

# 2011 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? \_\_\_\_\_

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

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Previous camp experience: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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## 2011 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? \_\_\_\_\_

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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:** \_\_\_\_\_