



VOLUNTEER Application 2017

Select the camps in which you would like to serve.

Print ALL information. Complete EVERY entry. This will be kept strictly confidential.
Please attach another sheet of paper if the space provided is not adequate.

 <p><input type="radio"/> RFKC (Jun 5-9)</p>	 <p><input type="radio"/> TRAC Girls (Jun 22-25) <input type="radio"/> TRAC Boys (Jun 29-Jul 2)</p>	 <p><input type="radio"/> Bridge (Jul 6-9)</p>
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Name _____ Date _____
LAST FIRST

Address _____
STREET CITY STATE ZIP

Birth Date (M/D/YY) _____ Sex _____ Marital Status _____

Primary Phone _____ Alt Phone _____ Alt Phone _____
HOME, CELL, WORK HOME, CELL, WORK HOME, CELL, WORK

Email Address _____

Occupation _____ Employer _____ # of years _____

Emergency Contact _____ Phone _____

Medical Information (i.e., allergies, diabetes, etc.): _____

Insurance Carrier: _____ Insurance Phone: _____

Insurance Policy #: _____ Name Insured: _____

T-shirt Size: Small Medium Large X-Large XX-Large

Current certification in the following: CPR First Aid Life Guard EMT

Are you a: Nurse Doctor

Previous training or background dealing with abused, neglected or abandoned children or teenagers?

No Yes (explain) _____

Were you a victim of abuse, neglect or abandonment as a minor? No Yes (will discuss in person)

Describe why you wish to serve at our camps. _____

MEDICAL HISTORY

Do you have any medical conditions? No Yes (describe) _____

Do you take any medications? No Yes (list medications, reason and possible side effects)

Do you have any physical handicaps or conditions preventing you from performing any type of activity?

No Yes (describe) _____

EDUCATION

High School Name _____ Graduation Date _____

College Name _____ Graduation Date _____

Other _____ Graduation Date _____

PERSONAL REFERENCES

1. _____
NAME EMAIL ADDRESS PRIMARY PHONE

2. _____
NAME EMAIL ADDRESS PRIMARY PHONE

3. _____
NAME EMAIL ADDRESS PRIMARY PHONE

PERSONAL PROFILE

Have you made a personal commitment to Jesus? Yes No When? _____

What church do you currently attend? _____

Pastor's full name _____

Do you have experience working with children and/or teenagers? No Yes (describe)

Do you have experience working with abused children and/or teenagers? No Yes (describe)

Could you lead a 15-minute devotion with your campers with material we provide? No Yes

Can you hike over 2 miles? No Yes

Circle ALL the words that accurately describe you.

- TIMID GENTLE IMPATIENT MODEST NERVOUS LOVING MATURE SARCASTIC
- PATIENT ANGRY DELIBERATE CONGENIAL STUBBORN KIND STUDIOUS SELFISH
- SECURE CONSIDERATE ABRASIVE TRUSTWORTHY MOTIVED VERBAL ORGANIZED
- IMPULSIVE INTELLIGENT INSECURE RELAXED TACTFUL COMPASSIONATE

List your top 5 strengths in working with children and/or teenagers (be specific):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

List your top 5 weaknesses in working with children and/or teenagers (be specific):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- Have you ever been arrested for a criminal offense? No Yes
- Have you ever been convicted of or plead guilty to a crime? No Yes
- Have you ever been arrested for sexual misconduct? No Yes
- Have you ever been convicted of or plead guilty to sexual misconduct? No Yes
- Have you ever taken drugs other than prescription drugs? No Yes

If you answered "yes" to any of the above, please explain. _____

APPLICANT'S STATEMENT

The information contained on this application is correct to the best of my knowledge. I authorize you to contact my listed references and pastor (if applicable) listed on this application.

Please be advised that a criminal history check will be requested as authorized by state law.

Name (printed) _____ Date _____

Signature _____