

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 12, 2019

(but the earlier, the better!!!)

We are very sorry but if your police check has not come through by August 12, 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 2019

MUST attend

an Orientation on <u>Sunday August 11</u> after the morning service for about 2 hours. (a light lunch will be provided)

Day Camp 2019

adult application

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

| Name | | | C | amp Name | |
|---|---|------------------------|-----------|--------------------|-------------|
| 🗌 Male 🗌 Female Ag | e Date of Birth | / | / | adult T-shirt Size | |
| | tly an active member o the <u>NON-shaded</u> part o t the complete applica | of the app | | | orest Brook |
| I will need babysitting for my pu Note: any children young end | reschool children: 1 bugh to need a nap will be welco No infants can be ac | me in the mo | rning but | | |
| I have a current Police ch (o | neck on file at Forest Br ffice use) | | | | |
| How have you been involved | d in Forest Brook Day Cam | p before? : | | | |
| Position: | Year(s): | | | | |
| Position: | Year(s): | | | | |
| I am applying for: Kinder Kamp Kids Camp Special Needs assistant Security/Facility Readine Food/Kitchen Volunteer Briefly discuss why you wou | | ☐ Nui ☐ Wo ☐ Oth | | st Aid | |
| | | | | | |
| CORRESPONDANCE: | How would you prefer co | orresponde | nce: 🗆 |] Facebook OR 🗆 | Email ? |
| Facebook Name | Email Address | | | Phone()_ | |
| Address | Apt. Numbe | er | _ Postal | Code City | |
| HEALTH AND WELLNI | ESS: | | | | |
| Emergency Contact Name/ relationship | | | F | Phone Number | |
| Health Concerns/ Allergies | | | | | |
| Medications Brought to Cam | | | | | |

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? TYes TNo. 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.

| If you answered yes to any of the above questions, please explain briefly: | |
|--|-----------|
| We require a police background check on all applicants. Do you have any objections? |) |
| Do you have any health issues that could place the children of Forest Brook at risk? _ | |
| Have you had any past experiences that might make it difficult for you to minister to | children? |

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.

| Applican | t Signature_ |
|----------|--------------|
|----------|--------------|

Date _____

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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 11, 2019
- 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,
- 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

<u>RELEASE</u>

Health

I understand that every precaution will be taken to keep me safe while volunteering at Forest Brook Community Church. However, I understand that my participation in Day Camp may result in injury or health emergency. In the event of a health emergency, I acknowledge that Forest Brook staff/volunteers may arrange for me to be taken to the emergency department of the nearest hospital and I hereby give permission for my transportation by emergency vehicle, if necessary. I acknowledge that Forest Brook staff/volunteers will make every effort to contact my emergency contact as soon as possible should these measures need to be taken.

Date:

Signature

Waiver/Release of Liability and Indemnity

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 my 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 I may have against FBCC in connection with my volunteer participation in the activities of FBCC.

I agree and acknowledge that I have read this waiver/release of liability and indemnity in its entirety and understand its terms and implications.

Signature

Date