

# 2012 Volunteer Camp Counselor Application Form

All persons interested in serving as a camp leader/counselor in the Minnesota Conference of the United Methodist Church Camping program need to complete this application form. Thank you for serving in this ministry!

**Please mail your completed form to: United Methodist Retreats & Camping Office  
122 W. Franklin Ave., #400, Minneapolis, MN 55404-2472 (612) 230-CAMP (2267)**

The information provided on this form is confidential and is requested for the wellness of our campers, deans, volunteer counselors, staff, and conference programming agencies. Thank you for your cooperation.

## Applicant Information: *(please print)*

Name: \_\_\_\_\_ o Male o Female  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**Camp Related Info:** Full Camp Counselors must be a minimum age of 18 and have completed a volunteer application form.  
We recommend, but do not require that counselors be at least 1 year out of High School.

**Please indicate your age group:** o Under 18 o 18-20 o 21+ (If you are younger than 18, a parent's signature is required where indicated)  
**Age group you would feel most comfortable with:** o Elementary o Jr. High o Sr. High o Adults o Families/Intergenerational  
**Type of Camp preferred:** o Resident (central dining, cabins, showers) o Wilderness/Trail (adventure, tenting) o Camp for Mentally Handicapped

If interested in volunteering for a specific camp(s) this summer please indicate Camp Name(s), Date(s), and Dean(s) below:

Have you participated in any training experience to date? o Yes o No  
If Yes, Please describe:

## Work/Volunteer Experience:

1-Job/Volunteer Experience Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor/Leader \_\_\_\_\_  
Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2-Local Church Membership \_\_\_\_\_ Denomination (If non-UMC) \_\_\_\_\_

3-Educational Background: (Please check all that apply and include year completed/graduated)  
o High School \_\_\_\_\_ o College \_\_\_\_\_ o Seminary \_\_\_\_\_ o Grad. School \_\_\_\_\_ o Other: \_\_\_\_\_

## Special Interests/Skills for Camp Leadership: (Please indicate if you could Lead or Teach—check all that apply)

Crafts  Nature Activities  Games/Sports  Hiking  Worship  Canoeing/Boating  
 Biking  Bible Study  Song Leading/Music  Storytelling  Drama  
 Other (please list): \_\_\_\_\_

**Background:** (Please check correct answer - if "yes" please provide brief explanation)

- A - Have you ever been convicted of a criminal offense?  Yes  No
- B - Have you ever been charged with child neglect - physical or sexual abuse?  Yes  No
- C - Have you ever been convicted for the use or sale of drugs?  Yes  No
- D - Has your driver's license ever been suspended or revoked?  Yes  No
- E - Is there any fact or circumstance that would call into question your being entrusted with the supervision, guidance, or care of young people or vulnerable adults?  Yes  No

**References:** *Please list the pastor of your local congregation and one other person (outside of your family) who is familiar with your character and abilities as they relate to working as a camp or retreat leader.*

Pastor Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Reference Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

**Volunteer Statement:**

I, the undersigned, understand that the information I have provided may be verified by contacting persons or organizations named in this application form and I hereby release and agree to hold harmless from any liability any person or organization that provides information concerning me to the Retreats and Camping Ministry Team of the Minnesota Annual Conference of the United Methodist Church and its agencies. In signing this application, I affirm that the information provided is true and correct.

**Authorization to Conduct Background Check:**

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize The Minnesota Annual Conference of the United Methodist Church to obtain a background report containing the foregoing information from LexisNexis Screening Solutions Inc. PO Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to LexisNexis within a reasonable time after I execute this authorization.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify LexisNexis, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from LexisNexis, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of LexisNexis, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES \_\_\_ NO \_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (for applicants under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU for your cooperation and for volunteering to serve in this ministry!**