



## Volunteer Recruitment 2017

Dear Potential Volunteer,

Enclosed is the full application package for 'camp week volunteers'. If you have volunteered with us in the past, we only need pages 1-2 returned. We run a background check on every volunteer, every summer.

• **Volunteer Application** - please return to our address by **May 31<sup>st</sup>**.

Part A – Application (your contact info, the week(s) you prefer, the assignments you prefer, other info about you personally...)

Part B - Medical Form (for our records and your health & safety in case of an accident...)

• **1 Reference Report**

Please give one Reference Report to a Christian adult who is not a relative.

Examples: Your Pastor, Youth Minister, a Youth Leader, Sunday School Teacher, a Ministry/ Team Leader....

*Have them complete and return the reference to our address by May 31<sup>st</sup> .*

Questions??? Contact our office at 336-793-0130 or [office@parksprings.org](mailto:office@parksprings.org)

**We look forward to your application.**

\*If you are receiving this via postal mail, and you have an email source, we welcome your communication via email.



# Park Springs Christian Camp & Retreat Center

## Camp Week Volunteer Application

APPLICATION -Part A /p.1

\*Return completed application by **May 31, 2017** to the camp office.

### SECTION I: PERSONAL & CONTACT INFORMATION

Full Name: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_male \_\_\_\_female

Church you attend \_\_\_\_\_

Church City/location: \_\_\_\_\_

Are you an immersed believer? Yes / No

Are you an active member in your church? Yes / no

Your area of ministry in the church \_\_\_\_\_

Minister's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SECTION II: SESSION INVOLVEMENT

**Faculty Child Information** (If Applicable) \*Please consult p.5 of the Faculty Handbook

\_\_\_ My camper-age child (Name \_\_\_\_\_) is registered as a camper.

\_\_\_ My non-camper age child will be accompanying me. **I am including his/her \$30 registration fee with this application.**

**Below are some areas of ministry that a Dean may ask you to fill.**

\* Please circle all areas that you would consider accepting.

**Speaker**

**Worship Leader**

**Cabin Dad/Mom**

**Jr. Counselor**

**Teacher**

**Family/Team Leader**

**Nurse**

**Recreation Director**

**Any placement**

**Other** \_\_\_\_\_

\*\*Feel free to list special gifts and talents on the back of this page.

I desire to work the following camp sessions (check all that apply):

Sessions (Grades)	Dates	Session (Grades)	Dates
___ Buddy Camp1 (K-3)	July 17-18		
___ Short Timers 1 (2-3)	July 12-14		
___ Junior (4-5)	June 21-26		
___ Middle School 1 (6-8)	June 28-July 3	___ Middle School 2 (6-8)	July 19-24
___ High School (9-12)	July 5-10		

### APPLICATION -Part A /p.2

### SECTION III: Commitment & Consent

## *Camp Week Volunteer Application*

### Background Information:

- 1) Have you ever been accused of, charged with, or convicted of child abuse, molestation, or any other sex offense?  
 Yes  No      If yes, please explain (use back if necessary): \_\_\_\_\_
- 2) Have you ever been charged with or convicted of any other crime (except for minor traffic offenses)?  
 Yes  No      If yes, please explain (use back if necessary): \_\_\_\_\_
- 3) Have you ever been a victim of child abuse, molestation, or any other sex offense?  
 Yes  No      If yes, please explain (use back if necessary): \_\_\_\_\_
- 4) Do we have your permission to do a Background Check & Drug Test?  
 Yes  No      If no, please explain (use back if necessary): \_\_\_\_\_  
\_\_\_\_\_

*\* We will need the following information ONLY to obtain the Background Check.*

**Drivers License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **SS# :** \_\_\_\_\_

I am willing to serve as a volunteer of Park Springs Christian Camp & Retreat Center and understand/agree;

- **To follow the leadership and direction of the Session's Dean, and the Camp Manager. Failure to do so will result in my termination as volunteer.**
- **To read the Faculty Handbook in its entirety.**
- **I will be contacted by the Dean and if accepted, I will be given my specific assignments.**
- **That I may be tested for substance abuse.**
- **Medical Insurance is my personal responsibility.**
- **The information on this application is true to the best of my knowledge. I understand and agree that, to the extent permitted by North Carolina Law, Park Springs Christian Camp & Retreat Center may secure criminal history information about me. I am a committed Christian, and will conduct myself, in a way that will honor the name of Christ and the ministry of Park Springs Christian Camp & Retreat Center.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (Jr. Counselors)** \_\_\_\_\_ **Date** \_\_\_\_\_

Part B. – Medical Information & Release must accompany this Application.

***Applications & References must be returned to the Camp Office by May 31st.***

**Return Full Application to:**

**Park Springs Christian Camp & Retreat Center**  
**600 Park Springs Lake Rd**  
**Providence, NC 27315**

☎ (336) 793-0130

✉ E-mail: office@parksprings.org

🌐 Website: www.parksprings.org



# Park Springs Christian Camp & Retreat Center

## Camp Week Volunteer Application APPLICATION –Part B (Medical Form) /p.1

### Medical Information Sheet

Please write legibly. This information is very important for your health and safety.

In case of emergency, please notify: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Secondary Phone Cell/Work: ( \_\_\_\_\_ ) - \_\_\_\_\_

Health History: Please check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies (list them below) | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Chicken Pox                 | <input type="checkbox"/> HIV Positive    | <input type="checkbox"/> Sleep Walking       |
| <input type="checkbox"/> Eating Disorders            | <input type="checkbox"/> Hyperthyroid    | <input type="checkbox"/> Sore Throat         |
| <input type="checkbox"/> Eczema                      | <input type="checkbox"/> Hypothyroid     | <input type="checkbox"/> STDs                |
| <input type="checkbox"/> Fainting spells             | <input type="checkbox"/> Night Terrors   | <input type="checkbox"/> Stomach problems    |
| <input type="checkbox"/> Headaches                   | <input type="checkbox"/> Mono (recent)   | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Other: _____                |  |  |

List of Allergies: \_\_\_\_\_  
\_\_\_\_\_

I have had the following immunizations:

- |                              |  |   |
|------------------------------|--|---|
| <input type="checkbox"/> DPT | <input type="checkbox"/> Hepatitis B (heptavax series) |   |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Tetanus (Date: _____)         | My immunizations are current ____ Yes ____ No |

Please list ALL medications you will require to bring with you. Attach a separate sheet if necessary.

*\*Medications, found in your possession, that you have neither included on this list nor informed Park Springs management about, can cause your immediate termination.*

*\*\*Park Springs may require staff and volunteers to turn in prescription medication to the Nurse to be dispensed as needed.*

Name of Medication:	Prescribed For:
_____	_____
_____	_____
_____	_____
_____	_____

Please list any limitations regarding physical activities: Attach a separate sheet if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Park Springs Christian Camp & Retreat Center

## Camp Week Volunteer Application

**Insurance Information:** Your insurance will be considered primary except in case of a job related accident or injury. Then, you will be covered under workman's compensation through Park Springs.

Your Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

### Risk of injury – Waiver of Liability

- A. I understand that my child is/ I am bound by all camp policies regarding activities.
- B. I give my permission for my child/ I understand I am expected to participate in all camp related activities, except those listed under limitations on page 1 of this form.
- C. I, therefore, release Park Springs from any responsibility other than normal supervision and care. In case of an accident, I will not hold Piedmont Christian Assembly, its staff, management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the aforementioned parties which may rise as a result of an accident or an injury to my child/myself.
- D. In case of an emergency: I hereby give permission to the physician selected by the camp management or Dean to secure proper treatment for my child/ myself as named on this form. Doctor calls, treatment, or hospitalization are to be charged to my family/ my insurance.
- E. I understand that Piedmont Christian Assembly and its staff shall not be held responsible for any articles lost, stolen or left at Park Springs.
- F. I give my consent for my child's/ my photograph to be used in camp promotion and publicity.

### **\*Parents MUST sign for Applicants Under 18 years\***

To the best of my knowledge, all statements on this form are true and current as of my signature date below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Park Springs Christian Camp & Retreat Center

### *Camp Week Volunteer Application*

#### **Summer Staff/Volunteer Applicant -REFERENCE REPORT**

\_\_\_\_\_ has applied to work as summer staff or volunteer at Park Springs Christian Camp & Retreat Center and has given your name as a reference. We would appreciate your impartial answers to the following questions, and will treat your reply in strictest confidence. Certain traits are beneficial to working as staff at Park Springs. This young person will be working directly with young children and we need to know if you feel they will be a good candidate for such responsibility. Thank you for your promptness in responding. Please use the back of this form or additional paper for additional comments.

1. How long have you known this person? \_\_\_\_\_
2. With "1" as the lowest or poorest, and "10" as the highest, please grade the applicant to the best of your knowledge. Please support your ratings (below 4 or above 8) with examples on the back of this form.

Promptness	1	2	3	4	5	6	7	8	9	10	N/A
Follows Instructions	1	2	3	4	5	6	7	8	9	10	N/A
Emotional Balance	1	2	3	4	5	6	7	8	9	10	N/A
Respects Authority	1	2	3	4	5	6	7	8	9	10	N/A
Friendly	1	2	3	4	5	6	7	8	9	10	N/A
Trustworthy	1	2	3	4	5	6	7	8	9	10	N/A
Gets Along With Others	1	2	3	4	5	6	7	8	9	10	N/A
Temper Control	1	2	3	4	5	6	7	8	9	10	N/A
Teach-ability	1	2	3	4	5	6	7	8	9	10	N/A
Tact	1	2	3	4	5	6	7	8	9	10	N/A
Personal Appearance	1	2	3	4	5	6	7	8	9	10	N/A
Hard Worker	1	2	3	4	5	6	7	8	9	10	N/A

3. Please comment on the applicant's spiritual life. \_\_\_\_\_  
\_\_\_\_\_

4.  I recommend       I recommend with reservations       I do not recommend

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Signature of Reference Person      Date      Phone #

\_\_\_\_\_ \_\_\_\_\_  
Print Name of Reference Person      Best time to contact

Relationship to the applicant:

Pastor,    Youth/Ministry/Team Leader,    Sunday School Teacher,    Other: \_\_\_\_\_

Please mail this no later than **May 31<sup>st</sup>, 2017** to Park Springs Christian Camp  
600 Park Springs Lake Rd. Providence, NC 27315