

DAY CAMP VOLUNTEER 2020

NAME: _____ ADDRESS: _____
CITY: _____ TELEPHONE #: _____ MOBILE PHONE #: _____
AGE (if under 18): _____ GRADE JUST COMPLETED (IF APPLICABLE): _____
CHURCH AFFILIATION: _____ PASTOR (IF APPLICABLE): _____
EMAIL: _____ BEST WAY TO REACH YOU: _____

My Experience:

Please check any of the boxes that help us know the training/experience you have with children:

- First Aid/CPR Certificate
- Life guard certification
- Baby sitting course certificate
- Team helper/leader in Day Camp 2019
- Plan to Protect program completed at Temple Baptist Church
- Police check only if **over 18 will be required (please attach copy)**.

Please ask for a volunteer letter in order to lower the fee for the check.

- Volunteer in children's ministry: area of involvement: _____
- Had/has a job that involves working with children: name job: _____
- Other (ex. jobs, camp experience, skills): _____
- Hobbies/Sports/Interests that you are involved in: _____

Volunteering:

I would like to volunteer at Day Camp 2020 at Temple Baptist Church. I am available for the following weeks:

- Week # 1 July 6 – July 10
- Week # 3 July 27 – July 31
- Week # 2 July 20 – July 24
- Week # 4 Aug 10 -14

If you can not help for a whole week, please specify days and times you are available:

OTHER: Days: _____ Times: _____

Area you would like to Volunteer:

- Team Leader
- Team Helper
- Junior Team Helper (we only accept a few junior helpers each year)
- Kitchen Helper – Snack Times (9:00-11am each camp morning)
- Registration Helper – Monday AM of Camp (8:20-9:10am)
- Other _____

If you have any questions or concerns please contact the church office. One of the camp staff will contact you near the end of June to talk about your application and Day Camp training.

Questions About You:

On a separate sheet please answer the following questions:

1. Why do you want to help at Day Camp?
2. When did you receive Jesus as your own personal Saviour?
3. What volunteer experience or work experience do you have in working with children?
4. Are you willing to take a training program before summer camp begins?
5. Do you attend a local church? Please name the church and pastor.

In order to provide a safer environment for the children who attend camp, we believe it is important to ask the following questions as part of our application process. We recognize that these issues are sensitive and all discussion is kept confidential within the ministry leadership team. Answering "yes" to these questions may not necessarily disqualify you from volunteering at Day Camp. Thank you for your understanding.

1. Are there any circumstances in your life or your background that could call into question your ability to work safely with children or youth in a Christian environment? YES NO
2. Have you ever been convicted of a criminal offence for which a pardon has not been granted? YES NO
3. Have you ever been investigated for, or accused of, assault or violence, harassment or other immoral or illegal behavior or conduct involving children, youth or vulnerable persons? YES NO
4. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse? YES NO
5. Do you know any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? YES NO

If needed, you are welcomed to come talk personally to Mrs. Katherine if you need to discuss your answers.

Reference:

Please ask two people to fill out the enclosed reference form. Ask your reference to seal their answers in an envelop. Send in your reference with your application package or mail the form to Temple Baptist Church attention Katherine Reyes or email to children@templebaptist.com. A reference can not be from someone who is related to you. A reference could be a pastor, youth worker, teacher, employer, or an adult who has known you for more than 3 years.

1. Name of Reference: _____ Phone number: _____
How long have you known them: _____ Relationship (Friend, teacher...): _____
2. Name of Reference: _____ Phone number: _____
How long have you known them: _____ Relationship (Friend, teacher...): _____

Release of Information:

I herby give Temple Baptist Church consent to verify the information provided this Day Camp Volunteer Application Form and to contact the references given and to obtain and verify any information from them that may be relevant to my application. I herby acknowledge that, to the best of my knowledge, the information contained in this application is true and correct.

Signature of Applicant: _____ Date: _____
Printed Name: _____
Signature of Witness (if under 18): _____ Date: _____
Printed Name: _____

Confidential Volunteer Reference Form

Name of Applicant: _____ Name of Reference: _____

Thank-you for taking the time to fill out the volunteer reference form. The above applicant wants to volunteer at Temple Baptist Church this summer in our Day Camp ministry. Day Camp is an outreach to 800 children in the Sarnia-Lambton community. Your input is valuable to us and will be taken into consideration as we look over their volunteer application.

1. How long have you known the applicant? _____

2. In what capacity do you know this person?

◦ Pastor ◦ Teacher ◦ Friend ◦ Employer ◦ Other _____

3. On a scale of 1 -5 please rate the applicant on these qualities... 1 being the lowest and 5 the highest.

Leadership Skills	1	2	3	4	5
Reliability	1	2	3	4	5
Initiative	1	2	3	4	5
Communication Skills	1	2	3	4	5
Ability to work in a team	1	2	3	4	5
Respects Authority	1	2	3	4	5
Relationship with peers	1	2	3	4	5

4. What special skill, talent, attitude, knowledge or gift would this person bring to our camp?

5. Indicate ways or area in which you have witnessed growth in the applicant’s Christian walk in the past few years?

6. Will the applicant be a benefit to Temple Baptist Church Day Camp? ◦ Yes ◦ No

7. Would you recommend this applicant for a volunteer position? ◦ Yes ◦ No

8. Do you know of any reason why this applicant should not work with children? If yes, please specify.

9. If you were sending your child to camp, would you feel comfortable with this applicant working directly with your child? If no, please specify,

Any additional comments you feel may be of benefit can be written on the back. Thank-you!

Would we be able to contact you for further recommendation if needed? ◦ Yes ◦ No

Reference name _____ Phone number _____ Signature _____

Please return this confidential form to the applicant in a sealed envelope or email children@templebaptist.com

Temple Baptist Church Attention: Katherine Reyes

1410 Quinn Dr, Sarnia ON, N7S 6M8

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