

# VOLUNTEER STAFF APPLICATION FORM

## \_\_\_\_Special Needs Summer Children's Camp, CrossTimbers

### \_\_\_\_Adult Special Needs Fall Retreat

(Please indicate event for which you are volunteering.)

#### PERSONAL INFORMATION

<b>Name:</b> Last		First	Middle	Preferred Name	Sex	Age	Date of Birth
Social Security Number	Height	Weight	Driver's License Number		U.S. Citizen		
Mailing Address:		Street	City	State	Zip		
E-Mail Address		Day Telephone Number ( )		Evening or Cell Phone Number ( )			
Name of Parents/Guardian or Emergency Contact:			Phone number for Parents/Guardian or Emergency Contact:				

#### EDUCATION

Name of school or college attending (Please do not put initials)  
 \_\_\_\_\_  Freshman  Sophomore  Junior  Senior

List organizations and honors. \_\_\_\_\_

Have you ever been charged with a crime, including a traffic violation? \_\_\_\_No \_\_\_\_Yes If yes, explain \_\_\_\_\_

Have you ever been abused or molested or been accused of abusing or molesting a child or minor? \_\_\_\_No \_\_\_\_Yes

Were you ever abused or molested as a child or minor? \_\_\_\_No \_\_\_\_Yes

Do you give permission for us to obtain a background check? \_\_\_\_No \_\_\_\_Yes

#### CHURCH INFORMATION

Present Church Membership	City	State	How Long a member?	Do you attend church on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pastor's Name	List responsibilities/activities in your home church. _____			
Church Telephone ( )	_____			

#### INDICATE EXPERIENCE IN THE FOLLOWING:

	None	Some	Extensive		None	Some	Extensive		None	Some	Extensive
<b>Recreation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Drama</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Camp Staffer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Puppets</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Lifeguard</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Clowning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bible Teaching</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Special Needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Juggling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lead Fellowship</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VBS/Day Camps</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Song Leading</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lead Devotion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Singing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Working with Hearing Impaired</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other experience you feel is helpful; please describe \_\_\_\_\_

**Please include a recent photo we can send to before camp to the special needs child you will be paired with.**

**INSTRUMENT/S PLAYED** (Indicate skill level: Beginner, Intermediate, Advanced)

Piano \_\_\_\_\_  Guitar \_\_\_\_\_  Other \_\_\_\_\_

LANGUAGE/PROFICIENCY LEVEL (including American Sign Language)	Read	Write	Speak Some	Fluent
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH INFORMATION**

My health is

- Excellent  
 Fair       Poor

Are you allergic to any medications?

Yes     No  
 If so, what? \_\_\_\_\_

Are you currently under any medication?

Yes     No  
 If so, what? \_\_\_\_\_

Are you under a physician's care due to physical conditions which may limit your ability to serve in some assignments (i.e., serious allergies requiring medication, vision problems, back problems, etc.)?

Yes     No    If yes, please explain  
 \_\_\_\_\_

If you now have or have ever had problems with any of the following, please indicate and explain.

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Heart            | <input type="checkbox"/> High Altitude Sickness |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Mononucleosis      | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Psychiatric Counsel    |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Allergies        | <input type="checkbox"/> Stomach                |

Have you ever been or currently under psychiatric care?  Yes     No    If yes, please explain.

\_\_\_\_\_

**REFERENCES (GIVE THE NAME AND ADDRESS OF FOUR REFERENCES BELOW.)**

Reference	Name	Address, City, State, Zip	Phone, including area code
Pastor			
Sunday School Teacher			
Student/Youth Minister			
Adult Friend			

Please state your reason(s) for volunteering and briefly share your personal testimony, using a separate sheet if necessary:

I understand that I will be under the guidelines and policies of the camp or retreat director and the Baptist General Convention of Oklahoma.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (If applicant is a minor)

\_\_\_\_\_  
 Date