

VOLUNTEER STAFF APPLICATION FORM

Adult Special Needs Fall Retreat

PERSONAL INFORMATION

Name: 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
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camp Staffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puppets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juggling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VBS/Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Song Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Devotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working with Hearing Impaired	<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 <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Are you allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____ Are you currently under any medication? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____
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If you now have or have ever had problems with any of the following, please indicate and explain.

- | | | | |
|--------------------|--------------------------|------------------------|------------------------------|
| _____ Asthma | _____ Migraine Headaches | _____ Heart | _____ High Altitude Sickness |
| _____ Diabetes | _____ Mononucleosis | _____ Nervous Disorder | _____ Psychiatric Counsel |
| _____ Tuberculosis | _____ Seizures | _____ Allergies | _____ 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