

FOR OFFICE USE ONLY: Volunteer Ministry Application

Name \_\_\_\_\_ Pastor OK \_\_\_\_\_ Background Check \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_ Reference Check \_\_\_\_\_ Covenant \_\_\_\_\_

## NWIL Children's Camp Volunteer Application 2008

*Please return to Trisha Wilson, 50 Crestview Dr., Geneseo, IL 61254  
on or before June 16, 2008.*

**Statement of Purpose:**

The Northwestern Illinois District of the Church of the Nazarene and Manville Nazarene Camp, in keeping with the standards and doctrine of heart holiness of the Church of the Nazarene, strive in ministry to provide opportunities for individual growth and development, both spiritual and social, of all youth and adults who afford themselves the experience of camp life.

Our primary focus is on Jesus Christ as Lord and Savior and Sanctifier of believers. Through the teaching of His word and the modeling of its truths in the lives of staff members and workers, we desire to point boys, girls, young people, and adults to the cross where life abundant and eternal can be found. While recreational, relational and social opportunities are included in our camp program, we claim no higher purpose than to introduce the lost to the Savior and provide opportunities for greater spiritual victory for believers.

***Note: All volunteer staff must submit a copy (front and back) of insurance card  
for emergency use only with this application.***

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Sex \_\_\_\_\_ Age \_\_\_\_\_ Counselor (18 and older) \_\_\_\_\_  
Assistant Counselor (18 and younger) \_\_\_\_\_

The demands of the position for which you are applying require the ability to move, unassisted, through multiple levels of buildings and on uneven ground without the benefit of ramps or elevators.

Do you have any physical limitations that would prevent you from being able to fulfill the above described demands? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked or volunteered at Manville Camp or other children/youth camp or professionally with children/youth? Please explain if yes. \_\_\_\_\_

T-Shirt Size: Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_  
Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

If you are under 18, please fill out the following. REMEMBER to include a copy (front and back) of your insurance card for emergency use ONLY with this application.

Any illness or injuries during the last year: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Are you on medication: Yes \_\_\_\_\_ No \_\_\_\_\_ Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Date of last tetanus shot (if known) \_\_\_\_\_

List any medications to which you may be allergic: \_\_\_\_\_  
\_\_\_\_\_

Do you use tobacco, drugs, or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Names and Phone Numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_

As **Pastor** of \_\_\_\_\_ Church, I recommend this person to be considered for an assistant counselor at Kidz Camp. I believe this applicant to be of good character and suited to work with children.

**Pastor Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

As **parent/guardian** of \_\_\_\_\_  
I give consent for said individual to be treated by a doctor or hospital in case of emergency or illness.

**Parent/Guardian Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**If under 18, parent/guardian signature must be notarized, please.**

**NOTARY SIGNATURE:** \_\_\_\_\_  
**Date** \_\_\_\_\_

## Volunteer Applicant Covenant

(a check in each blank indicates your agreement with the statement)

\_\_\_\_\_ I understand that if selected, I will be an at-will volunteer. This means that I may be terminated from my position at any time, for no reason, and without any advance notice.

\_\_\_\_\_ I understand that if I am selected and if any statement herein is not true, I may be released immediately.

\_\_\_\_\_ At all times I will conduct myself in harmony with the doctrine, statements, polity and beliefs of the Church of the Nazarene, as enumerated by its General and Special Rules and by the Covenant of Christian Conduct set forth in the Manual of the Church of the Nazarene.

\_\_\_\_\_ I understand that if selected, I will be required to abide by all camp policies, standards, and regulations, as they are promulgated from time to time.

\_\_\_\_\_ I hereby authorize the Northwestern Illinois District of the Church of the Nazarene and its agents, including consumer reporting bureaus, to verify any of the information related to my character. I authorize all former employers, persons, schools, companies, law enforcement authorities to release any information concerning my background and hereby release from any liability for any damage whatsoever for issuing this information. I further release any person or entity who discloses information relevant to my volunteer status from any liability.

\_\_\_\_\_ I recognize that I am under a continuing obligation to disclose relevant information concerning my position, and I agree to promptly disclose any information that may have a bearing on my position.

\_\_\_\_\_ I hereby affirm that I have carefully read and agree with the Statement of Purpose on page one of this application.

\_\_\_\_\_ I affirm that I have never been convicted, nor have I been found guilty or have I admitted guilt of, nor am I the subject of pending charges for, any offense involving actual or attempted child abuse or sexual molestation or any offense against a child in any jurisdiction.

\_\_\_\_\_ I understand that by accepting a volunteer camp position, I will be committing myself to a position of service, and that my behavior and attitude will be examined on terms of modeling and ministry to others.

\_\_\_\_\_ Rumors, backbiting and unresolved interpersonal issues tear apart the people of God. Matthew 18:15-17 is clear about how to handle disagreements, misunderstandings and troubled feelings. I agree to talk only with the person/persons who have offended me about the offense, and not to talk to anyone else about the offense until I have worked through the problem in the proper biblical steps.

\_\_\_\_\_ I will agree to welcome a person that I have offended who comes directly to me to resolve the issue, and if the issue is not resolved, to proceed through the biblical process.

\_\_\_\_\_ I will seek to be an example of biblical Christian living throughout my camp volunteer period.

\_\_\_\_\_ I hereby affirm and acknowledge, by signing below, that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misinterpretations of facts called for in the application may result in rejection of my application.

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

Because we work with children, the following information is needed.  
Completed applications are kept in a secured location.  
All disclosed information will be kept confidential.

\*Have you ever been exposed to a serious communicable disease?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_ How long ago? \_\_\_\_\_

\*Do you currently have any contagious illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

\*Have you ever been convicted of an offense other than a minor traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ \*Have you ever been convicted of sexual abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

When volunteering at camp, your Insurance Company is the Primary Carrier. If a medical condition arises at the camp, YOUR insurance will be billed.

Your Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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### **Personal Reference Information**

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

Senior Pastors Name \_\_\_\_\_ Pastors Phone \_\_\_\_\_

\*If over 18 ONE of the following is needed for your background check **OR** please include a copy of a completed background check. All checks are kept confidential.

Complete birth date \_\_\_\_\_

Social Security Number \_\_\_\_\_

NWIL District is authorized to do a background check on me.

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

Positions or activities in which I am currently involved in my local church are: \_\_\_\_\_  
\_\_\_\_\_

Give a summary of your Christian experience, including your conversion and current spiritual growth. \_\_\_\_\_  
\_\_\_\_\_

References: Please include phone number and/or e-mail.

Adult Acquaintance \_\_\_\_\_

Adult Acquaintance \_\_\_\_\_

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### **Cabin Assignment Requests**

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Choose your preference from the following. We will do our best to meet these requests but cannot guarantee placements. All counselors/assistant counselors MUST be 4 years older than the oldest camper in their cabin.

I prefer a 2-4<sup>th</sup> Grade cabin. \_\_\_\_\_ I prefer a 5-6<sup>th</sup> Grade cabin. \_\_\_\_\_

I would like for following child (1) to be in my cabin: \_\_\_\_\_

My relationship/reason is: \_\_\_\_\_