



## Volunteer Recruitment 2024

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 June 3rd.

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 June 3rd.

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 **June 3, 2024** 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.**

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

**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

\_\_\_\_ Junior

July 14 - 19

\_\_\_\_ Middle School/High

July 21-26

School

\_\_\_\_ Short Timers

July 7-9

\_\_\_\_ Buddy Camp

July 12-13



# Park Springs Christian Camp & Retreat Center

## Camp Week Volunteer Application

### SECTION III: Commitment & Consent

#### 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 June 3rd**

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

### APPLICATION –Part B (Medical Form) /p.2

**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 **June 3rd, 2024** to Park Springs Christian Camp  
600 Park Springs Lake Rd. Providence, NC 27315



## WAIVER OF LIABILITY

600 Park Springs Lake Rd, Providence, North Carolina 27315

(336) 793-0130 office@parksprings.org

<https://parksprings.org/>

- I agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Park Springs Christian Camp and Retreat Center (hereinafter "PSCC"), any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC from any liability whatsoever arising from any injury, including death, sickness, disability, property theft, or damage to property belonging to me while on the PSCC property and participating in any activity on the campus property. The scope of this release includes, but is not limited to acts of ordinary negligence by PSCC, as well as medical treatment provided, or failed to be provided by PSCC.
- I fully understand and assume the risks and potential dangers associated with entering upon the property and participating in any activity on the property. Understanding these risks and dangers, I ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be suffered by me/my child, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
- I further hereby AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE PSCC, any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC from any loss, liability, damage or cost, including court costs and attorney's fees, that may result for my/my child's presence on the property and participation in any activity on the property.
- I acknowledge and agree that this Agreement shall be binding upon the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be considered a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE PSCC, any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC.
- I acknowledge and agree that the laws of the State of North Carolina shall apply to this Agreement and to any matters arising out of or related to this Agreement. In the event that I file a lawsuit against PSCC or any of its affiliates, its shareholders, directors, officials, representatives, agents and employees, I agree to do so solely in the state court located in Caswell County, North Carolina.
- I represent that I am at least eighteen (18) years of age, or represented by a legal guardian who is least eighteen (18) years of age, and fully competent to enter into a binding contract.
- I acknowledge and agree that I am executing this Agreement in consideration of being permitted to enter upon PSCC property and being allowed to participate in any activity on the property and accept and agree to always act in accordance with the regulations and instructions given by PSCC.
- This Agreement shall be construed to provide a release and waiver to the maximum extent permissible under North Carolina law
- I agree, on behalf of myself and the individual(s) listed below, that I have no medical, mental, emotional, or physical conditions which could interfere with my safe participation at PSCC or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such conditions. At any time, I have the right not to participate in or to discontinue my participation in a specific activity with which I am not comfortable.
- I agree and consent for all purposes, on behalf of myself and the individual(s) listed below, to allow for the reproduction, selling, and/or use of photographs or videos of myself, and the individual(s) listed below, (with or without the use of my name), by PSCC in media, promotional materials, brochures and/or website. In giving this consent I release PSCC and its designees from liability for any violation of any personal and/or proprietary right I may have in connection therewith.
- If any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of the Agreement which can be given effect without the invalid provisions or applications.

**I REPRESENT THAT I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND THAT I HAVE WAIVED RIGHTS BY SIGNING IT, I AM UNDER NO PRESSURE OR DURESS TO SIGN, AND I SIGN THIS AGREEMENT INTENTIONALLY, VOLUNTARILY, AND OF MY OWN FREE WILL.**

\_\_\_\_\_  
PARTICIPATE PRINTED NAME

\_\_\_\_\_  
LEGAL GUARDIAN PRINTED NAME

\_\_\_\_\_  
WITNESS PRINTED NAME

\_\_\_\_\_  
PARTICIPATE SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
DATE SIGNED