

Camping & Retreat Ministries

Western Pennsylvania Conference of the United Methodist Church

Application Date ___/___/___ Dean _____

Counselor _____

Volunteer Application

All items must be answered completely or marked NA

First Name _____ Last Name _____ Tel Home () _____

Address _____ Tel Work () _____

City _____ State _____ Zip _____ Tel Cell () _____

E-Mail _____

Over 18 _____ (x) _____ CIT _____ If Under 18, Counselor in Training Camp Required: year attended _____

If Under 18, Discovery/Exceptional Persons Volunteer Age _____

Event I will help with _____ Location (camp) _____

I. Name of Current Church _____ City _____

Please describe your conversion/commitment experiences and present spiritual growth, and how your relationship with God is relevant to your camp, church, and community work.

Please tell us why you are volunteering and any other information you think is relevant.

II. Christian Standards: The Western PA Conference Camps: Camp Allegheny, Jumonville, Wesley Woods, and the Algonquin Canoe Program are teaching campers high standards of Christian behavior which are fundamental to a Christian Community. Volunteers and paid staff need to be persons of Christian values and behavior, and are a worthy example for campers and each other. **Will you endeavor to maintain a high level of Christian Standards while at camp?** _____

For example, Camping and Retreat Ministries have specific policies prohibiting the use of alcohol, illegal drugs, tobacco, weapons, gambling, and abusive behavior by staff or campers. There are camp rules about language, music, sexual conduct, and other issues important in building a Christian Community of mutual respect.

III. Background Information: The Western PA Conference of the United Methodist Church camps are "safe sanctuaries". All persons working with people under 18 and with vulnerable adults **must** provide copies of PA (or applicable state) State Police Criminal Record Check (**Act 33**), and the PA (or applicable state) Child Abuse History Clearance (**Act 34**).

Copies of these "clearances" are considered valid until a person has moved; clearances are kept with the volunteer records and are shared only with Conference Camping Staff. The forms that must be submitted and an instruction sheet is attached. Volunteers who have done clearances for another organization, need only provide copies.

Act 33 and Act 34 applied _____.

Turn For Other Side

IV. Age level preference(s): ___ Preschool ___ Early Elementary ___ Elementary ___ Jr High ___ Sr High ___ MR/MH campers

Camp: _____ Camp Allegheny _____ Jumonville _____ Wesley Woods _____ wherever needed

Qualifications/training: ___ First Aid ___ CPR ___ EMT ___ Lifeguard ___ Equestrian ___ Bus Driver (CDL[P])
___ Adventure: Ropes/Challenge Course ___ CIT ___ Western PA Conference Summer Program Staff

Special talents, skills, and interests: _____

V. References If you have already been invited by a counselor or dean, please list the inviting person as your first reference.

Of the three (3) references you provide, you may include a pastor, District Superintendent, Employer, Co-Worker, Camp Dean, Family Member, or other personal reference.

Give Complete Address!!

A reference form will be sent to each one by the camping office.

Reference 1.

Name _____ Relationship _____ Phone () _____

Address _____ CITY/STATE/ZIP _____

Reference 2.

Name _____ Relationship _____ Phone () _____

Address _____ CITY/STATE/ZIP _____

Reference 3.

Name _____ Relationship _____ Phone () _____

Address _____ CITY/STATE/ZIP _____

The information that I have provided may be verified by contacting the persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any persons or organizations that provide information, and this release may be sent to any reference. I also agree to hold harmless the Western Pennsylvania Conference of the United Methodist Church and its Camps, its officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information provided on this application is complete, true, and correct, and if it is found that the information is untrue my volunteer services at camp no longer be needed.

Signature _____ **Date** _____

Applicant

Mail this application three (3) weeks before camp

**United Methodist Conference Center
PO Box 5002
Cranberry Township, PA 16066-0002**