



## ADVENTURE DAY CAMPS 2020 VOLUNTEER APPLICATION FORM

Thank you for your interest in camping ministry. Please fill out this form completely. Upon acceptance, if you are 18 or over, you will need to provide us with a current Criminal Records check. We will have staff and volunteer training the 2<sup>nd</sup> Sunday in June. It is expected, and strong encouraged, that all staff and volunteers attend this training. If you have any questions, please contact the our current Children and Family Ministries' director at [Ashley@tbcsherwoodpark.ca](mailto:Ashley@tbcsherwoodpark.ca) or call 780-464-4040 ext 305.

I commit to volunteering for this year's Adventure Day Camp #1 (July 6-10, 2020)

*and/or*

I commit to volunteering for this year's Adventure Day Camp #2 (July 20-24, 2020)

|                             |
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| <b>PERSONAL INFORMATION</b> |
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Your email: \_\_\_\_\_

Parent or guardian's email: \_\_\_\_\_

Will you be 18 or older before the first day of camp this year?     YES     NO

If you will NOT be 18 or older before the first day of camp this year, please complete the following:

**Emergency Contact #1**

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Do you have current first-aid and/or CPR  YES  NO

Level of First Aid: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Do you have any allergies?  YES  NO

If yes, please list all allergies: \_\_\_\_\_

Do you have any sensitivities?  YES  NO

If yes, please list all sensitivities: \_\_\_\_\_

Do you have any physical limitations or other circumstances we should know about?

YES  NO If yes, please explain: \_\_\_\_\_

|                   |
|-------------------|
| <b>REFERENCES</b> |
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Please provide 2 references. Your reference may be a pastor, employer, or other well-known acquaintance. No family members, please.

**Reference #1:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

**CHURCH ATTENDANCE**

Do you attend church?     YES         NO

Current Church: \_\_\_\_\_

Regularly Attend         Occasionally Attend         Seldom Attend

**PREVIOUS CAMP OR LEADERSHIP EXPERIENCE**

Describe any leadership training you have received in the past: \_\_\_\_\_

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Describe any past children/youth work experience: \_\_\_\_\_

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Have you had any previous camp experience?         YES         NO

If yes, please list what camps you have been involved in, along with dates and position(s):

**Camp #1:**

Name: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Position(s): \_\_\_\_\_

Duties/Comments: \_\_\_\_\_

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**Camp #2:**

**Name:** \_\_\_\_\_ **Dates Served:** \_\_\_\_\_

**Position(s):** \_\_\_\_\_

**Duties/Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list any skills or certification you have that you feel will be beneficial to our camps:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                               |
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| <b>TELL US ABOUT YOURSELF</b> |
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**Why do you want to volunteer at Adventure Day Camps this year?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Describe your strengths:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you a Christian?**       YES       NO

**If yes, what does it mean to you to be a Christian?** \_\_\_\_\_

\_\_\_\_\_  
**How have you been growing in your faith this past year?** \_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER PREFERENCES**

**My first choice is to be a (circle one):**                      **Group Leader**                      **Skill Track Leader**  
**My second choice is to be a (circle one):**                      **Group Leader**                      **Skill Track Leader**



**MY ADVENTURE DAY CAMP VOLUNTEER COMMITMENT**

By submitting this application, I signify my understanding that I will be subject to all applicable Trinity Baptist Church policies and I commit to uphold the following:

- I commit to arriving on time to each of my scheduled training sessions.
- I commit to arriving on time and prepared to my week(s) of camp.
- I commit to assisting camp staff and leaders during camp in any way I can.
- I commit to assisting all campers and a friendly and positive manner.

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Date Signed**