

IPHC/ROLM Summer Camps Volunteer Application

This application is to be completed by all applicants for any position (volunteer or compensated), involving the supervision or custody of minors. It is being used to help the River of Life Ministries provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

CAMP DATES: Teen Camp - June 10-15, 2024 | Kids Camp - July 8-13, 2024

| | PERSONAL INFORMATIO | N | | |
|--------------------------------------|---------------------------------|-----------------------------------------------------------|----------------------------------|--|
| Full Name: | Date of Birth: | SEX: M/F | T-Shirt Size: | |
| Address: | Email: | attac | ground Check Form ched: No | |
| | Camp Applying | Camp Applying for: Teen or Kids Camp or Both | | |
| Phone/ Cell Number: | | Have you accepted Jesus as your personal savior and when? | | |
| Home Church and length of atter | ndance: | | | |
| Have you ever been convicted o | f a criminal offense? If yes, | please explain: | | |
| SKI | LLS AND SELF-EVALUATIO | N | | |
| Please let us know your skills and o | qualifications for this volunte | eer position? | | |
| | | | | |
| Vhat are your strengths and weak | nesses? What can you cont | tribute to the cam | np? | |

EDUCATIONAL BACKGROUND List and/or all educational background information: **CAMP VOLUNTEER EXPERIENCE** Camp Name: Camp Location: Position/Title: Year: **HEALTH STATUS & MEDICAL CONDITIONS** Please let us know if you have any medical conditions and/or limitations: **REFERENCES** Relationship: Contact Number: Name: Email:

Please return all Volunteer Applications to:

Holly Terry, Discipleship Ministries Director of ROLM Mail: 246 S. Mercer St. | Greenville, PA | 16125

Email: holly@blwc.org

Upon receipt, all applications will go through a review process and you will be notified by the Camp Director as to whether or not your services are needed.

Signature:



Date: _____