

CAMP BLESSING: 2010 Volunteer Application

Please attach a recent photo!

STATEMENT OF FAITH: *We believe God Almighty to be our Creator and Heavenly Father and His son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be his inspired Word and as such is our final authority for faith and life. It is our purpose to teach His Word and to glorify Him in all we do.*

If you agree with the statement of faith, PLEASE FILL OUT APPLICATION COMPLETELY, SIGN AND RETURN TO THE ADDRESS BELOW! THANK YOU!

Name: _____ M/F: _____

E-mail: _____ Phone () _____

PERMANENT:

Address: _____ Phone () _____

City: _____ State: _____ Zip _____

Home Church _____

Date of Birth: _____ Age: _____ If 18 or older, Social Security #: _____

University/High School: _____ Year/Grade: _____

Major: _____ Degree: _____

Previous Experience with Camp Blessing: _____

If new, how did you hear about Camp? _____ T-shirt size _____

Please CIRCLE the Term(s) you would like to attend.

Term One-June 5-10th

Term Two- June 11-16th

Term Three- June 17-22th

Term Four- June 23-28th

Please CIRCLE the position you are interested in:

(Refer to the web site info sheet for description of job)

Counselor
(Ages 17 - 25)

Barn Counselor (limited to one term only)
(Ages 14-16)

Positions Below are for ages 26 & Over:

Cook's Helper

Cabin Mom/Dad

Nurse/Doctor

I am enclosing \$20 towards the cost of serving at camp. I will pay the remaining \$55 by the first day of camp.
Or

I am enclosing the full \$75 cost of serving at camp.

Note: any amount beyond \$75 will be considered a tax deductible gift.

Term _____ Payment enclosed with application \$ _____

Please make checks payable to "Camp Blessing"

CAMP BLESSING c/o Chuck & Jodi Ferguson
19326 Halston Ridge CT, Tomball, TX 77375
(281) 255-3695 chuckjodif@sbclgobal.net www.campbarnabastexas.org

Consider this your interview on paper. Please give us enough information to get to know you. Allow your answers to be complete and honest.

- How and when did you come to know Christ, and how would you describe your walk with the Lord?
- What are some of your strengths and weaknesses?
- If you have served here before, how has it impacted your life?
- Do you prefer working with special needs children or typical siblings?
- (Females only) Would you be willing to work with a boys' cabin during the daytime if necessary?
- Why do you want to work with children who have disabilities; what do you hope to gain?

- If you are between the ages of 22-29, how will you feel working in a cabin with younger volunteers and coming under the authority of staff members who may be younger than yourself?

- Do you have any physical or mental conditions that would hinder you from being able to do any of the following: swimming with your camper, carrying heavy objects, walking long distances, pushing wheelchairs, running, participating in cabin discussions, working independently, following through with various tasks you are asked to do, or facilitating camper engagement in various activities? If yes, please explain.

- Do you have any psychological, mental or physical health issues that you have received therapy, treatment or medication for over the last 12 months? If yes, explain.

- Do have any special food requirements i.e. allergies, vegetarian etc.? If yes, explain.

If you have a special medical or health issue that would require assistance, or extra time, please note the condition and details. We will try our best to consider your personal needs and the needs of our campers in finding a place for you at camp.

Attach a page telling us a little about yourself! Include information about your family, what you like to do, what gives you joy, etc... Tell us how you became a Christian. What is your participation in Church or ministry activities? What are some current challenges in your life? What is an area of your life that you feel you are growing in? Please tell us of any special skills, gifts or talents you may be able to share with others at camp. This is your interview on paper!

I understand that if I am accepted as a volunteer at Camp Blessing that campers and staff are counting on me to keep my commitment. I understand that if this application is not complete I may not be accepted. Filling out this application does not guarantee a space for me at Camp Blessing.

Signature _____

Signature of parent if volunteer is under 18 _____

HEALTH INFORMATION

Name of person to contact in case of emergency:

Name _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Alternate Person to contact: _____

Day () _____ Evening Phone () _____

Insurance Co: _____ Policy #: _____

Member name: _____

Allergies (Medications, foods, bee stings, etc.):

List any health conditions (Depression, Asthma, Diabetes, Crohn's Disease, Special Diet, etc.):

Year of Last Tetanus Shot: _____

Have you had the Chicken Pox or The Vaccine? _____ If yes, when? _____

To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all camp activities and I am in good health. I give permission to the physician selected by the Camp Director to order x-rays, routine tests, and treatment for my well being. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. (Every effort will be made to contact the parent of a minor in the event of a medical emergency.) I give permission for the Camp nurse to administer over the counter or prescription medication as directed by the camp physician.

CONSENT FORM for Volunteers

Print Name of Volunteer: _____

I realize the campers will be counting on me to be at Camp Blessing. My signature below is my binding word. I would only break my commitment for a serious health reason or a family emergency.

I have been advised of the nature and extent of the activities that may take place as stated in written materials. I understand I will keep a vigorous schedule. I acknowledge I am physically and mentally able to participate in all activities.

I agree to prepare myself spiritually for the work I will be doing while at Camp Blessing. I also agree to fully and carefully read any letters, mail outs, or notes sent or given to me by camp personnel. I will comply with all requests for written materials to be returned.

I understand that Camp Blessing will conduct a background check for all volunteers 18 & over.

I understand Camp Blessing is not responsible for any lost clothing or other personal property while I am at camp and I agree to clearly mark all articles with my full name.

I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Blessing - its directors, employees, Board of Directors, volunteers, campers, and cooperating entities for and against any and all injuries or damages of any nature including death which I may suffer while taking part in Camp Blessing or other activities associated with Camp Blessing. I further understand I assume all risks associated in participating in Camp Blessing.

I give consent to Camp Blessing its directors, employees, agents, and cooperating entities to use my name, picture, likeness, writings or audio or video tape recordings of me for use in any media for educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Camp Blessing without compensation for such usage.

Signature _____ Date _____

If under 18, Parent/Guardian Signature required: _____