

# VOLUNTEER APPLICATION

(Please print with ink or type.)

DuBOIS CENTER  
2651 QUARRY ROAD  
DuBOIS IL 62831

NAME	E-MAIL		
CURRENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP

Until what date may we mail to your current address? \_\_\_\_\_

List PHONE NUMBERS in Order of Use Preference: \_\_\_\_\_

Circle ALL DESIGNATIONS for Numbers:

1 <sup>st</sup> choice ( _____ )	day	evenings	cell	home	school	work
2 <sup>nd</sup> choice ( _____ )	day	evenings	cell	home	school	work
3 <sup>rd</sup> choice ( _____ )	day	evenings	cell	home	school	work

AREAS OF INTEREST for Volunteer Service \_\_\_\_\_

AGE GROUPS you prefer to work with \_\_\_\_\_ Are you willing to assist with the HORSES? \_\_\_\_\_

Circle BEST times for you to volunteer: Summer Non-Summer Weekends Mid-Week - circle days: M Tu W Th F Sa Su

IF INTERESTED IN SUMMER, # OF WEEKS you would like to SERVE \_\_\_\_\_ DATES AVAILABLE \_\_\_\_\_

IF UNDER AGE 30: YEAR of HIGH SCHOOL GRADUATION \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

**Please list ALL EXPERIENCE in the past five years - paid and volunteer - related to children, youth, at-risk or vulnerable populations, camping or ministry:** (If necessary, attach additional page.)

**Church, Agency, Business or Individual's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Dates of Involvement \_\_\_\_\_ E-Mail \_\_\_\_\_

Responsibilities \_\_\_\_\_

**Church, Agency, Business or Individual's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Dates of Involvement \_\_\_\_\_ E-Mail \_\_\_\_\_

Responsibilities \_\_\_\_\_

**Church, Agency, Business or Individual's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Dates of Involvement \_\_\_\_\_ E-Mail \_\_\_\_\_

Responsibilities \_\_\_\_\_

**NAME OF CHURCH WHERE YOU ARE CURRENTLY A FRIEND OR MEMBER** \_\_\_\_\_

Church Location \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Dates of active involvement \_\_\_\_\_ E-Mail \_\_\_\_\_

Member of this church since \_\_\_\_\_ Friend of this church since \_\_\_\_\_

**MOST RECENT, PREVIOUS CHURCH WHERE YOU WERE A FRIEND OR MEMBER** \_\_\_\_\_

Church Location \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Dates of active involvement \_\_\_\_\_ E-Mail \_\_\_\_\_

Member of this church since \_\_\_\_\_ Friend of this church since \_\_\_\_\_

**ACTIVITY SKILLS:** Please list specific skills you possess or activities you can lead, for example: Archery, Arts & Crafts, Boating & Swimming, Dance, Drama & Music, Faith Formation, Group Games, Horseback Riding, Nature Activities, Outdoor Living (fire building, outdoor cooking, etc.), Team Building, Work Projects, Other. **USE ADDITIONAL SHEET IF NECESSARY.**

List any musical instruments you play and your skill level: \_\_\_\_\_

**CERTIFICATIONS & LICENSES:** Please list the Expiration Date for certifications you currently hold. Indicate with a # sign those you plan to obtain in the near future.

**IMPORTANT:** *Include copies of current certification & licenses you might or would like to use at camp with this application.*

_____ CPR: Level _____	_____ Archery Certification
_____ First Aid: Level _____	_____ Group Challenge Course
_____ Nurse: Circle appropriate license - LPN RN Nurse Practitioner	
_____ Lifeguard	_____ High Ropes Course
_____ Water Safety Instructor	_____ Outdoor Living Skills Certification
_____ Small Craft Safety – Canoeing	
_____ Equestrian Certification: Level _____	
_____ Other _____	

Some volunteer positions may involve driving a motor vehicle. This is limited to drivers age 18 and older with good, but not necessarily perfect driving records. Our insurance company requests that we have Motor Vehicle Reports on file for all drivers of specified vehicles. Based on these records, they may also make recommendations on the suitability for operating vehicles for our programs. If there is a possibility you might be considered for vehicle operation, even if just for emergencies, please complete the following information which is necessary to run these reports:

Name (as it appears on license) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Driver’s License Number \_\_\_\_\_ Type/Class \_\_\_\_\_ Issuing State \_\_\_\_\_

**EMPLOYMENT HISTORY:** List present or most recent position first. Include only those **NOT** listed on first page.

**All Previous Employers are considered as references – Unless a note advising to the contrary accompanies this application.**

**Company or Individual’s Name** \_\_\_\_\_  
 Supervisor/Contact Person \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Major Responsibilities \_\_\_\_\_

**Company or Individual’s Name** \_\_\_\_\_  
 Supervisor/Contact Person \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Major Responsibilities \_\_\_\_\_

**REFERENCES:** Please list three persons, who are able to give a fair, objective estimate of your probable success as a Camp Leader, but are not close personal friends. If you have previous experience working with children, youth or vulnerable populations, at camp, or in ministry – at least one reference should be from a supervisor who has seen your work in one or more of those settings. Also, please list the Pastor, Christian Education Director or Youth Leader from your home church.

**Please give the enclosed reference forms to TWO of the three references listed below.**

NAME	RELATIONSHIP to Applicant	PHONE NUMBER	E-MAIL
1. _____	_____	( _____ ) _____	_____
2. _____	_____	( _____ ) _____	_____
3. _____	_____	( _____ ) _____	_____

**BACKGROUND DISCLOSURE AND RELEASE - Volunteers**

**NOTE:** The Illinois South Conference of the United Church of Christ will not deny a position to any applicant solely because the person has been convicted of a crime. However, the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for may be considered.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. Have you resided, worked or attended school outside Illinois any time in the last five years?  Yes  No  
If yes, please list states (USA) or country and approximate dates.

2. I have never been convicted of, nor plead guilty or no contest to a criminal charge involving drugs, sexual misconduct, violence, theft or financial misconduct.

\_\_\_\_\_ True      \_\_\_\_\_ Not True

**If not true,** please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

3. No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation or misconduct; physical abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

\_\_\_\_\_ True      \_\_\_\_\_ Not True

**If not true,** give a short explanation of the lawsuit. Please indicate the date, nature and place of the incident leading to the lawsuit, where the lawsuit was filed, and the precise disposition of the lawsuit.

4. I have never terminated my employment, professional credentials or service in a volunteer position, nor had my employment, professional credentials or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

\_\_\_\_\_ True      \_\_\_\_\_ Not True

**If not true,** give a short explanation. Please indicate the date of termination, name, address and telephone number of employer or volunteer supervisor, and the nature of the incident(s) leading to your termination.

5. With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

\_\_\_\_\_ True      \_\_\_\_\_ Not True

**If not true,** please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

6. Is there any fact or circumstances involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying or your ability to successfully accomplish the duties outlined in the position description?

Yes       No

If **yes**, please provide a brief explanation.

The covenants between persons seeking paid employment or authorized volunteer positions and the organization they seek to serve require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position, I am seeking to fill. I acknowledge that it is my duty to amend the responses and information I have provided, in a timely manner, if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees, authorized volunteers and the organization they seek to serve. To that end, I authorize the Illinois South Conference of the United Church of Christ (Illinois South Conference) and/or its agents to make inquiries regarding my character and qualification, including all statements I have set forth in this application. I also authorize all entities, persons, former employees, supervisors, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made and to comment on and state opinions regarding my background, character and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements made in good faith and without malice.

The Illinois South Conference authorized volunteer and employee recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure and supervise both the position I am seeking to fill and the program I am seeking to participate in. To that end, I authorize the Illinois South Conference and its agents to circulate, distribute and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the Illinois South Conference will share with me information it has gathered about me if I request it to do so, unless I specifically waive that privilege.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian  
(if applicant is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**AFTER THE APPLICATION FORM IS COMPLETED, IT MUST BE SIGNED BY A RECOGNIZED REPRESENTATIVE OF THE CHURCH OR A COMMUNITY LEADER. (Please select someone who is not a member of your immediate family.)**

The Applicant is (check one of the following):

**an Active Member or Friend of a Church, or Clergy NOT currently serving a church** - The Application is to be signed by a Pastor or Christian Education Director of the applicant’s church;

**a Called Pastor** – The application is to be signed by the Church Moderator or Council President;

**an Interim Pastor or Supply** – The application is to be signed by the appropriate Conference Minister;

**a Conference Staff Member** – The application is to be signed by the Conference Minister;

**Not active in a church** – The application is to be signed by a recognized community leader.

**CHURCH or COMMUNITY REPRESENTATIVE:** Your signature indicates that you have reviewed this form for accuracy and completeness (including the church membership and friendship information listed on the front page) to the best of your knowledge, and that you have no reason to doubt this person’s appropriateness to serve as camp volunteer with children, youth or vulnerable populations.

\_\_\_\_\_  
Signature of Church or Community Representative      Date      (      )  
Day Phone #

\_\_\_\_\_  
Name of Church or Community Representative (***please print***)      TITLE      (      )  
Evening Phone #