

CHILDREN'S CAMP VOLUNTEER APPLICATION

This questionnaire is to be completed in full by all volunteers for any position involving the supervision, teaching, or custody of minors. All personal-related information will be treated as confidential and is needed to help us provide a safe environment for children who participate in our programs and use our facilities. *If you have not yet done so, you will be required to complete NazSafe/Ministry Safe training and a background check before working at camp.* Please fill out & sign the first two sections, then give to your pastor to complete and submit.

Personal Information

Name: _____ E-mail: _____

Address: _____ Age: _____

Phone: _____ Cell Phone: _____ Marital Status: ____

Address: _____ City: _____

State: _____ Zip: _____

Which district are you representing? NEI NWI T-shirt size: _____

Driver's License Number: _____ DL State Issued: _____

At which camps are you planning to participate (circle all that apply):

Rookie Camp

Preteen Girls

Preteen Boys

How long have you been a Christian? _____

Tell about your involvement in the local church and the current ministries you lead or participate in:

What is God doing currently in your life?

Name of church you attend: _____

How long have you attended: _____ Church Phone Number: _____

Are you CPR certified? (not required): YES NO

Have you ever been a counselor at a children's camp before? YES NO

If so, how many years/camps? _____

Do you have any physical disabilities or limitations preventing you from performing certain types of activities? YES NO If yes, please explain:

APPLICANT AGREEMENT, VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct. I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions and impressions relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary. Realizing that the purpose of this organization is to further the gospel in the teaching and nurturing of children as they are guided to a personal relationship with Jesus Christ, I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children at all times. I further agree to work in accordance with the rules and regulations set forth by the Church of the Nazarene and its children's program directors. I will conduct myself in a manner that keeps the spiritual and physical interests of the children as a priority and displays Christian living at its best throughout my time of service.

Printed name: _____

Signature: _____

Date: _____

Pastoral Recommendation

Pastor, as a local leader, we rely on your input and evaluation of potential volunteers as part of the application process. Your answers will be kept strictly confidential and are invaluable as we prepare for camp. Please take time to thoughtfully complete this form and, if necessary, consult other church leaders with whom the applicant works. Please complete & submit the form to:

Rookie Camp Directors	PT Girls Camp Director	PT Boys Camp Director
Danny & Amber Hines	Lisa Stephenson	Brian Couch
P.O. Box 3	3500 W Fuson Rd.	9001 W Arch St.
Winchester, IN 47394	Muncie, IN 47302	Yorktown, IN 47396

1. How long have you known the applicant? _____
2. Is this person a regular attender/participant in your church? _____
3. This person will be responsible for approximately 14 boys/girls for several days, along with one other person. Do you believe this applicant is capable of this? YES NO
4. Is there any history or current behaviors that should prevent this person from working with children, being a Christ-like example, or cooperating with other adults? YES NO
5. Do you have any reservations recommending this person? YES NO

If you answered question 3 "no" or answered "yes" to questions 4 or 5, please explain:

6. Do you have a current background check on file for this person? YES NO
7. Has this person completed NazSafe/MinistrySafe training? YES (Date: _____) NO
8. Do you currently offer these through your church? (circle all that apply)
NO BACKGROUND CHECK NAZ SAFE/MINISTRY SAFE

Name & Title, Signature, & Date