

INSPIRATION HILLS CAMP

Volunteer Counselor Application

4819 West Easton Road

Burbank, OH 44214

inspirationhills@verizon.net 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 safeguard the well-being of campers whom we serve, Inspiration Hills is obligated to investigate the accuracy of the data provided by you in the application. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating volunteer personnel and will not be used or distributed for other purposes.

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 GROUP WOULD YOU LIKE TO VOLUNTEER TO COUNSEL– (Circle One or More)

3 Day Camp, Junior Camp, Junior Performing Arts Camp, Junior High Camp,

Senior Performing Arts Camp, Senior High Camp, Bike Camp, Wilderness Camp

For Office Use Only:

Date Received _____ Date Processed _____ References Checked _____

Background Investigation Completed _____ Confirmation Sent _____

Copies to Program Director _____

SKILLS

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

1. Rate yourself on skill level and comfort leading activities 1 2 3 4 5 6

List activities such as sports, games, music, group dynamics, drama, or crafts you are skilled at leading.

2. Rate yourself in the area of Spiritual Encouragement 1 2 3 4 5 6

What Bible stories or personal events have allowed God to be real in your life?

3. In what ways do you desire to share your faith with campers?

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

5. List past camping experiences and responsibilities.

6. List previous Church work involving children and youth. (Identify church and type of work).

7. List previous work outside the church involving youth and children.

8. List any gifts, callings, training, education, or other factors that have prepared you or will be helpful for you in children/youth work.

9. Have you any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children work? No ___ Yes ___

If yes, please explain:

REFERENCES (No Relatives Please)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ - _____ - _____

REFERENCES (cont.)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ - _____ - _____

VOLUNTEER HISTORY: If no volunteer history, check N/A N/A

(1) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____

Dates volunteered: from _____ to _____

(2) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____

Dates volunteered: from _____ to _____

SOCIAL NETWORKING SITES

With the increased use of social networking sites (Face Book, My Space, etc.), we reserve the right to check out an individual's site as part of the reference check.

Do you have a site? yes no Site address: _____

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: _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____ attest that I have not been convicted of a violent crime or crimes against children. I authorize Inspiration Hills to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an volunteer employee, and that I expressly **DO NOT** authorize Inspiration Hills, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I am aware that a prior conviction will not necessarily bar me from employment.

Signed _____ Date _____
(Signature of applicant)
Social Security # _____ DL # _____ DOB _____

Office Use Only
I have completed the Background Investigation of this applicant.
The applicant's record ___ qualifies ___ disqualifies the applicant for volunteering.

Executive Director _____ Date _____

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: _____