



Camp Alexander Mack, Inc.

Volunteer Application

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Please, copy as needed

Thank you for applying to be a volunteer in ministry this summer at Camp Mack, a Camping, Conference and Retreat Center. Our ministry continues because of people like you. In order to safeguard the well-being of participants served, Camp Mack will investigate the accuracy of the data provided in the application process for all volunteers. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating personnel for Camp Mack.

Please complete the following application and those areas that pertain to your volunteer position.

NAME: _____ PHONE: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ AGE: _____ GENDER: Male Female (Check one)

CONGREGATION ATTENDING OR MEMBERSHIP _____

PASTOR _____ PHONE _____ - _____ - _____

ADDRESS _____

OCCUPATION _____

WHY DO YOU WANT TO VOLUNTEER AT CAMP MACK?

POSITION APPLYING FOR: (Check One)

- COUNSELOR/TEAM LEADER** **FOOD SERVICE** **FACILITIES** **OFFICE**

Please fill out the information section for the area of your volunteer work included on pages 2-4 and then complete the remainder of the document on pages 5 and 6.

Office Use Date Received _____ Date Processed _____ References Checked _____ Background Investigation Completed _____ Confirmation Sent _____ Copies to Work Areas _____

FOR THOSE CHOOSING COUNSELOR/TEAM LEADER

CAMP CHOICE - (Check One or More)

- Beginners Samplers Seekers Finders Followers Sailing Canoe H2O Worship Arts
- Puppets Survivor Wilderness (Circle one: Pedal & Paddle, Eco-Adventure, Eco-Challenge, Odyssey)

DATE CHOICE - FOR ALL POSITIONS

First Choice _____ Second Choice _____

SKILLS:

On a scale of 1 to 6 **1** being **low** and **6** being **high**.

1. Rate yourself on skill level and comfort leading activities 1 2 3 4 5 6

List activities such as sports, games, music, group dynamics, drama, or crafts you are skilled at leading.

2. Rate yourself in the area of *Spiritual Encouragement* 1 2 3 4 5 6

What Bible stories or personal events have allowed God to be real in your life? _____

3. In what ways do you desire to share your faith with campers? _____

4. Describe your faith journey and relationship with Jesus Christ this past year. _____

5. List past *camping experiences and responsibilities*. _____

6. List previous Church work involving children and youth. (Identify church and type of work).

7. List previous work outside the church involving youth and children.

8. List any gifts, callings, training, education, or other factors that have prepared you or will be helpful for you in children/youth work.

9. Have you any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children work? No ___ Yes ___

If yes, please explain: _____

Go to page 5 and 6 after completing this section.

FOR THOSE CHOOSING FOOD SERVICE

WORK SCHEDULE SURVEY:

1. Days you will be available? _____
2. Hours you will be available those days? _____
3. Which shift would you prefer? AM _____ PM _____
4. Maximum hours preferred to work? _____ Minimum hours preferred to work? _____

SKILLS SURVEY:

Please rate yourself on the following equipment:

“1” being general knowledge and application; “4” being Proficient level

Convection Oven	1 2 3 4	Grill	1 2 3 4
Oven	1 2 3 4	Slicer	1 2 3 4
Steamer	1 2 3 4	Steam Kettle	1 2 3 4
	1 2 3 4	Other _____	

Check which tasks in the Kitchen you are willing to do:

- _____ Preparation of Salad Bar ingredients
- _____ Vegetable Preparation
- _____ Baking
- _____ Dish Washer
- _____ General Cleaning (i.e. mopping, sweeping, washing pots and pans, etc.)

What restrictions do you have when it comes to kitchen work?

Go to page 5 and 6 after completing this section

FOR THOSE CHOOSING FACILITY

WORK SCHEDULE SURVEY:

1. Days you will be available? _____
2. Hours you will be available those days? _____
3. Maximum hours preferred to work? _____ Minimum hours preferred to work? _____

SKILLS:

Please rate yourself in the following areas: (“1” as general knowledge and application; “4” being proficient level)

Carpentry	1 2 3 4	Cleaning	1 2 3 4	Drywall	1 2 3 4
Electrical	1 2 3 4	Excavation	1 2 3 4	HVAC	1 2 3 4
Landscaping	1 2 3 4	Masonry/Concrete	1 2 3 4	Mechanical	1 2 3 4
Plumbing	1 2 3 4	Painting	1 2 3 4	Sewing	1 2 3 4
Roofing	1 2 3 4	Welding/Fabrication	1 2 3 4	Tree Trimming	1 2 3 4
Other _____	1 2 3 4				

TOOLS:

_____ I would be able to provide the tools that are needed for the work I’m doing.

_____ Camp Alexander Mack, Inc. would need to provide the tools required for the job.

_____ I would like to donate the following materials:

Go to page 5 and 6 after completing this section

FOR THOSE CHOOSING OFFICE

WORK SCHEDULE SURVEY:

- 1. Days you will be available? _____
- 2. Hours you will be available those days? _____
- 3. Maximum hours preferred to work? _____ Minimum hours preferred to work? _____

SKILLS: Rate yourself in the following areas:

- 1. Relating in a caring, responsible way to camp guests - working with people
 Excellent Very Good Average Fair Poor
- 2. Phone etiquette
 Excellent Very Good Average Fair Poor
- 3. Organizational skills, including, but not limited to, orderliness, neatness, time management
 Excellent Very Good Average Fair Poor
- 4. Dedication to God, Christian principles and camping ministry
 Excellent Very Good Average Fair Poor
- 5. Typing skills
 Excellent Very Good Average Fair Poor
- 6. Computer skills
 Excellent Very Good Average Fair Poor
- 7. Describe the experiences you have had working with people.

- 8. Name computer programs that you have used or that you feel comfortable in using. Have you used or are you acquainted with Microsoft Access and Word?

- 9. For what reasons are you interested in office work and what special gifts would you bring to the position?

- 10. What additional information would you like to share?

Go to page 5 and 6 after completing this section

REFERENCES(No Relatives)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ - _____ - _____

ZIP: _____ PHONE: _____ - _____ - _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ - _____ - _____

ZIP: _____ PHONE: _____ - _____ - _____

VOLUNTEER HISTORY:

If no volunteer history, check N/A _____ N/A

(1) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____ Dates volunteered: from _____ to _____

(2) Organization _____ Location _____

Phone _____ Responsibilities _____

Supervisor _____ Dates volunteered: from _____ to _____

SOCIAL NETWORKING SITES

With the increased use of social networking sites (Face Book, My Space, etc.), we reserve the right to check out an individual's site as part of the reference check.

Do you have a site? _____ yes _____ no Site address: _____

MEDICAL AND EMERGENCY INFORMATION:

Please list information about allergic reactions, medication, diabetes, convulsions, and other physical considerations that should be known in case medical treatment is necessary while at camp.

What are the physical, mental, emotional, and medical restrictions you currently experience?

In case of an emergency notify _____

Relationship to you: _____ Phone: (____) _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____ attest that I have not been convicted of a violent crime or crimes against children. I authorize Camp Mack to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee, and that I expressly **DO NOT** authorize Camp Mack, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I am aware that a prior conviction will not necessarily bar me from employment.

Signed _____ Date _____

(Signature of applicant)

Social Security # _____ DL # _____ DOB _____

Office Use Only

I have completed the Background Investigation of this applicant. The applicant's record ___ qualifies ___ disqualifies the applicant for volunteering.

Executive Director

Date

APPLICANT'S STATEMENT

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. I authorize any references or churches listed to provide any information that they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damages that may result from furnishing such evaluation. I agree to support and uphold the mission of Camp Mack as stated above. I also agree to operate under the policies and procedures of Camp Mack. I authorize Camp Alexander Mack, Inc. to photograph me and/or members of my family and to use such photographs for the purpose of promotion, publicity, historical record, group photos, and the like.

Signature: _____ Date: _____

PARENTAL CONSENT:

(If the applicant is under the age of 18 at the time this application is completed, we must have the signature of a parent or legal guardian.) This signature acknowledges that as parent/legal guardian I am aware of my child's/ward's intent to volunteer at Camp Mack.

Signature: _____ Relationship: _____ Date _____