

**APPLICATION FOR VOLUNTEER SERVICE**  
The North Central New York Conference of The United Methodist Church  
Camps, Conferences and Retreat Ministries

The North Central New York Conference operates two facilities and numerous programs for camping and retreat ministries. We strive to build up the Body of Christ by the faith experience that can be gained through a camping or retreat program. Volunteers make this extensive and vital ministry possible! Many persons are needed in several areas. Many volunteers direct programs or serve as counselors. Others help by working in the office or the kitchen or by assisting with maintenance or grounds keeping. This application serves as a basic information form. All persons who are involved with the custodial care of children or youth are asked to secure references on the forms provided and to undergo a clearance process. This record and documentation is required by the New York State Health Department.

Today's Date \_\_\_\_\_ Program Name \_\_\_\_\_

Dates \_\_\_\_\_

Name \_\_\_\_\_ Gender M F Phone (work) \_\_\_\_\_  
(Last) (First) Phone (home) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail address \_\_\_\_\_

Are you NCNYC Clergy? YES NO If not, please note your present employer:

Number of years of volunteer service? \_\_\_\_\_ First year of service: \_\_\_\_\_

Volunteers providing custodial care of children must be at least 18 years old. Are you 18 or over? YES NO

Some supervision requires persons at least 21 years old. Are you 21 or older? YES NO

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt size (circle one): SM MED LG XL XXL  
mo day year

Local church of which you are a member: \_\_\_\_\_

City of church location \_\_\_\_\_ Denomination of church: \_\_\_\_\_

Education: Please list schools attended, dates, and degrees or diplomas awarded:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Vocational Training or Graduate School: \_\_\_\_\_

I would like to work at: \_\_\_\_Casowasco \_\_\_\_Aldersgate \_\_\_\_Either \_\_\_\_Both

I would like to volunteer: \_\_\_\_As a Dean \_\_\_\_As a counselor \_\_\_\_In the kitchen  
\_\_\_\_In maintenance \_\_\_\_In the office \_\_\_\_Or wherever needed

What dates are you available during the summer? Please remember that the camp week is from Sunday to Friday. Volunteers are asked to be present from Saturday afternoon to Friday evening.

Are there particular kinds of camps or ages of campers with which you would prefer to work?

Please describe your previous experience and/or training to work with children or youth. Include both paid and volunteer experience.

Please describe your previous camping experience.

Current Certification: (Please indicate Yes or No and attach copies of certificates.)

<u>Certification</u>	<u>Yes or No</u>	<u>Date of Expiration</u>	<u>Copy attached Y/N</u>
Drivers License	_____	_____	_____
First Aid	_____	_____	_____
CPR	_____	_____	_____
Life Guard Training or WSI	_____	_____	_____
Waterfront Module	_____	_____	_____
Responding to Emergencies First Aid	_____	_____	_____
Other _____	_____	_____	_____

Do you have special skills or training in outdoor living, canoeing, sailing, or biking? (Circle One) Yes No  
If yes, please explain.

We ask that all volunteers be willing to support United Methodist beliefs at least for the duration of their service.  
Are you familiar with and willing to support United Methodist beliefs?

Do you have any physical limitations or special needs of which we should be aware?

All volunteers are required to complete the disclosure form, 24 hours of training, a health form and to request two references from persons who are able to judge your skills and abilities in working with children. If you are providing leadership in skill area, please submit a special reference form. [For lay persons, two references must be submitted, one of which must be from the pastor of the church where you are active. For clergy of the NCNY Conference, please have one reference completed by someone able to judge your skill and abilities in working with children. Your name will also be submitted to the Cabinet and Board of Ordained Ministry as a potential volunteer in our camping and retreat program.] If any of these are not or cannot be completed we will be unable to use you as a volunteer.

#### APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references, organizations, or churches list on this application to give you any information they may have with regard to my ability and fitness to work with children or youth. I release such references from any liability for providing such evaluations, provided they do so in good faith. I waive any right that I may have to inspect references provided on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_