



VOLUNTEER APPLICATION - Camp Alexander Mack, Inc.

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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 as complete as possible.

NAME: _____ PHONE: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ AGE: _____ DOB: _____ SHIRT SIZE: _____

OCCUPATION: _____ GENDER: ☐ Male _____ Female _____

CONGREGATION ATTENDING OR MEMBERSHIP _____

PASTOR: _____ PHONE: _____ - _____ - _____

EMAIL: _____

WHAT MOTIVATES YOU TO VOLUNTEER AT CAMP MACK?

POSITION APPLYING FOR:

FOOD SERVICE _____ **FACILITIES** _____ **OFFICE** _____ **HEALTH CARE** _____ **OTHER** _____

Please fill out the information section for the area of your volunteer work included on pages 2-3
and then complete the remainder of the document on pages 4 and 5.

Office Use

Date Received _____ Date Processed _____ References Checked _____

Background Investigation Completed _____ Confirmation Sent _____

Copies to Work Areas _____

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:

(N/A-No skills in this area, 1-Basic Skills/General Knowledge, 2- Some Experience, 3- Proficient in this area)

Convection Oven	N/A_____ 1_____ 2_____ 3_____	Grill	N/A_____ 1_____ 2_____ 3_____
Oven	N/A_____ 1_____ 2_____ 3_____	Steamer	N/A_____ 1_____ 2_____ 3_____
Other _____	N/A_____ 1_____ 2_____ 3_____		

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 4 and 5 after completing this section

FOR THOSE CHOOSING FACILITY

WORK SCHEDULE SURVEY:

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

SKILLS:

(N/A-No skills in this area, 1-Basic Skills/General Knowledge, 2- Some Experience, 3- Proficient in this area)

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

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 4 and 5 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:

(N/A-No skills in this area, 1-Basic Skills/General Knowledge, 2- Some Experience, 3- Proficient in this area)

1. Relating in a caring, responsible way to camp guests - working with people

N/A____ 1____ 2____ 3____

2. Phone etiquette

N/A____ 1____ 2____ 3____

3. Organizational skills, including, but not limited to, orderliness, neatness, time management

N/A____ 1____ 2____ 3____

4. Typing skills

N/A____ 1____ 2____ 3____

5. Computer skills

N/A____ 1____ 2____ 3____

6. 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?

Go to page 4 and 5 after completing this section

FOR THOSE CHOOSING HEALTH CARE

WORK SCHEDULE SURVEY:

1. Days you will be available? _____
2. Weeks you will be available? _____
3. Have you worked or volunteered in camp health care before? ____ Yes ____ No
If so, When _____, Where _____

Level of Certification:

_____ Basic First Aid/AED	_____ Physician's Assistant
_____ Student Nurse	_____ Physician
_____ Licensed Practical Nurse	_____ EMT
_____ Registered Nurse	_____ Paramedic

Go to page 4 and 5 after completing this section

REFERENCES (No Relatives Please)

(1) NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ - _____ - _____

(2) NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ 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 (Facebook, Twitter, 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.

Please list any food related restrictions or needs (Allergies, Special Dietary needs, Type of Vegetarian, etc...)

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

In case of an emergency notify _____

Relationship to you: _____ Phone: (____) _____

VOLUNTEER APPLICATION

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____ attest that in relation to crimes against children, I have not:
(First Name, Middle Initial, Last Name)

- Been convicted of a violent crime or crimes against children,
- Been adjudged liable for civil penalties or damages,
- Had a court order or domestic order or protection,
- Had parental rights terminated.

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: _____