

PERSONAL CONTACT INFORMATION		
Your Name (First - MI - Last)		
Mailing Address		
City	State	Zip Code
Home Phone #	Other/Cell Phone #	
E-mail Address		

Volunteer Information
How did you hear about PNW Camps?
Have you been a Camp Volunteer before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", where?

Volunteer Position, Location and Availability
Position desired (a list of position and their description is available on request--skills are below)
Are you applying to volunteer with a specific camp site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age level you'd like to work with? _____
Which site would you like to volunteer at? <input type="checkbox"/> Indianola <input type="checkbox"/> Lazy F <input type="checkbox"/> Ocean Park <input type="checkbox"/> Twinlow <input type="checkbox"/> any site
When are you available to volunteer? <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> other _____
Specific Dates: _____

INTERESTS AND SKILLS (What types of volunteer service interests you? Check all that apply)			
<u>Direct Service with Campers</u>	<u>Direct Service with Camping</u>	<u>Support to Sites</u>	
<input type="checkbox"/> Dean	<input type="checkbox"/> Training/Mentoring leaders	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> recordkeeping/Data Entry
<input type="checkbox"/> Co-dean	<input type="checkbox"/> Volunteer recruitment	<input type="checkbox"/> Maintenance	<input type="checkbox"/> work parties
<input type="checkbox"/> Cabin Leader	<input type="checkbox"/> Newsletter/Publications	<input type="checkbox"/> Outdoor Specialist	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Leader in Training	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Transportation	<input type="checkbox"/> Photography
<input type="checkbox"/> Program Activities	<input type="checkbox"/> Team Management	<input type="checkbox"/> Recruitment	<input type="checkbox"/> Special Events
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other: _____

What specialized skills do you possess? (Check all that apply)		
<input type="checkbox"/> Lifeguard Certification	<input type="checkbox"/> Nurse/EMT/Nursing certificate	<input type="checkbox"/> First Aid Certification
<input type="checkbox"/> Water Sports Certification	<input type="checkbox"/> Volunteer Management	<input type="checkbox"/> Training/Experience with Foster Kids
<input type="checkbox"/> Experience with Persons with Disabilities	<input type="checkbox"/> Language skills (other than English)	
Other: _____		

WELCOME TO VOLUNTEERING!

Camping and Retreat Ministries of the Pacific Northwest Annual Conference
United Methodist Church

What are the expectations of Camp & Retreat volunteers?

- * Serve as a positive, caring and supportive role model to campers.
- * Partner with others to deliver or create programs and activities in an atmosphere that is worshipful, fun and empowering for campers.
- * Serve as an ambassador for the needs of camping and retreats in the local churches.
- * Complete an initial training for the volunteer position (as requested) you wish to hold and update your skills as necessary to perform your volunteer duties.

What support is provided by the Camp and Retreat Ministry?

- * Training and education on aspects relating to the Camping and Retreat program
- * Trained Camp staff to help you work with campers
- * Local volunteers for support, mentoring and resources
- * Resource materials

How do I begin the process to become a Camp & Retreat volunteer?

1. Complete the attached forms:
 - a) volunteer application
 - b) WA State Patrol Criminal Background form
 - c) 3 references -- names, addresses, phone numbers & email address
you may attach a separate paper or use the reference area on the State Patrol background check form.
2. Mail the forms to the Conference office (address below)

All personal information will be kept private and confidential.

When you return the attached application and forms, you will be contacted by the site where you indicated you would be interested in volunteering. We look forward to exploring with you how your skills can help the campers in our conference!

Please send your completed forms to:

Camping
PO Box 13650
Des Moines Wa 98198
1-800-755-7710
fax: 206-870-6839

If you have questions, please call:

Brant Henshaw 206-870-6807
bhenshaw@pnwumc.org
Sharon Meeds 206-870-6805
camping@pnwumc.org

Visit us on the web at www.pnwumc.org

attached:

Volunteer Application
WA State Patrol Check

Adult Workers with Children, Youth and Vulnerable Adults

BACKGROUND CHECKS

Please print neatly & use ink

* Legal First Name _____ Middle Initial _____ *Last Name _____

* Address _____ (City) _____ *(State) _____ *(Zip) _____

* Phone Number (_____) _____ *Date of Birth _____ / _____ / _____ * Gender: Male " Female "

E-Mail Address _____

* Local Church (no initials) _____ Camp or Event _____

*** = Required Fields**

The Washington State Legislature has helped us assure security for children, youth and vulnerable adults by requiring background checks on all people who work with children, youth and vulnerable adults. The United Methodist Church supports this requirement. Because we care, we ask any adult who is providing supervision and/or leadership to complete a background check every two years. Your privacy will be protected and information only used for the purpose of completing a background check.

Please complete the following questions and attach an explanation for any "yes" answer.

- Y N 1. Have you ever been convicted of any crime against children or other persons?
- Y N 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
- Y N 3. Have you ever been found by a court, in a domestic relations proceeding, to have sexually abused or exploited any minor or to have physically abused any minor?
- Y N 4. a. Have you been convicted of the possession, use, or sale of drugs within the last 7 years?
b. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years?
- Y N 5. Within the past 30 days have you abused alcohol, legal or illegal drugs?
- Y N 6. Has your driver's license been suspended or revoked within the last 7 years?
- Y N 7. Have you ever been convicted of crimes relating to financial exploitation where the victim was vulnerable adult?
- Y N 8. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
- Y N 9. a. Have you ever been licensed by a licensing board that licenses businesses/professions?
(If yes, please answer b. and c.)
b. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person?
c. Have you ever been found by that licensing board, or any other disciplinary board, to have abused or financially exploited any vulnerable adult?
- Y N 10. Other than the above matter, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?

Washington Residents:

I understand that a background inquiry may be made to the Washington State Patrol. The Washington State Patrol screening shows only conviction data for crimes against persons in the State of Washington (RCW 43.43.834).

If you are under 18 years of age, a Wa state resident for less than 3 years or the resident of another state, you must provide the following for three references: (use another page if necessary)

1. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

2. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

3. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature _____ Date _____

THIS COVENANT MUST BE FILLED OUT EACH AND EVERY YEAR.

APPLICATION & COVENANT FORM FOR DEANS/LEADERS/LITS

PO Box 13650, Des Moines Wa 98198

The goal of Christian Education Outdoors

In the Pacific Northwest Annual Conference

To enable each person who participates to better...

...know the love and acceptance of God as revealed in Jesus through the Holy Spirit, through the Scriptures, and through the history of God's people;

...become more fully aware of whom he/she is in relationship to God, the natural environment, those of the community of faith, and to all persons everywhere;

...know and act upon the meaning of God's call to discipleship

STATEMENT OF COVENANT

The camp setting offers the church a unique opportunity for ministry to and with the whole person, body, mind and spirit. We acknowledge that a special covenant is created when churches and parents entrust their children and youth to the care of a United Methodist camp staff. We hold each camper as a person of immeasurable worth as a child of God.

As a person serving at camp, I will:

- ... respect each child, youth, and adult; acting in an appropriate and Christian manner with each person I come into contact with at camp,
- ... attend training events and prepare myself in advance for the camping experience,
- ... follow the directions of the camping leadership (the Dean and Camp Director) and the policies of the Camping Board of Stewards,
- ... offer opportunities for growth (including spiritual growth) in settings and activities appropriate to campers' ages and stages of development,
- ... support The United Methodist Church, being aware of and sensitive to its Doctrine and Social Creed,
- ... open myself to the spiritual growth possible for me as I live through a week of camping,
- ... be willing to share my unique gifts while honoring the gifts of others,
- ... act only in ways that will offer glory and honor to God and God's gifts of community and creation
- ... live by the understanding that, as a person in authority, it is my responsibility to avoid sexual contact with children/youth/vulnerable adults/developmentally disabled persons in my care, even if one attempts to initiate the contact, and
- ... find alternative ways to discipline, agreeing that under no circumstance will I use spanking, neck or choke holds, ear or hair pulling, or any other corporal punishment as a means of discipline.
- ... I consent to and authorize the use/reproduction by the camps and OCM Office, or anyone authorized by us, of all photographs taken of me, for any purpose whatsoever, without compensation to me.

Participants Signature _____ **Date** _____