



For office use only

Date background check requested _____

Date received _____

Documentation of current background check:

Volunteer Ministry Team Member Application

Please Type or Print clearly

Name _____ Gender: M F Date of Birth ___/___/___

Address _____ Phone (____) _____

_____ e-mail _____

Previous Address _____ Phone (____) _____

If under 22 name(s) of Parent/Guardian: _____

Dates Available Beginning ___/___/___ Ending ___/___/___
month day year month day year

Areas of Interest and Abilities (*Please indicate with a 1 2 3 4 or 5 with 5 being the highest*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Lawn Maintenance | <input type="checkbox"/> Leading Devotions | <input type="checkbox"/> Leading Worship |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Singing | <input type="checkbox"/> Instrumentalist |
| <input type="checkbox"/> Service Projects | <input type="checkbox"/> Office / Records | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Children's Camp | <input type="checkbox"/> Other _____ | |

Experience: (*i.e. missions training, evangelism training, mission trips, church positions, VBS positions, professional qualifications and training, etc...*)

First-aid Training: Yes No CPR Training: Yes No Date(s) Completed: _____

Lifeguard Certification: Yes No

Have you ever been convicted of or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No

If Yes, please explain: _____

Member of what Church _____

Address _____

Mailing

City

State

Zip

Pastor's Name _____ Church Phone (____) _____

Church Email _____ Church Affiliation SBC other _____

Do you attend Weekly Yes No How long have you been a Member _____

My health is ___Excellent ___Good ___Fair ___Poor

Existing Conditions/Limitations ___Asthma ___Diabetes ___Heart Trouble ___Stomach Ulcers
___Vertigo ___Physical impairments (explain _____) ___other _____

Allergies Penicillin or other drugs (name) _____

Food _____ Insect Stings/Bites _____

Poison: sumac oak ivy Other _____

Are you under the care of a Physician at this time Yes No

If yes, please explain _____

Are you currently taking medication Yes No If yes, what? _____

Date of Last Tetanus _____

Contact information in case of an emergency

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

References

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Waiver, Consent, and Background Check Authorization

I, _____, hereby certify that the information contained in this application is correct to the best of my knowledge. I authorize Camp Agape and its designated agents and representatives to conduct comprehensive reviews of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the report /investigative consumer report may include, but not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Camp Agape** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

In the event that my application is accepted and I become a volunteer of Camp Agape, I agree to abide by and be bound by the policies of Camp Agape and to refrain from inappropriate conduct in the performance of my duties on behalf of Camp Agape.

I have read this waiver and the entire application, and I am fully aware of its content. I sign this consent freely and under no duress or coercion.

Signature _____ Date _____

Witness Signature _____ Date _____

***Camp Agape** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.