

HCC Volunteer Application

Thank you for applying to volunteer at Harvest Christian Camp.

Please mail the following for consideration :

_____ This application completed in full

_____ A readable copy of your driver's license.

_____ A current photograph of yourself

_____ Payment for t-shirt/hoodie/zipper order

HCC 2018 SCHEDULE

June 4: Arrival of all Interns, 6:00 pm

June 4-18: Training for Interns

June 15-16: Staff Training Retreat

June 19-22: Rookie Camp- age 8yrs - 5th grade

June 26-30: Junior Camp -grades 6th - 8th

July 6: Day Camp- ages 4 - 7 years

July 10-14: High Life Camp - grades 9th - 12th

Basic Info: This is a volunteer position that offers a wide range of ministerial involvement. You will have the opportunity to work in several areas according to your talents and abilities. It is our goal to place you in the desired areas of interest. However, all should be willing to serve in any area needed (even if it's cleaning bathrooms).

Basic Information: All volunteers applying to be Bunk Leaders **must attend the STAFF TRAINING RETREAT June 15-16th.** This event is free and will include: Guest speakers who will teach on how to minister to teens & children, practical training for each area of camp, meals, and special services to strengthen and encourage you. Those that are not applying to be bunkleaders are encouraged to come to the Staff Training Retreat also.

Our Staff Coordinator will contact you with more information to help you prepare for your time here

Harvest Christian Camp
9630 S CR 25 W Lewisville, IN 47352
Telephone: 765-987-7969 Fax: 765-987-8296
Email: harvestchristiancamp@yahoo.com
Website: harvestchristiancamp.org

If you are unable to download this application please call the office (765-987-7969) to have an application mailed to you. All applications must be received at the camp office by May 15.

Harvest Christian Camp Volunteer Application

This application is to be completed by all applicants for any position involving the supervision or custody of minors. This application is being used to help Harvest Christian Camp provide a safe and secure environment for those children who participate in our programs and use our facilities. The contents and answers will be kept confidential.

Please indicate the area / areas of ministry that you have an interest in serving:

<p>_____ Ministry:</p> <p>Areas that I'm interested</p> <p>_____ bunk-leader</p> <p>_____ Bible Teacher</p> <p>_____ Night Speaker</p> <p>_____ Music leader</p> <p>_____ music team</p> <p>_____ sports/games</p> <p>_____ workshop leader</p> <p>If you apply in this area you will probably be a bunk-leader with responsibilities in the other areas you desire.</p>	<p>_____ Ministry of Helps</p> <p>Areas that I'm interested</p> <p>_____ Maintenance</p> <p>_____ Go Karts</p> <p>_____ Paint Ball</p> <p>_____ Mowing</p> <p>_____ Wood shop, workshop leader/helper</p> <p>_____ Office help</p> <p>_____ Janitorial</p>	<p>_____ Kitchen</p> <p>Areas that I'm interested:</p> <p>_____ Head Cook Assistant</p> <p>_____ Kitchen helper</p>	<p>Please indicate which camp(s) you wish to help in :</p> <p>_____ Rookie</p> <p>_____ Junior</p> <p>_____ High Life</p> <p>_____ TWS</p> <p>_____ Day</p> <p>_____ Teen ReLoad</p>
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PLEASE PRINT CLEARLY- The following information is used to run back-ground checks.

Date: _____

Name: _____

Age: _____ Birth Date: _____ Gender: M ___ F ___ Race: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Telephone: _____ Cell phone: _____

Email Address: _____ Do you read your email regularly? YES NO

****Please include a READABLE copy of your driver's license with your application.**

Do you have a valid driver's license? YES NO

Driver's License Number: _____

State/Country it was issued: _____

Do you have a CDL License? YES NO

Are you currently insured? YES NO With whom? _____

If the position that you are applying to volunteer is filled, would you be willing to help in another area? YES NO

Camp Wear : Please indicate how many of each item(s) you wish to purchase. _____ T-shirts \$10 _____ Hoodies \$25 _____ Zippies \$30

Please circle the size you would like to order:

A-Sm A-Med A-L A-XL A-XXL A-XXXL
 (add \$1.50) (add \$2)

All HCC Volunteers are required to attend one of our camp training session. You will be notified of the various training dates.

For Office Use Only:	
Date Rec'd:	_____
Amount Rec'd for Camp Wear:	_____
Check # :	_____ Cash: _____
Database Updated:	_____

EMPLOYMENT INFORMATION

Employer: _____

What is your occupation: _____

How long have you worked there? _____

FAMILY INFORMATION

Marital Status: (please circle) MARRIED DIVORCED WIDOWED ENGAGED SINGLE

Spouse's Name: _____

How long have you been married? _____

Do you have any children? YES NO If yes, please give names and ages: _____

MEDICAL INFORMATION

Are you currently (or have been) under a doctor's, psychologist, or psychiatric care for any reason?

(please circle) YES NO

If yes, please explain: _____

Are you currently taking any prescription or non-prescription drugs that may interfere with your camp duties (such as makes you drowsy or sleep extra soundly)? (please circle) YES NO

If yes, please list: _____

Do you have any communicable diseases (including HIV, AIDS, Sexually Transmitted Diseases)?

(please circle) YES NO

If yes, please explain: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities related to children/teen work? If yes, please explain: _____

CHRISTIAN WALK

Are you a born-again Believer? YES NO

When and where did you receive Christ into your heart and how has your relationship with Christ changed your life?

Are you baptized in the Holy Spirit with the evidence of tongues? YES NO

How did you hear about Harvest Christian Camp? _____

Why do you want to volunteer at Harvest Christian Camp? _____

What would you consider is your greatest strength? _____

What would you consider is your greatest weakness? _____

Tell us three words that you would use to describe yourself. _____

What do you think will be the greatest assets you will bring to HCC? _____

LIFE EXPERIENCE

List all previous church or non-church work involving children and teens (list each church's name and type of work performed).

What was your role and responsibilities? Use another sheet if necessary.) _____

CRIMINAL HISTORY

Have you ever been convicted of, pled guilty to or entered a plea of no contest to any criminal offence: YES NO

If yes, state details and dates. _____

By initialing below, I affirm under the penalties of perjury that I have never been arrested for, convicted of, or entered a plea of no contest for the following offences:

- Rape as defined in IC 35-42-2-1
- Criminal deviate conduct as defined in IC 35-42-4-3
- Child molesting as defined in IC 35-42-4-3
- Child exploitation as defined in IC 35-42-4-3
- Vicarious sexual gratification as defined in IC 35-42-4-5
- Child solicitation as defined in IC 35-42-4-6
- Incest as defined in IC 35-46-1-3
- Neglect of a dependent as defined in IC 35-46-1-4
- Child selling as defined in IC 35-46-1-4
- Child seduction as defined in IC 35-42-4-7

INITIAL HERE _____

If you have ever been accused, arrested, convicted, or entered a plea of no contest for any of the items listed above, explain here. (Use extra sheet if necessary) _____

In the past, have you ever been involved in homosexuality? _____

IF YOU PREFER, YOU MAY REFUSE TO ANSWER THE ABOVE QUESTIONS. YOU MAY DISCUSS YOUR ANSWER(S) IN CONFIDENCE WITH THE CAMP DIRECTOR AND/OR PASTOR RATHER THAN ANSWERING ON THIS FORM. ANSWERING "YES", OR LEAVING THE QUESTION UNANSWERED WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FOR CHILDREN OR TEEN WORK.

CHURCH INFORMATION

Do you attend church regularly? YES NO

Name of Church: _____

Address of Church: _____

Church Telephone: _____ Church email: _____

Pastor's Name: _____

How long have you been attending? _____ Are you a member of that church? _____

Does your pastor know that you want to volunteer at HCC? YES NO

Are you currently a volunteer at your church? YES NO

In what area(s) do you serve? _____

WHAT OTHER AREAS WOULD YOU LIKE TO HELP AT HCC?

Are you willing to oversee a workshop? (such as: Dance, Crafts, Sign Language, etc.) If so, please indicate which workshop? _____

Are you willing to oversee a sports activity, if so, which one(s) are you interested in:

___ Flag football ___ Basketball ___ Volleyball ___ Capture the flag ___ Obstacle course ___ Shuffleboard ___ Other

Would you like to be a Bunk House Inspector? (They check out the bunkhouses each day to grade them on cleanliness and decoration creativity.) YES NO

Are you willing to oversee the running of games? (Big games or mixers) YES NO

Would you be willing to help chaperone the swimming field trip? YES NO

REFERENCES

Personal reference, not former employer or relative

Name: _____
Address: _____
City/State/Zip/ Country: _____
Telephone: _____

Current Employer

Name: _____
Address: _____
City/State/Zip/ Country: _____
Telephone : _____

Pastor or Church Leader who knows you well

Name: _____
Address; _____
City/State/Zip/Country: _____
Telephone: _____

Applicant’s Statement: Please read carefully before you sign.

The information contained in this application is correct to the best of my knowledge. I authorize any refer- ences or churches listed in this application to give House of Prayer Ministries/Harvest Christian Camp any in- formation (including opinions) that they may have regarding my character and fitness for children/teen work. House of Prayer Ministries has my permission to do a criminal background check on myself. In consideration of the receipt and evaluation of this application by House of Prayer Ministries/Harvest Christian Camp, I here- by release any individual, church, children’s organization, charity, employer, reference, or any other person or organization, including record custodians, collectively and individually, from any liability for damages of whatever kind or nature which may result at any time to me, my heirs, or family on account of compliance or attempts to comply, with this authorization. I waive any right that I may have to inspect any information pro- vided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of House of Prayer Minis- tries/ Harvest Christian Camp and to refrain from unscriptural conduct in the performance of my service on behalf of said church/camp. I hereby give my permission for House of Prayer Ministries/ Harvest Christian Camp to do a criminal background check. I further state that I have carefully read the foregoing release and know the contents thereof and I sign my release as my own free act. This is a legally binding agreement, which I have read and understood.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please fill out the below release for the purpose of volunteering on the camp grounds.

RELEASE

The undersigned parent/guardian, and persons hereby request permission to enter, visit and to participate in all activities therein beginning this date _____ for activities at the House of Prayer Ministries and/or Harvest Christian Camp or grounds pertaining to activities of such for the House of Prayer Ministries and/or Harvest Christian Camp including but not limited to swimming, sports, go-cart riding, games, activities involving any type of animal, as well as all indoor and outdoor activities, terminating at such time when activity of said ministry has finished. We have/or have not inspected the premises and know there are risks of injury to the person and property of persons that may be sustained in connections with the activities of said Ministry in and about the premises.

In consideration of the permission granted to participate in the stated activities, we hereby, for ourselves, heirs, administrators, and assigns, release, remise, and discharge the officers, agents, and employees of said House of Prayer Ministries and/or Harvest Christian Camp, and their respective servants, officers and officials, and all other residents of said camp from all claims, demands, actions, and causes of action of any sort, for injuries sustained to the person or property of persons during his/her residence at said House of Prayer Ministries and/or Harvest Christian Camp due to negligence or any other fault.

In consideration of the permission granted to the individual for whom the release is signed to participate in the stated activity. I hereby release for myself, heirs, administrators, and assigns, and employees of the House of Prayer Ministries and/or Harvest Christian Camp and their respective servants, agents, officers and officials, and all other residents from all claims, demands, actions, and causes of action of any sort for injuries sustained to the person or property of the individual for whom the release is signed during his/her presence at the location of said activity. All said officers, agents, employees and their respective servants agents, officers and officials, are released from any liability or responsibility arising out of an accident wherein said person for whom release is signed, and or his/her property is damaged, and for any medical hospital, doctor, or pharmaceutical expenses arising out of any said accident. We further grant to the officers of House of Prayer Ministries and/or Harvest Christian Camp the authority to authorize medical treatment at any time the medical treatment is considered necessary in the judgment of said officers for any illness, disease, or physical injury.

I/We certify that we voluntarily allow said individual to reside or visit at the House of Prayer Ministries and/or Harvest Christian Camp and participate in the activities of said Ministry, on or off the grounds of the House of Prayer Ministries and/or Harvest Christian property.

Name: _____ Age _____ Birth Date _____

Address: _____ City _____ State _____ Zip _____

Health Insurance Name: _____ ID# _____

Emergency Contact: _____ Phone #: _____

Tetanus Shot Required! Date _____

Allergies: Please list all medicine (over the counter or prescription), food and environmental allergies _____

Any functional limitations: (walking, running, jumping, dance, lifting etc.) If yes please explain: _____

Are you presently under physicians or psychiatric care? Please circle **Yes** **No**: If yes please describe: _____

Are you currently on any prescribed or over the counter medicines? Please list (including inhalers, nebulizers, over the counter medicine, any pain or headache medication) _____

List any recent illness, injuries, or hospitalization _____

I hereby grant and convey unto Harvest Christian Camp all right, title and interest in any and all photographic images and video or audio recordings made by Harvest Christian Camp during the Volunteer's activities with Harvest Christian Camp unless I have officially indicated otherwise.

I give Harvest Christian Camp the authorization to contact any individual or organization listed as a reference as well as to run any criminal or background checks.

I have read and understand the forgoing requests and release. IN WITNESS WHEREOF, we have executed this request and release

Date: _____ Signature _____

Parental/Guardian Signature if applicant is under the age of 18 years: _____