

CAMP ALLEN
HC 1, BOX 1590
GREENVILLE, MISSOURI, 63944-9537

Jonathan Rice, Administrator
Office: 573-224-3826, Cell: 573-990-7197 Fax: 573-224-5481
E-mail: pastorjrice@gmail.com www.CampAllen.com

Volunteers Application

Personal

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ - _____ - _____ Cell phone _____ - _____ - _____

E-mail _____

Birth Date: _____ - _____ - _____ Age _____ Male _____ Female _____

Your occupation _____

What camps are you able to work at this summer? _____

What jobs are you seeking to become involved with at CAMP ALLEN?

What children/youth work experience do you have? (please list)

Organization	Program	Dates	Contact
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Have you at any time ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail:

(over)

Church Activity

Are you a Christian? _____

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list three references (Other than relatives)

Name _____ Phone _____

Address _____ State _____ Zip _____

Name _____ Phone _____

Address _____ State _____ Zip _____

Name _____ Phone _____

Address _____ State _____ Zip _____

Applicant Verification and Release

I recognize that Camp Allen is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Camp Allen to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualification.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Camp Allen to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of Camp Allen, and to protect the health and safety of the children/youth at all times.

Comments: _____

In case of emergency:

Contact: _____

Telephone: Day _____ Night _____

Signature: _____ Date: _____

Camp Allen Staff Reference Form

Applicant's Name _____ Date _____

The above applicant has applied for a job at Camp Allen this summer. We are looking for people who have a strong Christian faith, enthusiasm, initiative, and a love for working with children. Because of the importance of the work and tasks of selecting the right person, we would appreciate your candid opinion of the applicant. **All of this information will be kept confidential.** Thank you.

How long have you known the applicant? _____

In what capacity? _____

Would you recommend the above to work with children at Camp Allen? _____ Yes _____ No

Please explain _____

Would you be willing to have your child or other children under the leadership and influence of the applicant this summer? _____ Yes _____ No

Please explain. _____

Additional Comments _____

We are counting on your information as one of the important factors in our decision for them to be on staff at Camp Allen.

Your Name _____ Your Occupation _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ - _____ - _____

Thank you, and we appreciate your time.

Return to:

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E-MAIL: pastorjrice@gmail.com**