

Church of the Brethren Western Plains District
Volunteer Camp Staff Application

Thank you for applying to be a staff member in ministry this summer at Camp Colorado or Camp Mt. Hermon. Our ministry continues because of volunteers like you. Welcome!

OMT (the Outdoor Ministry Team) of the Western Plains District has been charged with responsibility for the camp program in our district. We are eager to protect the health and safety of our campers (and leaders). To do so, we ask for information from all our leaders and staff and have prepared several forms for you to fill out. These are available on the camps' and the District Websites for you to download and complete:

Camp Colorado — www.campcolorado.org

Camp Mt. Hermon — www.campmthermon.net

Western Plains District — www.westernplainschurchofthebrethren.org

Here is a checklist of the forms we need all leaders and staff to fill out and where to send them:

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> Volunteer Camp Staff Application.pdf | District Office | By April 30 |
| <input type="checkbox"/> Application for CIT_rvsd2017.pdf | District Office | By April 30 |
| <input type="checkbox"/> Volunteer Ltr of Reference Form.doc | Your three references,
They send them to the
District Office | By April 30
By May 15 |
| <input type="checkbox"/> WPD Camp Health Form for Staff.pdf | Have your doctor sign this and you keep it to bring with you to camp for the Camp Nurse. | |
| <input type="checkbox"/> Copy of Health Insurance Card (front and back) | Camp Nurse | Week of camp |
| <input type="checkbox"/> Copy of drivers license (front and back) | Camp Nurse | Week of camp |

If you are a Co-director, the District Office will send you a copy of your volunteers' and CIT applications, so you can be aware of their backgrounds, skills, and interests.

There are other forms that OMT sends to Co-directors (not available on Websites) to fill out and return:

- | | | |
|--|---|-----------------------|
| <input type="checkbox"/> Camp Co-directors Agreement | Return copy to OMT chair | By April 30 |
| <input type="checkbox"/> Camp Nurse Agreement-Job Description | Return copy to District Office | By April 30 |
| <input type="checkbox"/> Co-directors Reimbursement Request-2017 | Return original to Camp Manager | Before you leave camp |
| <input type="checkbox"/> Camp Evaluation Forms | Return originals to Camp Manager | Before you leave camp |
| <input type="checkbox"/> Co-directors Report | Send to OMT chair within 30 days of your camp week. | |
| <input type="checkbox"/> Camper Registration Roster-blank | Send to OMT as part of report | “ |

If you have any questions about these, please call OMT chair, Jan Hurst, at 620-245-0009 or 410-259-0299.

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Thank you for applying to be a staff member in ministry this summer at Camp Colorado or Camp Mt. Hermon. To safeguard the wellbeing of participants served and to comply with state childcare facility regulations, Outdoor Ministries Team requires that the entire application be completed.

Name: _____ Birthdate: _____

E-mail: _____ Cell Phone: _____

Street address: _____ Home Phone: _____

City: _____ State/ZIP: _____

Age: _____ Gender: _____ Home Congregation: _____

Why would you like to volunteer at camp this summer? _____

Choice of Position – (Circle one) Director Counselor Spiritual Leader Resource Leader Nurse Cook
Other _____

Choice of Camp Session- (Check one or more. Dates are publicized on the camp websites).

Camp Mt. Hermon

Camp Colorado

_____ Pre-Junior (3rd-4th grades) _____

_____ Junior (5th-6th grades) _____

_____ Jr Hi (7th-8th grades) _____

_____ Senior Hi (grades 9th-12th) _____

_____ Senior Hi weekend (grades 9th-12th Mt. Hermon Only

_____ Come Along with Me (K-2nd with adult attendee) Mt. Hermon only

Camping Experience

1. Western Plains District Camp(s): _____

2. Other camps (list name, type of camp and years attended): _____

Employment

Current employer: _____ Your position: _____

Employers address and phone number: _____

Experiences with youth work or childcare

Please list experiences, training or education in these areas: _____

Religious Background: _____

Camp Leadership Skills (Use one check for skills you have and 2 checks for skills you can lead or teach)

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Morning watch or vespers | <input type="checkbox"/> Cabin Devotions | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Cook-outs |
| <input type="checkbox"/> Recreation/games | <input type="checkbox"/> Hiking | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Leather craft | <input type="checkbox"/> Lanyard Making | <input type="checkbox"/> Macramé |
| <input type="checkbox"/> Belay skills | <input type="checkbox"/> Singing | <input type="checkbox"/> Musical Instrument _____ | |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Small group leadership | |
| <input type="checkbox"/> Campfire programing | <input type="checkbox"/> Storytelling | <input type="checkbox"/> CPR Certification (bring documentation) | |

Please list any **Physical Conditions** that could prevent you from participating fully in activities at camp:

Letters of Recommendation:

Camps are required to keep 3 letters of reference for you on file at the camp. Reference letters are good for 10 years. Letters should come from persons who know you well and are not members of your family. Your application will not be complete until the letters have been received. Please list the persons who have provided or will provide your letters of reference.

1. _____
2. _____
3. _____

Health Forms

All staff are required to have a completed health form on file. Health forms are good for 2 years. Health forms can be found on the camp’s websites: www.campcolorado.org and www.campmthermon.net. A 90-day health history update will be required upon arrival at camp.

Emergency Contact Information:

Name: _____ Relationship to you: _____

Home Phone: _____ Work phone: _____ Cell: _____

Address: _____ City _____ State/ZIP _____

Statement of Understanding Regarding Camper Transportation

I understand that it is my responsibility to contact my auto insurance company to see whether my auto insurance will cover any incident that might occur while transporting campers during camp. By signing here, I acknowledge that the camp does not provide any auto insurance coverage.

Signature: _____ Date: _____

Applicant’s Statement

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal.

I agree to support and uphold the mission of the Western Plains District Camping Program.

I agree to operate under the policies and procedures of the camp(s) where I will be on staff.

I authorize Camp Colorado and/or Camp Mt. Hermon and the Western Plains District to photograph me and to use such photographs for the purpose of camp promotion, publicity or historical record.

Signature: _____ Date: _____

BACKGROUND CHECK

Western Plains Outdoor Ministries Team requires a background check for any staff, substitute, or volunteer who is working with children. The District Office carries out this investigation for camp leaders the same as it does for district pastors. After the investigation is completed, the Social Security and Drivers License numbers you supply below will be destroyed. Background checks are good for five (5) years.

AUTHORIZATION

I, _____ attest that I have not been convicted of a violent crime or crimes against children. I authorize Camp Colorado or Camp Mt. Hermon (circle one) to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee or volunteer, and that I expressly DO NOT authorize Camp Colorado or Camp Mt. Hermon, their directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Print full name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

Social Security # _____ Driver's License # _____

Address: _____ City, State, Zip: _____

E-mail: _____ Phone: _____

Return this whole completed form to the District Office by April 30 of this year to:

Western Plains Church of the Brethren
P.O. Box 394
McPherson, KS 67460

Please call Jan Hurst, OMT chair, if you have questions: 620-245-0009 or 410-259-0299