

North Arkansas District Children's Camp

Volunteer Application - Mail by June 6, 2010

We appreciate your willingness to serve at Children's Camp this year. We will try to assign you to a cabin with campers from your church. We must be sure every cabin has sufficient adult supervision. Please be aware that when you come to camp you are there to serve the spiritual needs of all the children including, but not limited to, the campers from your home church.

NOTE: Teens must be 16 years old by August 31, 2010 in order to serve as a volunteer at camp.

Personal Information

Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email: _____

Spiritual Information

How long have you been a Christian? _____

Are you an active member of a church? ____ Where do you attend? _____

What previous experience do you have in working with children? _____

General Information:

Do you have any physical limitations or medical needs we need to be aware of in order to accommodate you at camp? (ie: diabetic diet, heart condition, asthma, etc.)

Which camp would you like to work? ____ Primary (June 21-23) ____ Junior (June 23-26)

T-shirt: Adult size ____ SM ____ MD ____ L ____ XL ____ XXL ____ XXXL

For the safety of our children, all volunteers 18 or older must **1) complete the enclosed background check, 2) include a copy of their driver's license, and 3) have their pastor sign below.** The background check must be notarized. Do not send any money for the background check.

**Mail both forms by June 6 to Todd Richardson
c/o First Church of the Nazarene, PO Box 687, Conway, AR 72033**

I endorse _____ as a suitable candidate for children's camp counselor for summer 2010.

Pastor's Signature

Date

Authorization For Release of Confidential Information
Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203 release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

This information should be addressed to:

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name/DOB children

Race

Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Full Name/DOB children

Past addresses:

From _____ to _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas

Acknowledges before me this _____ day of _____ 20__.

My commission expires: _____

Notary Public