



2010 Volunteer Staff Application

Personal Information

Name _____

Mailing Address _____

City/State/Zip _____

Permanent Street Address _____

City/State/Zip _____

Home Phone # _____ Cell Phone # _____
 (____) _____ (____) _____

Work Phone # _____ Fax # _____
 (____) _____ (____) _____

Birth date ____/____/____ Age _____

Gender Male Female

Marital Status Single Engaged Married Divorced Widowed

E-mail Address _____

Church Attending _____

High School Attending _____ Grade _____

College Attending _____

Current Employer _____

Work Phone # _____
 (____) _____

Supervisor's Name _____

Emergency Contact _____

Street Address _____

Mailing Address _____

City/State/Zip _____

Primary Phone # _____ Alternate Phone # _____
 (____) _____ (____) _____

T-shirt size _____ (adult sizes)

Returning staff: Date(s) you have served before: _____

In what capacity? _____

Personal Response (Please print or type)

- Please attach a separate sheet with your responses to these questions:
1. What are your current devotional habits? (First-time applicants: please include your conversion and spiritual growth as well as your current devotional habits)
 2. What is God teaching you now?
 3. Why do you want to serve at Camp Morrow this summer?
 4. How have you been involved in your local church in the past year?
 5. Is there any other ministry you have been involved in during the past year?

References

Please do not list relatives

(Returning staff do not need to complete the attached reference forms)

Pastor or Youth Leader

Name _____

Church Name _____

Current Street Address _____

City/State/Zip _____

Home Phone # _____ Work Phone # _____
 (____) _____ (____) _____

Personal Reference (over 18)

Name _____

Current Street Address _____

City/State/Zip _____

Home Phone # _____ Work Phone # _____
 (____) _____ (____) _____

Teacher/Employer

Name _____

Current Street Address _____

City/State/Zip _____

Home Phone # _____ Work Phone # _____
 (____) _____ (____) _____

Position Preference

Please mark the position(s) in which you are interested.

- | | |
|--|--|
| <input type="radio"/> Cabin Leader | <input type="radio"/> Wrangler |
| <input type="radio"/> Assistant Cabin Leader | <input type="radio"/> Junior Wrangler |
| <input type="radio"/> Medical Staff | <input type="radio"/> Lifeguard |
| <input type="radio"/> Lead Cook | <input type="radio"/> Music/Worship Leader |
| <input type="radio"/> Prep Cook | <input type="radio"/> Other _____ |
| <input type="radio"/> Crew Member | |

List any skill(s) which would contribute to the ministry of Camp Morrow while you are serving (crafts, hobbies, outdoor skills, etc):

Please check the weeks of camp you would like to volunteer for.

- | | |
|--|----------------|
| <input type="checkbox"/> Staff Training | June 25-27 |
| <input type="checkbox"/> Sr. High Camp | June 27-July 2 |
| <input type="checkbox"/> Hispanic Family Camp | July 2-4 |
| <input type="checkbox"/> Jr. 1 Camp | July 11-16 |
| <input type="checkbox"/> Jr. High Raft Weekend | July 16-18 |
| <input type="checkbox"/> Jr. High Camp | July 18-23 |
| <input type="checkbox"/> Family Camp | July 23-25 |
| <input type="checkbox"/> College Raft Weekend | July 23-25 |
| <input type="checkbox"/> Jr. 2 | July 25-30 |
| <input type="checkbox"/> Primary Camp | July 30-Aug 1 |
|
 | |
| <input type="checkbox"/> Leadership Tracks | June 17-19 |
| <input type="checkbox"/> Sr. HC 1 (girls only) | June 20-25 |
| <input type="checkbox"/> Jr. HC 1 (coed) | July 4-9 |
| <input type="checkbox"/> Jr. HC 2 (girls only) | July 16-18 |
| <input type="checkbox"/> Sr. HC 2 (coed) | August 8-13 |
| <input type="checkbox"/> Jr. HC 3 (coed) | August 18-20 |

Last Name

First Name

(For office use only) Rec'd _____

BC CL M

Staff Commitment

I understand as a volunteer I will be required to abide by all camp policies, standards and rules. I also understand that as a volunteer, when my service is completed, I must return all Camp Morrow property in my possession.

I hereby authorize Camp Morrow to contact my employers and references listed herein to verify all information provided and to obtain any and all information related to my character and work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read the Camp Morrow's statement of faith. I hereby agree not to promote personal beliefs and doctrines which may differ from this statement, nor to exhibit conduct which is contrary to it.

I affirm that I have neither been convicted of, nor am I the subject of, pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction.

I understand this is an application for **volunteer service** and that no employment contract is being offered.

I understand Camp Morrow is a tobacco-free, alcohol-free, weapons-free and drug-free environment.

I hereby affirm and acknowledge, by signing below, all of the information provided and all of my answers to the foregoing questions are true and complete, and any misrepresentation may be grounds for rejection and or dismissal.

I hereby give permission for images of myself, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Camp Morrow promotional material and publications, and waive any rights of compensation or ownership thereto.

I hereby give Camp Morrow permission to conduct a criminal records search. I understand this information is being gathered to ensure the safety and well being of the campers and staff. This information will be kept confidential and on file with the Program Administrator at Camp Morrow.

Full Legal Name _____

Maiden Name _____

Signature: _____ Date: _____

Mark the following areas in which you have interests or abilities and feel confident to lead or help for skills time.

- | <u>Activities</u> | <u>Sports</u> | <u>Arts</u> |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Archery | <input type="radio"/> Basketball | <input type="radio"/> Crafts |
| <input type="radio"/> Canoeing | <input type="radio"/> Swimming | <input type="radio"/> Drama/Skits |
| <input type="radio"/> Disc Golf | <input type="radio"/> Soccer | <input type="radio"/> Music |
| <input type="radio"/> Fishing | <input type="radio"/> Volleyball | <input type="radio"/> Cooking |
| <input type="radio"/> Adventure | <input type="radio"/> Other _____ | <input type="radio"/> Puppets |

Other _____

Statement of Faith

Camp Morrow is a Christ-centered, evangelical, non-denominational camp in ministry with *American Missionary Fellowship*. Our programs are Bible-based with the focus on God in all we do.

We believe in the Trinity, complete in God the Father, God the Son, God the Holy Spirit. We believe all scripture is inspired by God and is our final authority for life and faith. We believe salvation comes through faith in Jesus Christ alone. We believe as followers of Jesus we are to evangelize and disciple the unreached. In everything we do, our purpose is to glorify Christ and honor His Word.

Please visit our website at; www.campmorrow.org/about to read our complete statement of faith.

Return completed applications to:

Program Administrator
c/o Camp Morrow
79551 Morrow Road
Wamic, OR, 97063
Phone: 541-544-2971
Fax: 541-544-2403

E-mail: jason@campmorrow.org

Applications available on the web at:

www.campmorrow.org



Camp Morrow Medical Form

Name _____
 () _____ () _____
 Primary Phone # Secondary Phone #
 () Home () Cell () Work () Cell () Work () Other

Emergency Contact Information

Emergency Contact _____
 Relationship _____
 () _____ () _____
 Primary Phone # Secondary Phone #

Physician & Insurance Information

Doctor's Name _____
 Phone Number () _____
 Health Insurance Provider _____
 Policyholder _____
 Group ID # _____
 Policy # _____
 Preferred Hospital _____

Medications

- All medication (including "over-the-counter" meds) must be turned into the camp medic at registration.
- **No medication will be distributed without its original container.**
- If additional space is required, please use the back of this form.

Med _____ Dose _____
 Condition _____
 Instruction _____

Med _____ Dose _____
 Condition _____
 Instruction _____

Med _____ Dose _____
 Condition _____
 Instruction _____

Med _____ Dose _____
 Condition _____
 Instruction _____

Additional information on back: () Yes () No

Medication Permission

I give the camp medic staff permission to give my child:
 ___ Acetaminophen (i.e. Tylenol) ___ Ibuprofen (i.e. Motrin) ___ Antacid (i.e. Roloids)
 ___ Benadryl ___ Mylanta ___ Imodium ___ Throat Lozenges ___ Neosporin
 ___ Hydrocortisone Cream ___ Chlortrimeton ___ Calamine/Calydryl ___ Sudafed
 ___ Topical Anesthetic Are you allergic to any medication? () Yes () No
 If yes, please explain _____

Health History

Health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please use the back of this form.

Date of last Tetanus booster ____/____/____

Please circle and explain all which apply.

Diabetes Asthma Heart Problems Kidney Problems ADD/ADHD
 Tuberculosis Fainting Tubes in ears Severe reactions to food, bee stings
 Please explain _____

Any restrictions of activity due to disability or for medical reason? () Yes () No

If yes, please explain _____

Do you have any allergies? () Yes () No

If yes, please explain _____

Any special diet needs? (diabetic, food allergies, etc) () Yes () No

If yes, please explain _____

Any other medical conditions of which the camp staff should be aware? () Yes () No

Is so, please explain _____

Emergency and Liability Release

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including, but not limited to, swimming, boating, archery, obstacle courses and horse activities. I understand Camp Morrow has taken safety measures, including having certified staff in CPR, first aid and water safety and making every effort to aid the safety of all camp staff and campers. However, I recognize Camp Morrow cannot ensure or guarantee the participants, equipment, grounds and /or activities will be free of accident or injuries. I am aware of (or have instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Camp Morrow and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp (and any liability thereof) is the responsibility of myself or my minor child, and not of Camp Morrow.

I hereby grant permission for myself (or my child) to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. This completed form may be photocopied to have a set available for transportation records and for the Camp Morrow office.

Signature _____ Date _____
 (if person is 18 years or older)

Printed Name _____

Parent/Guardian Signature _____ Date _____
 (if person is under 18 years old)

For office use only) Last Name

First Name

CAMP MORROW

REFERENCE FORM – PASTOR/YOUTH PASTOR

_____ has applied to our camp for the position of _____
and has given your name as a reference. Please return this form as soon as possible to the address below.

To Whom it may concern:

I, _____, have applied to be on volunteer staff at Camp Morrow. I authorize the camp to contact any person or organization to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, and references that I listed in my application. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my employment application or not) who provides information or references about me to the camp or its employees or agents. I also hereby release and agree to hold harmless the camp and its past, present and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me. I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be as effective as a signed original.

I have read this release and authorization for release of information and enter it freely and voluntarily.

Applicant's signature

Date

How long have you known this person? _____

In what capacity? _____

Would you want this person to be in charge of your children? _____

Why or why not? _____

Would you consider this person to be a good role model for children and teens in the following areas:

Control of emotions _____ Attitude toward authority _____

Work habits _____ Handling responsibility _____

Personal habits _____ Relationships to peers _____

Relationships with opposite sex _____ General attitudes _____

If you answered no to any of these, please explain here _____

What do you see as this person's greatest strengths? _____

What do you see as this person's greatest weaknesses? _____

Camp Morrow is a Christian camp where the staff members work with children of all ages and may be the main supervisors of the campers. What is your feeling about hiring this person for that type of position?

_____ Highly recommend _____

_____ Recommend with reservations _____

_____ Might do O.K. _____

_____ Would not recommend _____

Please use other side for additional comments.

Name and phone number of someone else who knows the applicant:
_____ Phone (____) _____

Print Name _____ Phone (____) _____

Signed _____ Date _____

Return to: Camp Morrow
79551 Morrow Rd.
Wamic, OR 97063
541-544-2971
541-544-2403-Fax
jason@campmorrow.org



CAMP MORROW

REFERENCE FORM – PERSONAL FRIEND

_____ has applied to our camp for the position of _____
and has given your name as a reference. Please return this form as soon as possible to the address below.

To Whom it may concern:

I, _____, have applied to be on volunteer staff at Camp Morrow. I authorize the camp to contact any person or organization to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, and references that I listed in my application. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my employment application or not) who provides information or references about me to the camp or its employees or agents. I also hereby release and agree to hold harmless the camp and its past, present and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me. I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be as effective as a signed original.

I have read this release and authorization for release of information and enter it freely and voluntarily.

Applicant's signature

Date

How long have you known this person? _____

In what capacity? _____

Would you want this person to be in charge of your children? _____

Why or why not? _____

Would you consider this person to be a good role model for children and teens in the following areas:

Control of emotions _____ Attitude toward authority _____

Work habits _____ Handling responsibility _____

Personal habits _____ Relationships to peers _____

Relationships with opposite sex _____ General attitudes _____

If you answered no to any of these, please explain here _____

What do you see as this person's greatest strengths? _____

What do you see as this person's greatest weaknesses? _____

Camp Morrow is a Christian camp where the staff members work with children of all ages and may be the main supervisors of the campers. What is your feeling about hiring this person for that type of position?

Highly recommend _____

Recommend with reservations _____

Might do O.K. _____

Would not recommend _____

Please use other side for additional comments.

Name and phone number of someone else who knows the applicant:

_____ Phone (____) _____

Print Name _____ Phone (____) _____

Signed _____ Date _____

Return to: Camp Morrow
79551 Morrow Rd.
Wamic, OR 97063
541-544-2971
541-544-2403-Fax
jason@campmorrow.org



CAMP MORROW

REFERENCE FORM – TEACHER/EMPLOYER

_____ has applied to our camp for the position of _____
and has given your name as a reference. Please return this form as soon as possible to the address below.

To whom it may concern:

I, _____, have applied to be on volunteer staff at Camp Morrow. I authorize the camp to contact any person or organization to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, and references that I listed in my application. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my employment application or not) who provides information or references about me to the camp or its employees or agents. I also hereby release and agree to hold harmless the camp and its past, present and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me. I wave any right I might have to inspect the references provided on my behalf. A copy of this release shall be as effective as a signed original.

I have read this release and authorization for release of information and enter it freely and voluntarily.

Applicant's signature

Date

How long have you known this person? _____

In what capacity? _____

Would you want this person to be in charge of your children? _____

Why or why not? _____

Would you consider this person to be a good role model for children and teens in the following areas:

Control of emotions _____ Attitude toward authority _____

Work habits _____ Handling responsibility _____

Personal habits _____ Relationships to peers _____

Relationships with opposite sex _____ General attitudes _____

If you answered no to any of these, please explain here _____

What do you see as this person's greatest strengths? _____

What do you see as this person's greatest weaknesses? _____

Camp Morrow is a Christian camp where the staff members work with children of all ages and may be the main supervisors of the campers. What is your feeling about hiring this person for that type of position?

Highly recommend _____

Recommend with reservations _____

Might do O.K. _____

Would not recommend _____

Please use other side for additional comments.

Name and phone number of someone else who knows the applicant:

_____ Phone (____) _____

Print Name _____ Phone (____) _____

Signed _____ Date _____

Return to: Camp Morrow
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