



## Camp Staff/Volunteer Application (2017)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender (Circle)    Male    Female

Home Address (Street number, City, State, and zip) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Are you a U.S. Citizen?    Yes    No    If not, please explain: \_\_\_\_\_

Shirt Size:    Small    Medium    Large    XL    2XL

### **Position Applying for (circle):**

Counselor    Activity Volunteer    Cook/Kitchen Staff    Camp Nurse/Medical    General Volunteer

Please list days and times you are available \_\_\_\_\_

### **Education and Experience**

Circle last grade completed:

High School:            1       2       3       4    Diploma received?    Yes    No

College:                1       2       3       4    Degree: \_\_\_\_\_

Postgraduate Education: \_\_\_\_\_

High School/ City, State: \_\_\_\_\_

College/ City, State: \_\_\_\_\_

### **Work Experience:**

List all employers (starting with the most recent) that you have worked for in the past **three** years

Employers Name: \_\_\_\_\_ Length of term: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**May we contact them? YES / NO**

Employers Name: \_\_\_\_\_ Length of term: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**May we contact them?** YES / NO

Employers Name: \_\_\_\_\_ Length of term: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**May we contact them?** YES / NO

### **Camp Experience**

Have you ever been a camper at any church camps? If so, when and where?

Have you been on a camp staff before? Yes No If yes, what camp and what position?

### **Church Contact Information**

Pastor: \_\_\_\_\_ Church: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

### **References**

Please list at least two personal references that are NOT family:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
# Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
# Years known: \_\_\_\_\_

**Certifications: Fill in the blank with date of expiration**

FIRST AID \_\_\_\_\_ CPR \_\_\_\_\_ Nurse \_\_\_\_\_

EMT \_\_\_\_\_ Rock Climbing Cert. \_\_\_\_\_ Other \_\_\_\_\_

**1. Please give a brief summary of your testimony/conversion experience?**

**2. Have you ever worked with children/youth? If so, please explain.**

**3. What qualities, skills, or traits do you possess that could benefit the LVC Camp ministry?**

**4. Please explain how you would explain the Gospel of Jesus Christ to a camper.**

## Criminal Records Disclosure

Have you ever been convicted of: (please state **Yes or No**)

Felony \_\_\_\_\_

Child abuse \_\_\_\_\_

Other \_\_\_\_\_

Do you have any pending arrests? Yes No

Have you ever been denied the opportunity to work with children in any capacity? Yes No

If you answered YES to any of the above, please explain the details below.

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I certify that everything in this application is correct and truthful. Participation may be terminated at any time if I have given false or incomplete information on this application. By signing below I recognize that Laramie Valley Chapel will make the necessary background checks and contact the appropriate references before confirming my position at camp.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed application to:

Laramie Valley Chapel  
ATTN: Youth Camp Director  
4801 Quarter Horse Dr.  
Laramie, WY 82070

Please contact Jason Nelson for any questions: [jason@laramievalleychapel.org](mailto:jason@laramievalleychapel.org); (307) 399-9330