

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:

1st choice () _____
2nd choice () _____
3rd choice () _____

day evenings cell home school work
day evenings cell home school work
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.

