

Adventure Camp for Christ

Volunteer Application

All individuals desiring to serve as volunteers with Adventure Camp for Christ are required to complete this application once every five years. You will be asked to complete a shorter form every year during intervening years. Thank you for your interest in serving and for taking the time to complete this application.

Please Print.

Mr. _____ Mrs. _____ Miss _____ Rev. _____ Dr. _____ Phone (_____) _____

Full Name _____ Fax (_____) _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Social Security Number _____ D. O. B. _____ Birthplace _____

Number of years at current address _____ (Please list all previous address, back to age 18. Add an additional page if necessary.)

Address _____ City _____ State _____ Zip _____ Dates _____

Address _____ City _____ State _____ Zip _____ Dates _____

Address _____ City _____ State _____ Zip _____ Dates _____

General References (no relatives, please)

Name Name Name

Address Address Address

City, State, Zip City, State, Zip City, State, Zip

Phone Phone Phone

Present Employment

Employer _____ Supervisor's Name _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip _____ Phone (_____) _____

Your Position _____ Hours/week _____

Ministry Experience

Church You Attend _____ Pastor's name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Are you a member of the church? Yes _____ No _____ how long attended? _____

Ministry Experience if any _____
cont. _____

Personal Lifestyle

If you answer yes to any of the following questions, please complete details (attach a separate page if necessary). Answering yes to one or more of the following questions will not automatically disqualify an applicant.

In responding to any question below, you do not need to provide information that is included in a record that has been sealed or expunged under state or federal law, and if a matter inquired about is contained in such a sealed or expunged record, you may state that no such conduct occurred and no such records exist.

Have you ever been convicted of or pled guilty to a crime? Yes ___ No ___

Line1 _____

Line2 _____

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing, injuring or molesting any child?
Yes ___ No ___

Line1 _____

Line2 _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or some other substance or destructive behavior or has anyone ever suggested that you may have a problem with any of the above? Yes ___ No ___

Line1 _____

Line2 _____

Have you ever been included on a child abuse/neglect registry? Yes ___ No ___

Line1 _____

Line2 _____

Have you ever been included on a sex offender registry or treated as a sex offender? Yes ___ No ___

Line1 _____

Line2 _____

Have you ever been treated for a psychiatric disorder? Yes ___ No ___

Line1 _____

Line2 _____

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with minors or that would compromise the integrity of Adventure Camp for Christ? Yes ___ No ___

Line1 _____

Line2 _____

Consent and Release

I hereby declare the information provided on this application to be true, complete and correct to the best of my knowledge. If selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures.

I hereby authorize Adventure Camp for Christ (ACFC) to check references and obtain information about me including a criminal record check in connection with evaluating my qualifications for my volunteer service with ACFC. In consideration of the review of my application, I hereby release ACFC and its representatives from liability as they seek this information (including fact or opinion). I also release all other persons, corporations or organizations, including but not limited to the references I have listed, from liability as they furnish information to ACFC about me, whether positive or negative.

I understand and agree that if selected as a volunteer, my status with ACFC will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, of workers' compensation, unemployment, health or other insurance coverage, or employee benefits. I further understand and agree that ACFC can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

Additionally, if I am selected as a volunteer, I hereby release and discharge ACFC from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in the volunteer activities in which I may serve. I further agree that I WILL NOT SUE OR MAKE CLAIM against ACFC for damages or other losses sustained as a result of my participation in the volunteer activities. I also agree to INDEMNIFY AND HOLD ACFC, its officers, directors, employees, volunteers and authorized agents HARMLESS from all claims, settlements, judgments and costs, including but not limited attorney's fees, and to reimburse them for any expenses whatsoever incurred in connection with any action brought as a result of my participation in the volunteer activities. This agreement to hold harmless shall not apply to injuries or damages arising out of the sole negligence of ACFC, its officers, directors, employees, volunteers or authorized agents.

I understand and acknowledge that the volunteer activities can be dangerous and I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE ACTIVITIES, including but not limited to equipment malfunction from whatever cause, inadequate training, poor weather, environmental conditions, deficiencies in transportation, facilities, food, and incidents of travel.

My signature below indicates my full agreement to this Consent and Release. My signature below also serves to indicate my willingness for my Health Insurance Company: _____

Policy number: _____ to be billed for any and all medical fees and services should they be needed. I hereby release ACFC from this liability.

Name (Printed)

Signature

Date

Please keep a copy for your records.

When you have completed your part of this application, please give it to your pastor or commander to complete the reference form on the next page.

For Office Use Only

To Be Completed By Adventure Camp for Christ Director or Staff

Approved by Adventure Camp for Christ Yes _____ No _____

Adventure Camp for Christ Director Signature _____
Date _____
Phone _____

Pastor or Commander Reference

The individual giving you this application is applying to serve as a volunteer in an activity(ies) sponsored by Adventure Camp for Christ (ACFC). As part of the application process, the pastor, Awana commander or similar church leader must complete this reference. ACFC values your input as a church leader.

Also as part of this process, ACFC wants you to know that the applicant has consented and authorized ACFC to make a full and complete investigation of his/her personal history and has authorized any person, corporation, or other entity to provide ACFC with any information of any sort (including fact or opinion) that they have regarding the applicant.

Please do not provide information concerning any matter that you know to be contained in a record that has been sealed or expunged under state or federal law.

How long have you known the applicant and in what capacity(ies)? _____

Are you aware of whether the applicant has ever been investigated, charged, arrested and/or convicted of child abuse or neglect, an offense involving actual or attempted sexual molestation of a minor, or an offense that would otherwise make him/her unsuitable for working with or in close proximity to children? If so, please explain. _____

Are you aware of any charge, claim or complaint ever having been made that the applicant has engaged in a sexual offense or other inappropriate sexual behavior? If so, please explain. _____

Are you aware of any charge, claim or complaint that the applicant has engaged in a crime involving violence, including domestic violence? If so, please explain. _____

Is there any fact or circumstance about the applicant's behavior, conduct, background or any other information that would call into question the advisability of entrusting the applicant with the supervision, guidance, and care of young people? If so, please explain. _____

Do you recommend without hesitation or qualification, the applicant for service in the ministry of ACFC? Please explain. _____

Name (Printed)

Date

Signed

Title