



# CAMP MINISTRIES PROGRAM

## Presbytery of Des Moines



### Volunteer Camp Staff Application

(Please print or type and attach a recent photograph)

**Date of Application:** \_\_\_\_\_ **Gender:** M   F   **T-Shirt Size:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Marital Status:** S   M   D

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**I. Requested Camp Events** (include name, event number and dates):

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**II. Briefly list recent camp experience** (include dates, the campsite, and whether you were a camper or staff):

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**III. References** (name, address and telephone number of three persons who are not relatives):

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

**IV. Health, Safety and Camp Activity Certifications:**

CPR Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
First Aid Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

List Other Certifications: \_\_\_\_\_  
\_\_\_\_\_

**V. Camp Program Skills** (put "T" before events you could lead or teach, a "A" if you can assist, and a "C" if you have current certification and attach a copy of your certification):

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|---|--|---|
| <input type="checkbox"/> Challenge/Ropes Course | <input type="checkbox"/> Games             | <input type="checkbox"/> Archery        |
| <input type="checkbox"/> Climbing/Rappelling    | <input type="checkbox"/> Campfires         | <input type="checkbox"/> Lifeguard      |
| <input type="checkbox"/> Arts/Crafts            | <input type="checkbox"/> Sports            | <input type="checkbox"/> Singing        |
| <input type="checkbox"/> Drama                  | <input type="checkbox"/> Swimming          | <input type="checkbox"/> Guitar Playing |
| <input type="checkbox"/> Outdoor Cooking        | <input type="checkbox"/> Canoeing/Kayaking |   |
| <input type="checkbox"/> Hiking                 | <input type="checkbox"/> Horseback Riding  |   |

**VI. What contribution do you think you could make at camp?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Have you ever been convicted of child abuse, molestation, or neglect?** Yes No  
(If yes, attach on a separate page the details.)

**VIII. Is a background check already on file?** Yes No

If Yes, who performed the background check? \_\_\_\_\_

**VIII. Authorization**

*I authorize the investigation of all statements herein, including checks of criminal records, and release the Presbytery of Des Moines and all others from liability in connection with the same. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian** (if under 18): \_\_\_\_\_

*Mail to: Dennis Britson, 1110 East 6<sup>th</sup> Street, No. 12, Des Moines, IA 50316-2841*