

NW Grace Intl Summer Youth Camp

16*-19 YEAR OLD VOLUNTEER PACKET

***WE ASK THAT VOLUNTEERS BE AT LEAST 16 YEARS OLD**



Personal Information:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Age: _____ Male Female
Phone: _____ Church You Attend: _____ Church Phone: _____
How long have you attended this church? _____
Which camp(s) are you volunteering for? Kids Camp Jr. Hi. Camp Teen Camp

Emergency Information:

Emergency Contact: _____ Relationship: _____
Primary Phone: _____ Secondary Phone: _____

Medical Information:

Insurance Company: _____ Policy #: _____ Policy Holder Name: _____
Medications (prescription and other): _____
Date of last tetanus shot: _____ Do you have any medical conditions that should be noted: _____
Allergies: Yes No If yes, explain: _____
Do you have any special physical or medical needs we need to be aware of? If so, please explain: _____

Media Release:

I give my permission to be photographed/recorded for camp purposes only. Yes No

THIS FORM MUST BE SIGNED! To the best of my knowledge, the medical information is correct. I hereby authorize the executive staff or designated medical professionals to administer emergency medical assistance. I accept responsibility for payment of expense incurred as a result of medical treatment. I authorize designated medical professionals to dispense over-the-counter medications as needed to the individual listed above. I agree to be responsible for all costs associated with the medical care provided.

Volunteer Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
(if under 18 years old)

“NW Grace International Summer Youth Camps” are an alcohol, drug and tobacco free zone!

Background Information

All volunteers and staff members at NW Grace Intl Summer Youth Camps are required to have a background check.

Background Check form is available online at www.landmarkchurchbg.com

Please fill out the attached forms and send to:
Landmark Church * 1504 W Main St. * Battle Ground, WA 98604
Phone: 360-608-3074 Fax: 360-687-3537 Email: EJStaton@gmail.com

IMPORTANT: WE MUST RECEIVE THIS COMPLETED PACKET PRIOR TO THE FIRST DAY OF CAMP!!!

Spiritual Background:

Give a brief summary of your Christian experience? _____

In what areas do you serve at your church? _____

Why do you want to serve at Grace Intl NW Summer Youth Camps? _____

What are your strengths? _____

What are your weaknesses? _____

In what areas do you feel you need to grow? _____

For what position do you feel you would be best suited? Why? What previous work/life experience have you had that would be applicable?

Areas of Service:

Following is a list of responsibilities at NW Grace Intl Summer Youth Camps. Actual jobs will vary depending on the camp, the time of day, etc. Check those you feel qualified for. You'll be assigned based on this information and your recommendations. The assigned positions may be changed depending upon camp needs.

- | | | | |
|-------------------|-------------------|---------------|---------------|
| Cabin Leader | Co-Cabin Leader | Dishwasher | Garbage |
| Activities/Sports | Activity Clean up | Arts & Crafts | Grounds Crew |
| Food Service | Restrooms | Supply Runner | Liner Pick Up |

**Some jobs may involve lifting up to 50 pounds. Do you have the ability to lift up to 50 pounds? _____

Certifications held (i.e.: CPR, first aid, food handler's card) _____

Important Agreement:

I understand that by volunteering at Grace Intl NW Summer Youth Camps, I am agreeing to willingly and graciously serve wherever my help and assistance is needed. I will abide by the rules of the camp and its directors and will do all things with the attitude of teamwork and cooperation.

I understand that as part of this team, I am creating a safe environment, both physically and spiritually, for every camper that attends. I am here because I understand that loving God means loving others and am committed to serving with that attitude. I am willing to put the needs of the camper in front of my own. I believe God has something special for every camper and am honored to be part of their journey.

PASTORAL REFERENCE

To The Volunteer: Please give this form and an envelope to a member of the Pastoral Staff at the church you attend and thank them for taking the time to answer the questions.

Pastor: Thank you for taking the time to complete this brief reference form for this NW Grace Intl Summer Youth Camp volunteer. Our desire, with your input, is to learn about the applicant and assign them to a place of service where they will be successful. Together, with your help and partnership, we believe that each volunteer will grow in every area of life as we strive to serve well! We know your time is valuable and we thank you for helping us make our summer youth camps a huge success.

Mail: Landmark Church
 Attn: Summer Camps
 1504 W. Main St.
 Battle Ground, WA 98604

Or Scan and Email:
EJStaton@gmail.com
Or Fax:
 360-687-3537

	Spiritual Disciplines					I don't know because...
Personal Devotional Life	Irregular 1	2	consistent 3	4	diligent 5	
Spiritual Maturity	Immature 1	2	mature for age 3	4	high level of maturity 5	
	Personality Character / Health					
Love Others	Unaware 1	2	cares for others 3	4	compassionate 5	
Emotional Stability	Unpredictable 1	2	stable 3	4	well balanced 5	
Self-Control	Undisciplined 1	2	usually disciplined 3	4	very self-disciplined 5	
Integrity	Low morals 1	2	consistent morals 3	4	above reproach 5	
Health and wellness	Some limitation 1	2	generally good health 3	4	physically fit 5	
Attitude	Oden negative 1	2	neutral attitude 3	4	positive attitude 5	
	Leadership / Ministry					
Work Ethic	Lazy 1	2	works well 3	4	has initiative/follow through 5	
Response to authority	Defensive 1	2	open and listens 3	4	highly responsive 5	
Leadership	Follower 1	2	leader when necessary 3	4	natural leader 5	
	Relationships					
Conflict Resolution	Holds grudges 1	2	seeks resolution 3	4	initiates forgiveness 5	
Team Player	Works alone 1	2	appreciates team-work 3	4	great team player 5	

Name of Pastor / Associate Pastor / Youth Pastor / Children's Pastor / Etc.: _____

Best number for follow-up call (If needed): _____

Pastor Signature: _____ Date: _____