



Day Camp 2018

Application

| **adult** |

Please note: time restrictions

According to the **Child Protection Policy** mandated by our board we require all adults working within children's ministry to have

a police background check.

This process can take from 2 hours (for those who live in Durham) to 6 weeks (for those who live in Toronto).

Therefore, the deadline for applications must be

July 13, 2018

(but the earlier, the better!!!)

We are very sorry but if your police check has not come through by August 13, you will not be able to be with the children during camp...very sad!

Please submit to the church office
c/o Yvonne Ford, Children's Ministries

Take note! Each person volunteering at Day Camp 2018

MUST attend

**an Orientation on Sunday August 12 after the morning service for about 2 hour.
(a light lunch will be provided)**



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adult application

For those who are 18 years of age or older when Camp begins

Name _____ Camp Name _____

Male Female Age _____ Date of Birth ____/____/____ adult T-shirt Size _____

Yes No **I am currently an active member of the Children's Ministry team at Forest Brook**
If yes, only fill out the NON-shaded part of the application form.
If no, please fill out the complete application.

I have a current Police check on file at Forest Brook: Yes Expiry date: _____ No Don't know
(office use) _____

How have you been involved in Forest Brook Day Camp before? :

Position: _____ Year(s): _____

Position: _____ Year(s): _____

I am applying for:

- | | |
|--|--|
| <input type="checkbox"/> Kinder Kamp | <input type="checkbox"/> Elective Leader |
| <input type="checkbox"/> Kids Camp | <input type="checkbox"/> Nursing/First Aid |
| <input type="checkbox"/> Special Needs assistant | <input type="checkbox"/> Worship team |
| <input type="checkbox"/> Security/Facility Readiness Volunteer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food/Kitchen Volunteer | |

Briefly discuss why you would like to be part of our Day Camp Ministry

CORRESPONDANCE: How would you prefer correspondence: Facebook OR Email ?

Facebook Name _____ Email Address _____ Phone () _____

Address _____ Apt. Number _____ Postal Code _____ City _____

HEALTH AND WELLNESS:

Emergency Contact Name/ relationship _____ Phone Number _____

Health Concerns/ Allergies _____

Medications Brought to Camp _____

Personal information

Marital Status: _____

If married, is your spouse supportive of your intent to be a part of our ministry? _____

Spouse's Name _____ Do you have children? _____ Ages _____

Occupation _____ Place of Employment _____

Hobbies/Interests: _____

List any training or education that has prepared you to work around/with children? _____

List any leadership/ volunteer experience you have had working with children? _____

List any other Forest Brook ministries in which you are involved? _____

SPIRITUAL JOURNEY: Is Forest Brook your home church? Yes No.

If yes: How long? _____

Are you a member? _____ Have you been baptized? _____ Which small group do you attend? _____

If no: Do you have another religious institution you attend? _____ What is its name? _____

For Both: How often would you attend in a two month period? _____

Besides attending a major weekly event, are you involved in any other way?

Would you describe yourself as a Christian? Yes No. **If yes,** How long have you been a Christian? _____

Briefly discuss your experience in becoming a follower of Jesus Christ _____

If no, how would you describe your spirituality? _____

Would you like to talk to someone at the church about what it means to be a follower of Jesus? _____

Are you aware that we are a church camp and therefore will ask you to respect our beliefs and values while you are volunteering with us, upholding them before the children? _____

LOCAL PERSONAL REFERENCES (Must be 18 years old or older and not related to you)

REFERENCE #1:

Name: _____ Relationship: _____

EMAIL Address: _____ Phone: _____

Comments (staff use): _____

REFERENCE #2:

Name: _____ Relationship: _____

EMAIL Address: _____ Phone: _____

Comments (staff use): _____

CONFIDENTIAL QUESTIONS:

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Children's Ministry Staff. It is our desire to work with you to be in ministry where you will be fulfilled and suited to your strengths and experiences.

Have you had any past experiences that might make it difficult for you to minister to children? _____

Do you have any health issues that could place the children of Forest Brook at risk? _____

We require a police background check on all applicants. Do you have any objections? _____

If you answered yes to any of the above questions, please explain briefly: _____

Authorization and release:

I hereby authorize Forest Brook Community Church to verify all information contained in this application with any references, or any other, churches or other organizations and any individuals to disclose any and all information to Forest Brook Community Church.

I release all such persons or entities from liability that may result or arise from Forest Brook Community Church's collections of all such evaluations or information or its consideration of my application.

Applicant Signature _____, **Date** _____

COMMITMENT TO SERVE WITH EXCELLENCE

In the pursuit for excellence, I will commit to the following:

- **attending the Orientation Meeting** as stipulated: on Sunday, August 12, 2018
- being faithful to modeling and living a life that reflects God's love to one another and to the children.
- participating as a full team player in a spirit of oneness and unity,
- by praying faithfully,
- attending Day Camp each day for the hours expected for someone in my position; including Devotions.
- responding appropriately to and upholding the guidelines set out in the *Child Safety and Protection Policy*,
- meeting the expectations as set out in the description of my role.

Signature

Date

RELEASE FOR MEDICAL CARE

In the event that I or my emergency contacts cannot be reached I hereby give my permission and authorization to any staff or volunteer of FBCC to sign for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the above-named person.

Signature

Yes

No

On behalf of myself, my heirs, executors, personal representatives and administrators, I hereby waive, release, discharge and hold harmless Forest Brook Community Church and its officers, directors, elders, employees, volunteers, agents, representatives and successors (collectively "FBCC"), from any and all claims, liabilities, demands, expenses and causes of action that I may have, or that hereafter may accrue to me, that in any way may relate to or arise from the above-named person's participation in the activities of FBCC, including without limitation, any and all claims for medical expenses or treatment, personal injury, illness, or property damage. Notwithstanding the foregoing, I acknowledge that this release will not be effective to relieve FBCC from and against loss which is directly caused by FBCC's own gross negligence or willful misconduct.

I further agree to indemnify and save harmless FBCC from any actions, claims or demands whatsoever that the above-named person may have against FBCC in connection with the above-named person's participation in the activities of FBCC.

I agree and acknowledge that I have read this release and indemnity in its entirety and understand its terms and conditions.

Signature

Date