

Camping & Retreat Ministries

Western Pennsylvania Conference of the United Methodist Church

Application Date ___/___/___

Dean _____

Counselor _____

Volunteer Application

All items must be answered completely or marked NA

First Name _____ Last Name _____ Tel Home () _____

Address _____ Tel Work () _____

City _____ State _____ Zip _____ Tel Cell () _____

E-Mail _____ Face book page ___yes___ no

If Under 18, Counselor in Training Camp Required: year attended _____ site _____

Over 18 ___(x)___ If Under 18, and Discovery/Exceptional Persons Volunteer aid Age _____

I. Name of Current Church _____ City _____

Describe your relationship with Jesus Christ and present spiritual growth. How is your faith with God relevant to camp, church, and community work?

Please tell us why you are volunteering and any other information you think is relevant.

Christian Standards: The Western PA Conference Camps: Camp Allegheny, Jumonville, Wesley Woods, and the Algonquin Canoe Program are teaching campers high standards of Christian behavior which are fundamental to a Christian Community. For example, Camping and Retreat Ministries have specific policies prohibiting the use of alcohol, illegal drugs, tobacco, weapons, gambling, and abusive behavior by staff or campers. There are camp rules about language, secular music, sexual conduct, and other issues important in building a Christian Community of mutual respect. Volunteers and paid staff need to be persons of Christian values and behavior that are a worthy example for campers and each other. **Will you endeavor to maintain a high level of Christian Standards ?** _____.

III. Background Information: The Western PA Conference of the United Methodist Church camps are "safe sanctuaries". All persons working with people under 18 and with vulnerable adults **must** have background checks either provide copies of PA (or their state of residence) State Police Criminal Record Check (**Act 33**), and the PA (or applicable state) Child Abuse History Clearance (**Act 34**) or the federal Act 73 or sign the authorization form for Camping and Retreat Ministries to do the background checks.

Copies of these "clearances" are considered valid until a person has moved or the clearances are 10 years old; clearances are kept with the volunteer records and are open only by Conference Camping Staff and filed with the camp you are volunteering for. The forms that must be submitted and an instruction sheet is attached. Volunteers who have done clearances for another organization, need only provide copies.

Act 33 and Act 34 applied _____

Act 33 received _____ Act 34 received _____ other state received _____ federal Act 73 received _____ CRM background _____

IV. Age level preference(s): ___ Preschool ___ Early Elementary ___ Elementary ___ Jr High ___ Sr High ___ MR/MH campers

Camp: _____ Camp Allegheny _____ Jumonville _____ Wesley Woods _____ wherever needed

Qualifications/training: ___ First Aid ___ CPR ___ EMT ___ Lifeguard ___ Equestrian ___ Bus Driver (CDL[P])

___Adventure: Ropes/Challenge Course ___CIT ___ Western PA Conference Summer Program Staff

Special talents, skills, and interests: _____

Turn For Other Side

V. References If you have already been invited by a counselor or dean, please list the inviting person as your first reference

Camp Event _____ **Location(camp)**_____

Of the three (3) references you provide, you may use a pastor, District Superintendent, Employer, Co-Worker, Camp Dean, or other personal reference.

Give Complete Address!!

We will send a reference form to each person you list. Please give complete, legible information and let your references know they will be contacted.

Reference 1.

Name _____ How does this person know you? _____

Address _____ CITY/STATE/ZIP _____

Email address _____ Cell () _____ Home () _____ Work () _____

Reference 2.

Name _____ How does this person know you? _____

Address _____ CITY/STATE/ZIP _____

Email address _____ Cell () _____ Home () _____ Work () _____

Reference 3.

Name _____ How does this person know you? _____

Address _____ CITY/STATE/ZIP _____

Email address _____ Cell () _____ Home () _____ Work () _____

The information that I have provided may be verified by contacting the persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any persons or organizations that provide information, and this release may be sent to any reference. I also agree to hold harmless the Western Pennsylvania Conference of the United Methodist Church and its Camps, its officers, employees, and volunteers there of from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information provided on this application is complete, true, and correct, and if it is found that the information is untrue my volunteer services at camp will no longer be needed.

Signature _____ **Date** _____

Applicant

PLEASE Mail three (3) weeks before camp

United Methodist Conference Center
PO Box 5002
Cranberry Township, PA 16066-0002