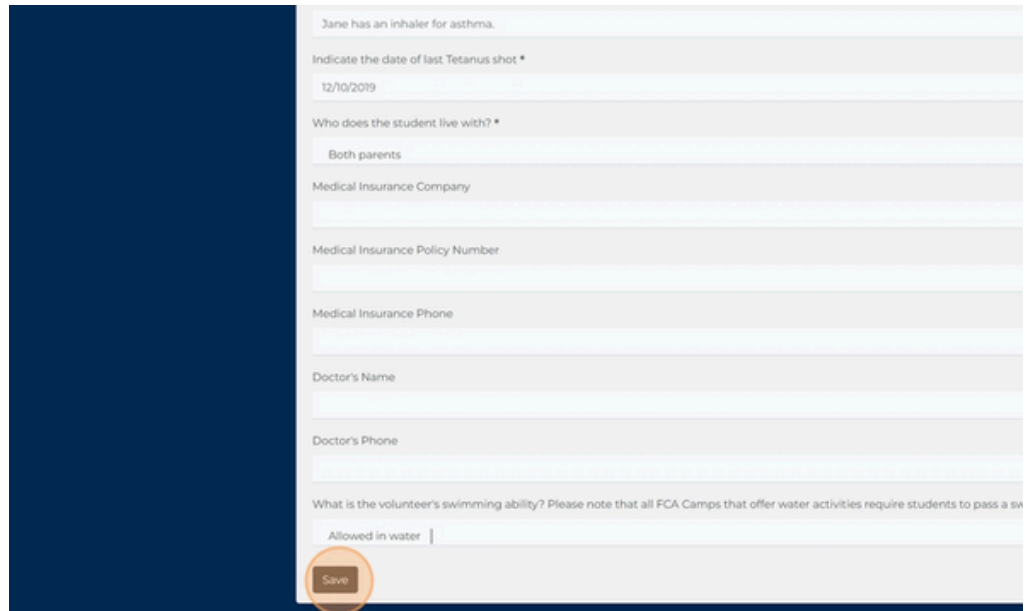
Select

Allowed in water

Not allowed in water

Step 14

Click "Save"



Jane has an inhaler for asthma.

Indicate the date of last Tetanus shot *

12/10/2019

Who does the student live with? *

Both parents

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Doctor's Name

Doctor's Phone

What is the volunteer's swimming ability? Please note that all FCA Camps that offer water activities require students to pass a swim test.

Allowed in water |

Save

Step 15

Your consent for the student to volunteer with FCA has now been saved.

Your student will now be able to continue their application process to volunteer with FCA

[CLICK HERE](#) to return to volunteer instructions.

