

Morganwood Free Will Baptist Camp

VOLUNTEER & WORKER INFORMATION -2010

If you plan to work in ANY capacity during our camping program in 2010 we need as much information completed on this form as possible

This form must be completed by ALL WHO WORK OR ASSIST DURING THE CAMPS

When Completed, Return to:

Dennis F. Kizzire
Camp Administrator
Morganwood Camp
146 CR 1702
Saltillo, MS 38866



All counselors & workers must be 15 years old or older and be recommended by their Pastor. Teen counselors **MUST** attend the training session on **April 16 & 17** and **teen camp.**

Date form submitted: _____

Position Volunteering for: ___ Counselor; ___ Medical Director; ___ Class Teacher/leader; ___ Crafts Leader; ___ Recreation Coordinator; ___ Meal Preparation/Serving ___ other _____

Name _____ Sex _____ Age _____ Birth date ____/____/____

Address _____ City _____ St _____ Zip _____

Daytime Phone _____ Nighttime Phone _____

Cell _____ E Mail Address _____

Are you a born again Christian ___ Yes ___ NO Your Spiritual Birth Date ____/____/____

Church Attendance:

Church Name _____ Pastor's Name _____

Are you an active member at this church ___ Yes ___ No?

How long have you been a member at this church _____?

On average, how many weekly church services do you attended (*please circle*) 1 2 3

Are you a member of the Sunday School there ___ Yes ___ No?

OCCUPATION: _____ Employer: _____

CURRENT LEVEL OF EDUCATION: _____

REFERENCES

(PLEASE LIST THREE PEOPLE KNOWLEDGEABLE OF YOUR CAPABILITIES AND CHARACTER)

1. NAME: _____ RELATIONSHIP: _____ PHONE: _____

Address _____ City _____ St. _____ Zip _____

2. NAME: _____ RELATIONSHIP: _____ PHONE: _____

Address _____ City _____ St. _____ Zip _____

3. NAME: _____ RELATIONSHIP: _____ PHONE: _____

Address _____ City _____ St. _____ Zip _____

(Over)

PREVIOUS CAMPING EXPERIENCE

(USE EXTRA PAPER TO EXPLAIN IF NECESSARY)

| Camp you worked at | When | Age Group | Responsibilities |
|--------------------|------|-----------|------------------|
| | | | |
| | | | |
| | | | |

1. What specific duties have you had in your previous camp leadership roles? _____

2. In recent years, what responsibilities have you had with children, besides camping? _____

3. What are your hobbies and interests? _____

SPECIAL INTERESTS AND SKILLS

(Write #1 by those in which you can assist; #2 by those you can lead for campers; #3 any skills you can train other staff to lead.)

Faith development

- Bible study
- informal worship
- devotions
- prayer
- faith-based skits
- interpret/apply scripture

On the Go/Activities

- woodcraft
- pond fishing
- indoor games
- trail construct/maintenance
- hiking
- Certified Life Guard (we need qualified people to serve in this capacity)
- First Aid/Safety
- large group games
- ropes/challenge course
- horseback riding
- other: _____

Talent Leadership

- song leading
- skits/drama
- music instrument: _____
- story telling
- arts & crafts
- other: _____

Campus Resource

- mowing/trimming
- kitchen work/dishes
- janitorial/housekeeping
- carpentry
- skilled labor: _____
- other: _____

Counseling Program

- conflict resolution
- homesickness prevention
- behavior management
- bedtime stories

Site

- family-style meals
- table settings
- other: _____

4. What other skills or experiences do you have that could be useful at camp? _____

5. Briefly describe your faith journey. _____

6. Check those certifications below for which you will have a CURRENT card during the upcoming summer.
 Red Cross Lifeguard Training, Red Cross First Aid, Red Cross CPR
7. Are there any physical conditions that will limit your activities? _____

(If YES, please use an extra sheet to explain)

8. While at camp, do you vow not to use tobacco, illegal drugs, or alcohol? _____
9. **VOLUNTARY DISCLOSURE:** Have you been convicted of any crime, felony, child abuse, or sexual abuse?
 Yes _____ No _____ (If yes to any, explain on separate paper.)

(Be sure to complete page 3)

Dates you will be available: _____

I, (*print name*) _____, verify the information on this application and grant the Administrator of Morganwood Camp & Conference Center Inc. permission to perform a routine background check. I understand that the camp may deny volunteer service of any person found of illegal or suspicious behavior upon verification of this information. Should I be accepted to serve in the Camp program and activities, I agree to be bound by the policies of Morganwood Camp and to refrain from unscriptural conduct in the performance of my services on behalf of the camp. Additionally, I give permission to use photographs of myself in camp promotions and publicity.

Signature: _____ Date: _____

Use this area to complete information from above questions:



For use by camp administrator or someone of his delegation

The Applicants references were contacted by: _____ Date _____
 In Person Telephone *Name of Interviewer*

This applicant's form was read and applicant interviewed by: _____
Name of Interviewer

Date _____ In Person Telephone

This Applicant meets the criteria set forth by the camp Board of Directors and is recommended by _____ for the position(s) _____ at Morganwood
Signature & your affiliation

Camp & Conference Center. They will be working on the following schedule (dates):

Starting date: _____ until _____ : was here _____

Extended dates: _____ until _____ : was here _____

Rated: (circle) 1 2 3 4 5 6 7 8 9 10 by: _____
Signature & your affiliation

<To be kept on file>