

VOLUNTEER PROFILE FORM 2010
Solid Rock Camp
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Questions: solidrockcamp@fastmail.fm

Please fill out this **volunteer profile form and a registration form**-- mail it at your earliest convenience to the address above. The registration form is the same as the camper's registration form. All forms are also available on the camp's website or from your church.

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Soc. Sec. No. _____ DOB: _____

Male Female

In what staff area(s) are you willing to serve ? (The full time staff pays no registration fee)

- | | |
|--|--|
| <input type="checkbox"/> Primary Camp Counselor | <input type="checkbox"/> Jr. High Camp Counselor |
| <input type="checkbox"/> Middler Camp Counselor | <input type="checkbox"/> Sr. High Camp Counselor |
| <input type="checkbox"/> Nurse's Assistant (8 hrs) | <input type="checkbox"/> Night Security Patrol (8 hrs) |

If you have already agreed to a position, please list here: _____

- Full-time volunteer (must total 8 hours for free registration)

Please choose multiple areas, rate your top three choices:

- | | |
|---|---|
| <input type="checkbox"/> Morning & Evening Worship Team (4 hrs) | <input type="checkbox"/> Family Camp Teaching Time (school age) (2 hrs) |
|---|---|

What instrument? _____

- Craft Helper (4 hrs)
- Snack Shop Helper (4 hrs)
- Child Care for Evening Worship (2 hrs)
- Child Care for Evening Family Camp Teaching Time (2 hrs)
- Child Care for Morning Family Camp Teaching Time (pre-school age) (2 hrs)

"If you are serving as a full-time volunteer (24/7), your camp cost is free; however, if you are volunteering 8 hours or less each day, we would ask your help in other areas as needed, and also in contributing to your food costs for the week" (\$100)

Name of your church: _____ How long active? _____

Pastor: _____

If you have been a participant of this church for less than 2 years, please provide the name(s) of the churches in which you have participated for the last 2 years:

Have you worked in youth/children's ministries? _____ How long? _____

List 2 people who know you well and who would recommend you for youth ministry:

1. Name: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please answer yes or no to the following questions. If the answer to any question is yes, please use the space below the questions to explain your answer. We understand that some of these questions may be awkward for you, but you need to understand that the answers are critical to our efforts to provide the best care and prevent abuse of the youth to whom we minister. The answers to these questions are for your safety and can also help us to protect you against un-warranted allegations.

-Do you have any health condition that might affect your capacity to work with youth, or your ability to serve full time? yes no

-Is there anything in your past or present that we should be aware of related to your ability to work with the youth of our camp? yes no

-Have you ever been convicted of a sex-related crime? yes no

-Have you ever been convicted of a crime involving the health, welfare, safety, or victimization of a minor? yes no

-Have you ever been arrested for a crime for which the accusation has not been resolved? yes no

Explanations to yes answers above: _____

CRIMINAL HISTORY AUTHORIZATION:

I hereby authorize the Ohio State Patrol and any other law enforcement agency to release any information that pertains to any record of conviction in its files or in any criminal file maintained on me whether local, state or national. I hereby release the Ohio State Patrol and Solid Rock Camp from any liability resulting from such a disclosure. I understand that I may obtain a copy of the report and will be given an opportunity to challenge the accuracy and completeness of this report, and obtain a prompt determination as to the validity of the challenge before a final determination is made by Solid Rock Camp.

I certify, that to the best of my knowledge and belief, that all the statements contained in this form are accurate, and that to the best of my ability, I will follow through with my commitment to the ministry of Solid Rock Camp.

Signature: _____ Date: _____

Drivers License Number: _____ State: _____

Solid Rock Camp uses staff & church vehicles to transport campers to off-site activities. Do you have a vehicle that you would be willing to *let the camp staff use* (it might be used by a camp other than the one you are registered in and driven by someone other than you)? If so, your keys will need to be left in the Solid Rock office but are available to you anytime.

If yes, please fill out:

How many passengers? (include driver): _____

Description and License # of this car: _____