

CAMP CONQUEST

480 Forest Road, Denver, PA 17517
Ph: 717.336.2541 · info@campconquest.org
Fax: 717.336.2678 · www.campconquest.org

VOLUNTEER STAFF Application PAGE 1 of 4

Personal Information

Name _____ Today's Date _____
Home Address _____ Primary Phone # _____
(Street) (10 Digits) circle one: cell / home

(City) (State) (Zip +4)
Home E-mail Address _____ Secondary Phone # _____
(10 Digits) circle one: cell / home
Employer or College _____ Phone # _____
(10 Digits)
Birthdate _____ Gender _____ Shirt Size: (adult) S M L XL XXL
(m/d/y)
Church _____ Member: Yes No
Pastor's Name _____ Church Phone # _____
(10 Digits)

Ministry Program and Position

Program Participation: Please list the program and dates that you desire to serve at camp: _____
Program: _____
Date: _____
Notes: _____

Position Desired
 Director Asst. Director
 Camp Nurse Head Cook
 Lifeguard Craft Leader
 Cabin Counselor Kitchen Helper
 Business Manager Speaker
 Other: _____

Statements of Agreement: Please review the information on the next page in order to affirm the following statements. Please check all that apply.

- I have read, understand, agree and will act in accordance to Camp Conquest's Statement of Faith.
- I have read, understand, agree and will act in accordance to Camp Conquest's Missionary Job Description.
- I have read and understand the legal information listed and will submit on separate paper explanations if necessary.
- I will submit the attached medical form with this application.
- I grant Camp Conquest permission to inquire into my references, police records and other background information.

Print Full Name: _____ Social Security Number: _____

Most recent address if I resided less than one year at the address listed above:

_____ Street city state zip

Volunteer Applicant's Signature: _____ **Date:** _____

Parental Consent: As parent/ guardian of the minor named above I agree to the above terms.

Parent/ Guardian Signature: _____ Date: _____

Pastoral Recommendation: (To be filled out by your Pastor)

In my opinion this applicant is spiritually, physically and emotionally qualified to serve on the Camp Conquest staff in the ministry program and position specified above.

Pastor's Signature: _____ Date: _____

Note: STACC applicants please contact the office at 717.336.2541 for additional information.

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Legal Information

1. Have you ever been convicted of any offense involving dishonesty, breach of trust, child abuse (indicated or founded), immorality, or any other type of crime? ___ Yes ___ No If yes, please indicate the nature of the offense, date, court and disposition on a separate sheet.
2. As a volunteer for Camp Conquest, I recognize, understand, and adhere to the moral and ethical standards revealed through the Holy Scriptures. I further declare that with regard to my personal, moral, and ethical character and conduct as of this date, I am not engaged in inappropriate conduct toward minors, nor do I have inclinations toward such conduct.
3. As a volunteer staff member of Camp Conquest I will be provided for the benefit of the camp ministry and for the period of my involvement as a staff member the following: 1) Hospital/medical insurance. 2) Liability Insurance. 3) meals and lodging. 4) staff benefits including staff shirt and group photograph.
4. As a volunteer (non-employee) of Camp Conquest I understand that there is no coverage provided under the Workmen's Compensation Law. I understand that my service with Camp Conquest is voluntary and is not subject to monetary remuneration.
5. I hereby grant permission to Camp Conquest to use and publish in any form or media, information about me and reproductions of my likeness.
6. The information contained in this application is true and correct to the best of my knowledge, information and belief. In consideration of the receipt and evaluation of this application by Camp Conquest, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization including record custodians both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of or as a result of compliance or any other attempts to comply with this authorization. I waive any right that I may have to inspect any information provided concerning me by any person or organization identified by me on this application. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Camp Conquest Statement of Faith

1. The Bible is the inspired, infallible word of God. II Timothy 3:16
2. The one true God exists eternally in three persons-Father, Son, and Holy Spirit. Matthew 28:19
3. The deity of our Lord Jesus Christ includes: a virgin birth, sinless life, performing of miracles, His atoning death on the cross, His bodily resurrection, His ascension and present ministry, His coming again. John 1:1-3, Luke 24:36-43, Acts 1:11
4. The Holy Spirit empowers the Christian in his daily walk. Ephesians 3:16, Galatians 5:22
5. Man was created in God's image but has a sinful nature in need of Christ's Salvation. Genesis 1:26-28, John 3:3-5
6. Salvation is eternal through personal faith in Jesus Christ. Ephesians 2:6-10, I Peter 1:18-19
7. The Church is the body and bride of Christ. Ephesians 5:25-32
8. The Christian life should be comprised of righteousness, good works, a Christ-like attitude toward all people and separation unto God from the world. Romans 12:1-2, 17-21
9. Satan is the adversary of God and will be judged and punished accordingly. Revelation 12: 1-10, 20:10
10. The second coming of Christ is a personal, visible, imminent return for the church. I Thessalonians 4:16-17.
11. Our future life is determined by our relationship with Jesus Christ. Those who have called upon the name of the Lord will be raised to eternal life, those that have not will be eternally separated from God. Romans 14:10-12

Missionary Job Description

General Function—To promote the Good News of Jesus Christ to campers and guests by both word and deed through the performance of a technical job as well as the fulfillment of the applicable responsibilities listed below.

Qualifications—Individual must have a personal relationship with Jesus Christ and be able to articulate at a basic level the meaning of that relationship. Each individual should live his life in an attempt to be consistent with the teachings of the Word of God.

Focus of Ministry— To consistently become more like Christ with a focus on Evangelism via Personal Relationships and Outdoor Experiences as well as Discipleship via Mentoring and Coaching in the Camp Setting.

Responsibilities

To be a constructive member of the staff, contributing in every way possible to the camp's health, harmony and happiness.

To be loyal to the aims, policies, and regulations of the camp.

To willingly comply with any reasonable request made by the administration.

To personalize and relate to the campers and other staff members the focus of ministry as listed above.

To interact with the campers as companion and guide and assume a level of responsibility for their spiritual and physical welfare.

To pray for each camper in one's care.

To seek to lead unconverted campers to the Savior.

To help each Christian camper grow in the Lord.

To be a source of encouragement and help to other staff members.

To perform well the duties of one's technical job description.

To understand that you are a missionary first and the duties of the technical job are secondary but vital to the fulfillment of your missionary responsibilities and the mission of the camp.

Note: This job description is linked to a separate technical job description for each employee and ministry volunteer.

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VOLUNTEER STAFF Application PAGE 4 of 4 - Medical Form

Volunteer Name: _____ Birthdate: _____ M / F

Street: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____

Parent/ Guardian Name: (if under 18) _____

Work/ Cell Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ Alt. Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Address: _____

Medical Insurance Company: _____

Address: _____

Policy Number: _____

Do you have any physical considerations which would limit your involvement in the total camping program or require additional assistance? Please explain type of accommodation needed. _____

Do you have any medications to be administered at camp? Please list name, dosage, frequency. All Meds must be given to the health care staff in the original container. _____

Please list any known allergies. _____

Additional information for the health care staff. _____

Date of last Tetanus shot: _____

Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for myself. In the event the emergency contact cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Volunteer _____ Date _____