

Shiloh Park Children's Camp Volunteer Application

Please fill out and sign the first section, then give to your pastor to complete and submit.

Section 1: Personal Information

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth _____ Marital Status: _____ T-shirt Size: _____

Driver's License No: _____ Social Security No: _____

Application is for (check one): _____ Counselor or Leader (age 18+) _____ Counselor In Training (age 16+)

Which Nazarene district are you representing? **NEI** **NWI** **INDY** **Other** _____ **Non-Nazarene**

Church you represent: _____

At which camps are you planning to volunteer? (Circle all that apply.)

Rookie Retreat **Rookie Camp** **Preteen Girls** **Preteen Boys** **Preteen Retreat** **Family Camp**

Are you CPR certified? (Not required): **YES** **NO**

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

If yes, 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: _____

Have you ever been accused of or arrested for any act of sexual impropriety, molestation, deviate conduct, harassment or abuse? **YES** **NO** If yes, please explain: _____

Church you attend: _____ Church Phone: _____

How long have you attended: _____ How often do you attend: _____

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

How long have you been a Christian? _____

What is God doing currently in your life? _____

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 complete, honest, and true. 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: _____

Section 2: 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.

- 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 clear 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.)

NONE BACKGROUND CHECK NAZ SAFE/MINISTRY SAFE

Name & Title _____

Signature _____ Date _____

Pastor, Please submit this 2 page application form to the appropriate people. Please mail a separate copy for EACH camp the applicant applied for! (Note the camps marked on page 1):
Rookie Retreat applications: Eric Ward, 6555 N. Piqua Rd. Decatur, IN 46733
Rookie Camp: Gloria Hamilton, 800 N. Elm Street Dunkirk, IN 47336
Preteen Girls Camp: Milissa Beeman, 1515 Clark Ave. Bluffton, IN 46714
Preteen Boys Camp: Jonathan Childers, 2301 Main St. Auburn, IN 46706
Preteen Retreat: Brian Leach, 1204 W. Second St., Xenia, OH 45385