

# ADULT VOLUNTEER PERSONNEL APPLICATION

## KIDS CAMP 2010

### TIMBERLAKE RETREAT & CONFERENCE CENTER

Thank you for your interest in serving as VOLUNTEER PERSONNEL at TIMBERLAKE CAMP & RETREAT CENTER. This application is to be completed by applicants for voluntary positions involving the supervision or custody of minors. If you are selected, this can be a wonderful opportunity to be involved with children at a very important stage of their spiritual growth. It is imperative that you are prayerful, a good example to the children, and willing to carry out all assignments made to you during camp. **We would love for everyone to be able to attend, however if your church has more than one Adult for every seven Kids there may be a \$75.00 registration fee charge.** The following is a brief listing of information vital to your selection.

**SELECTIONS:** There are several factors involved in the selection process. Submission of this application does not guarantee your selection as volunteer personnel. Each applicant is evaluated individually and assignments are made based on availability and need. Each church will be given *Volunteer Personnel* representation when possible. We limit *Volunteer Personnel* to one adult per seven children. However, we will accept more male volunteers from one church to help with staffing.

**QUALIFICATIONS:** We are in need of mature, Spirit-filled believers who have a genuine interest and love for children. The ability to work in harmony with others is a must for camp Volunteer Personnel. **Volunteer Personnel should be a minimum of 18 years old; although 21 years of age or older is preferred.**

**EXPECTATIONS:** The camp is designed to give maximum benefit to the campers. Therefore, your job as a member of the Volunteer Personnel will be to assist in making this happen for the kids. There will be plenty to do; *therefore this will not be a vacation time for you.* The spiritual benefits that you will derive from this experience will more than compensate you for your efforts. Please circle the camp in which you are applying.

|                  |                           |                 |   |
|------------------|---------------------------|-----------------|---|
| <b>SCHEDULE:</b> | <b>Camp #1</b> July 5-9   | Camp Evangelist | Pastor Dave White & Pastor David Clymer |
|                  | <b>Camp #2</b> July 12-16 | Camp Evangelist | Pastor Russell Smith                    |
|                  | <b>Camp #3</b> July 19-23 | Camp Evangelist | Pastor Christopher Peterson             |

This application is to be completed by all applicants for positions involving the supervision of minors. Its purpose is to provide a safe and secure environment for those children who participate in our program and use our facilities. Applications must be received in the office 2 weeks prior to the week you wish to attend.

### PERSONAL INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_ MARITAL STATUS: MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HIGHEST EDUCATIONAL LEVEL ACHIEVED \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CHURCH NAME \_\_\_\_\_ CITY \_\_\_\_\_ DO YOU ATTEND REGULARLY? YES NO

PASTOR'S NAME \_\_\_\_\_ CHILDRENS PASTOR'S NAME \_\_\_\_\_

ARE YOU A BORN AGAIN CHRISTIAN ACCORDING TO JOHN 3? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

ARE YOU BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES ACCORDING TO ACTS 2:4? \_\_\_\_\_

ARE YOU A MEMBER OF YOUR HOME CHURCH? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

Do you use tobacco: YES NO Do you drink alcoholic beverages: YES NO Do you use illegal non-prescription drugs? YES NO

Do you have any physical conditions preventing you from performing certain types of activities? If yes, explain. \_\_\_\_\_

Are you known to be a carrier of any contagious disease or virus? If yes, explain. \_\_\_\_\_

Have you ever been convicted of (or pled guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain. \_\_\_\_\_

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain. \_\_\_\_\_

Do you have objections to a police check on your background? (A check will be done on all applicants) YES NO

**EXPERIENCE**

What Christian Camp experience have you had? \_\_\_\_\_

How many times have you served as personnel with the Georgia Assemblies of God camp program? \_\_\_\_\_

Are you willing to follow all camp rules and policies as well as submit to authority?      YES      NO

List any gifts, callings, training, or other factors that have prepared you to work with students. (Include previous church work) \_\_\_\_\_

Why do you wish to work with our summer camp program? \_\_\_\_\_

In case of emergency, contact (List NAME & PHONE) \_\_\_\_\_

**PERSONAL REFERENCES**

Please give the names, addresses, and phone numbers of two people not related to you.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANTS STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information they may have regarding my character and fitness to serve at Timberlake Retreat and Conference Center. I release all such references from liability for any damage that may result from furnishing such evaluations to you. Should my application be accepted, I agree to abide by the policies of camp and refrain from unscriptural conduct in the performance of my service. **I understand that it is strictly prohibited to bring babies and small children to camp for any reason. I understand that if I bring a small child to camp I will not be permitted to stay.**

**IMPORTANT:** I hereby authorize and request any medical doctor, medical clinic or hospital emergency room physician to administer such treatment and to perform any procedure that in their judgment that may be deemed necessary. I fully understand that the **CAMP INSURANCE IS SECONDARY COVERAGE and covers accidents only with a limited benefit per incident, and that I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents, or charges beyond the maximum amount of the camp insurance.**

Name of Insurance \_\_\_\_\_ Insurance # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**PASTOR'S REFERENCE**

*This is mandatory for all applicants, unless a credentialed minister with the Georgia Assemblies of God.*

How long have you known this applicant? \_\_\_\_\_ In what type of working relationship? \_\_\_\_\_

How do you believe this person will perform as camp personnel? \_\_\_\_\_

Do you have any reservations regarding their salvation or motive for serving? \_\_\_\_\_

Is there any information that we should personally consider in deciding if this applicant should be a part of our Camp program? If yes, please explain. \_\_\_\_\_

Do you need to speak to me personally regarding this applicant?    YES    NO    Comments \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_ SECTION: \_\_\_\_\_

\_\_\_\_\_  
*Senior Pastor's Signature (mandatory for consideration of this applicant)*

\_\_\_\_\_  
*Date*

|                            |                     |
|----------------------------|---------------------|
| <b>SECURITY PROCESSING</b> |                     |
| Date: _____                | Processed by: _____ |
| Comments: _____            |                     |

|                        |
|------------------------|
| <b>Office Use Only</b> |
| Date Received: _____   |
| Check #: _____         |
| Amount: \$ _____       |