

**POWERTIME CAMP
COUNSELOR/WORKER VOLUNTEER
APPLICATION**

This form is to be completed by the potential camp counselor/worker. This is to ensure the camp committee provides a safe and secure environment for all campers who participate in the South Atlantic District camping program. This form must be returned by **May 7, 2010** to:

**Rev. Paul Titus
C/o First Alliance Church
424 Ninth St.
Lexington, NC 27295
Phone: 336-249-4493 OR 336-414-5900 (cell)**

POSITION

What position do you want to serve in during camp?

- Primary Counselor (kids entering 2nd /3rd)
- Junior Counselor (kids entering 4th-5th)
- Middle School Counselor (entering 6th-8th)
- Senior High Counselor (entering 9th-12th)

PERSONNEL DATA (please print clearly)

Date: _____

Name: _____ T-Shirt size (circle) S M L XL 2XL 3XL

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____

E-Mail: _____ Date of Birth: _____

Other addresses at which you have resided in the past 10 years (for criminal background check)

CHURCH INFORMATION
(Please Print Clearly)

Church Name: _____

City: _____ State: _____ Zip: _____

Church Phone: _____ Senior Pastor: _____

Are you a Christian? _____

What ministries are you involved with in your church? _____

List other churches you have attended during the past ten (10) years.
(please give name, city, state)

What children/youth related ministries have you worked in during the past ten (10) years?

Church or Organization	Duties	Dates	Supervisor's Name
_____	_____	_____	_____
_____	_____	_____	_____

Please note: A "yes" answer to any of the questions below does not necessarily disqualify you from serving.

Have you ever been subject to any disciplinary action by a church, religious or other organization, or by an employer?

YES NO

If yes, please provide specific details concerning the disciplinary action taken.

Do you have any physical condition that might restrict or prevent you from performing certain types of activities in the position of which you are being considered?

YES NO

If yes, please explain

Have you ever been a victim of an act of domestic or other violence or been a victim of child pornography, child abuse, or child molestation?

YES NO

Have you ever committed and/or been convicted of any crime (other than traffic violations) including, but not limited to, crimes involving domestic violence, child pornography, child abuse, child molestation, or any other crime related to persons?

YES NO

If yes, please specify the date of the crime/conviction, the nature of the crime for which you were convicted, and the name and address of the court in which you were convicted.

Do you suffer from any contagious or infectious disease or condition that could be transmitted to others in the volunteer work you would be performing at camp?

YES NO

If so, please describe the nature of the disease or condition. (Please include disease and conditions such as tuberculosis, HIV infection, and Hepatitis A&B, even if you believe the risk of transmission may be relatively low.)

Do you have any condition that our nursing staff should be aware of in case you need medical attention at camp?

YES NO

If so, please describe the nature of the condition. (Please include any specific instructions.)

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to release any information they may have regarding my character and fitness to work with children, youth or developmentally disabled persons, and I release all such references from liability for any damage that may result from furnishing such evaluations.

I understand that if I work in a volunteer capacity and should my character and morals be inappropriate and/or criminal, my volunteer assistance shall be "at will" and that the South Atlantic District and/or Camp Administration shall be entitled to terminate my volunteer capacity at any time, without expressed cause or prior notice, regardless of any other oral or written statements by the District or Camp Administration prior to, at, or following the date of commencement of volunteer service, unless set out in writing, dated and signed by both parties.

I have read, understand, and agree to abide by the Christian and Missionary Alliance's Child Abuse Policy*, which refers to children/youth under eighteen years of age and developmentally disabled persons of any age.

State government provides a criminal records check service to nonprofit organizations. Use of that service helps to insure a safer environment for those to whom we minister, as well as protection for volunteers, should false allegation occur. Because attorneys for The Christian and Missionary Alliance recommend that occasional use of such services be important, I consent to this Camp Administration conducting a criminal records check, as deemed necessary.

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____

Witness Signature _____ Date _____

Witness Name (please print) _____

*** The C&MA Child Abuse policy is included in the PowerTime Counselor Handbook, which may be found on the PowerTime Camp website (go to <http://www.sadcma.org>, go to disciple-making ministries, and select "camp").**

Applicant's Social Security Number _____

We request this information only for the purpose of conducting a criminal records check. Because of the sensitive nature of SSN's, this portion of the application will be securely disposed of (i.e., shredded) as soon as the check has been completed. If you have any questions about this procedure or about divulging this information, please call the camp director, whose information is on the first page of this application. Thank you for your cooperation in this matter, which concerns the safety of campers and workers alike.

PASTOR REFERENCE FORM / POWERTIME CAMP
This information is to be filled out by a member of the pastoral staff.

Name of prospective worker _____

Has this person served as a counselor before? _____

Where? _____ How long has he/she attended your church? _____

Is he/she an active member of your church? _____

What ministries is he/she involved in? _____

Is he/she patient when working with children/youth? _____

If no, please explain _____

To your knowledge, has this person ever been involved in the abuse of children or spouse? _____

If yes, explain _____

Has he/she accepted Christ as his/her savior? _____

How long has he/she been a Christian? _____

Would you describe this person as emotionally stable? _____

Is there anything in the life of this person that would hinder him/her from being a good counselor/worker?

Would you consider this person spiritually qualified to disciple youth and/or children? _____

Comments: _____

Would you have any hesitation recommending this person as a counselor/worker? _____

If yes, please explain _____

This information is true to the best of my knowledge:

Pastor's Signature

Date

Pastor's Name (Printed)

Please Return this form to:

Rev. Paul Titus
c/o First Alliance Church
424 Ninth St.
Lexington, NC 27295 (336)-414-5900