

2010 CHILDREN'S CAMP VOLUNTEER APPLICATION

(Mail to Nevin Westurn, 16006 Bramble Dr., Catlettsburg, KY 41129, (606) 928-7555

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 and youth who participate in our programs and use our facilities.

Personal Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Age: _____ Marital Status: _____

Place of Employment: _____ How long employed: _____

Emergency contact persons:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

How long have you been a Christian? _____ Tell about the time your were saved: _____

What is God doing **currently** in your life? _____

Name of church you attend: _____ How long attended: _____

Are you a member of the above-named church? _____

List any church ministries in which you are currently involved: _____

Using a scale of 1-10 (with 10 being the highest) rate yourself on the following items:

Participate in Worship		Attend church regularly		Work with children	
Read my Bible daily		Pray diligently		Teach children	
Exemplify Christian living		Get along well with others		Dress modestly	
Testify/share in church					

Desired position you are applying for:

Counselor _____ Sports Staff _____ Teacher _____ Food Service _____ Other _____

What qualities do you have that would help you work with children? _____

List special talents or skills that will benefit the children's camping program (first aid, golf, archery, art, etc.): _____

Previous camp experience: _____

Will you need to bring children who are not camp age with you to camp? _____

If yes, please list name, age, and gender of non-camp age children: _____

Are you CPR certified? _____ Other certifications: _____

Do you have any physical disabilities or conditions preventing you from performing certain types of activities? _____ If yes, please explain: _____

2010 VOLUNTEER HEALTH FORM EKD Nazarene Children's Camp

Legal Name: _____ D.O.B. _____
(Last) (First) (Middle)

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency contact persons (if parent is not available):

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____

Date of last Tetanus shot: _____

Are you allergic to any foods? If so, please list: _____

Are you allergic to any drug? If so, please list: _____

Are you allergic to insect stings? If so, please be specific. _____

Are you limited from participation in any sport or activity? Please explain. _____

Please check all conditions that apply to your health:

Diabetes _____ Epilepsy _____ Seizures _____

Heart _____ Asthma _____

Note any other conditions or handicaps _____

Please list all medications that you are currently taking.

<i>Name of Medication</i>	<i>Dosage</i>	<i>Reason for Medication</i>

Name of doctor _____ Phone _____

Name of Medical Insurance Company: _____ Phone _____

Address _____ Policy # _____ Group # _____

Name of Policyholder & his/her Social Security #: _____

Please attach a copy of insurance card if possible.

CAMP HEALTH POLICY

Since contagious medical conditions can be a major problem at a summer camp, we regret that anyone who has acquired a contagious rash, head lice, or other contagious illness may not attend. After a contagious illness is treated, the volunteer is welcome to participate in camp. Please understand that the District Sunday School Board and the District Children's Ministry Council just want EKD Nazarene Children's Camp to be a positive, memorable experience for everyone.

Applicant Signature: _____ **Date:** _____

BACKGROUND

It is the goal of East Kentucky District Children's Ministries to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth programs. Information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

Legal Name: _____ Date: _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Current Address: _____

Length of Residence at Current Address: _____

If less than two years, please list previous address: _____

Current Phone: Home _____ Work _____ Cell _____

Have you had a Criminal Background check? _____ If yes, when? _____

Have you at any time ever:	YES	NO
Been arrested for any reason?	_____	_____
Been convicted of, or pleaded no contest to any crime?	_____	_____
Been the subject of a child abuse investigation?	_____	_____
Engaged in, or been accused of, any molestation, exploitation, abuse or neglect of a child?	_____	_____

Are you aware of :	YES	NO
Having any traits or tendencies that could pose any threat to children youth or others?	_____	_____
Any reason why you should not work with children, youth or others?	_____	_____

If the answer to any of these questions is "yes", please explain in detail: _____

CHURCH ACTIVITY

Church where you are a member: _____ Phone: _____

In which children's program(s) are you currently involved? _____

What church or churches have you attended in the past five years?

Church Name	Pastor's Name & Phone Number	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (Other than Relatives)

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 programs 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: _____