

# INSPIRATION HILLS CAMP

Volunteer Application  
4819 West Easton Road  
Burbank, OH 44214

[inspirationhills@verizon.net](mailto:inspirationhills@verizon.net) [www.inspirationhillscamp.org](http://www.inspirationhillscamp.org)

Thank you for your willingness to be a volunteer counselor in the ministry this summer at Inspiration Hills Camp. Our summer camp ministry continues because people like you are willing to freely give of their time and talents to create a life changing experience for campers. In order to place you in the appropriate position, please complete the following application and return it to us at least 2 weeks prior to service dates.

Please complete the following application and return it to us as quickly as possible.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  Male  Female (Check one)

CONGREGATION ATTENDING OR MEMBERSHIP \_\_\_\_\_

PASTOR \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER AT INSPIRATION HILLS?

**WHAT DATES WOULD YOU LIKE TO VOLUNTEER?**

**WHAT AREA/AREAS WOULD YOU LIKE TO SERVE IN?**

## **SKILLS**

On a scale of 1 to 6; 1 being low and 6 being high.

1. Rate yourself on skill level and comfort in Food Services            1 2 3 4 5 6  
List prior experience:

2. Rate yourself on skill level and comfort in Facility            1 2 3 4 5 6  
List prior experience:

3. Rate yourself on skill level and comfort in Housekeeping            1 2 3 4 5 6  
List prior experience:

4. Describe your faith journey and relationship with Jesus Christ this past year.

5. List past camping experiences and responsibilities.

6. List previous volunteer church work. (Identify church and type of work).

7. List previous volunteer work outside the church.

8. Have you any physical handicaps or conditions preventing you from performing certain types of work? No \_\_\_ Yes \_\_\_  
If yes, please explain:

## **MEDICAL AND EMERGENCY INFORMATION**

Please list information about allergic reactions, medication, diabetes, convulsions, and other physical considerations that should be known in case medical treatment is necessary while at camp.

What are the physical, mental, emotional, and medical restrictions you currently experience?

In case of an emergency notify \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. I authorize any references or churches listed to provide any information that they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damages that may result from furnishing such evaluation. I agree to support and uphold the mission of Inspiration Hills Camp as stated above. I also agree to operate under the policies and procedures of Inspiration Hills. I authorize Inspiration Hills Camp to photograph me and/or members of my family and to use such photographs for the purpose of promotion, publicity, historical record, group photos, and the like.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENT**

(If the applicant is under the age of 18 at the time this application is completed, we must have the signature of a parent or legal guardian.) This signature acknowledges that as parent/legal guardian I am aware of my child's/ward's intent to volunteer at Inspiration Hills.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_