



VOLUNTEER APPLICATION

Week of Camp (Name of Event): _____

Name _____ Phone _____
First Middle Initial Last

Home address _____ E-mail _____

City _____ State _____ Zip _____

Date of Birth _____ Race _____ Gender _____

Present Employment _____

Home Church _____

Past Camp Experience _____ Education _____

Have you ever been convicted of a felony? _____

Have you ever confessed to or been convicted of sexual abuse? _____

If yes to either, please attach an explanation.

EMERGENCY INFORMATION

Name of Person to contact in case of emergency _____

Relationship _____ Phone _____

PROGRAM INFORMATION

List any Red Cross or American Heart Association Certifications _____

List any craft, teaching or recreational skills _____

REFERENCES

List two references and please include relationship, address, and telephone number:

1) _____

2) _____

VERIFICATION OF VOLUNTEER TRAINING

All forms are available at www.woodlandcamp.org/volunteer.htm or from your Program Director. (You MUST initial to the left for each item)

____ I have read and understood Woodland Christian Camp, Inc Volunteer Staff Policy.

____ I have read and understood Woodland Christian Camp, Inc Sexual Abuse Handout.

____ I have read and understood Woodland Christian Camp, Inc Child Abuse Handout.

____ I have read and understood Woodland Christian Camp, Inc Violence & Intervention Handout.

____ I have read and understood Woodland Christian Camp, Inc Exposure Controls Handout.

____ I have read and understood Woodland Christian Camp, Inc Communicable Disease Handout.

____ I have read and understood Woodland Christian Camp, Inc Emergency Procedures Handout.

____ I have viewed the Woodland Christian Camp, Inc video on Sexual Abuse.

I verify that all the above information is true and will abide by the policy of Woodland Christian Camp, Inc. I also give Woodland Christian Camp consent to obtain my state and federal criminal history record.

SIGNED _____

DATE _____

UNDER 18: Parental Signature for Application Verification and Emergency Medical Treatment

SIGNED _____

DATE _____