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Camp Barakel Adult Volunteer Staff Personnel Form

Camp Barakel Fairview , MI 48621-0159 (989) 848-2279

PLEASE PRINT
LEGIBLY, OR TYPE.

Last Name First Full Middle Name

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Street Address	Home Phone ()	
City, State Zip	E-mail address	
Gender: M F Single Married	Fax number ()	
SPOUSE NAME		
Home Church	Pastor's Name	
Church Office Address	City, State, Zip	Pastor's Office Phone
Emergency Contact Person	Emergency Contact Phone ()	

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Please tell us why you want to serve at Camp Barakel.

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Do you have any physical, mental or medical impairment or disability that would limit your performance in the position for which you are applying? Yes No If yes, please explain.

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In which areas of responsibility are you most interested? What background do you have in each area?
(e.g. Construction/Maintenance; Food Service, Grounds, Healthcare, Program Assistance - including Waterfront)

1. _____
2. _____
3. _____

In addition to the above information, please list all related certificates that you hold. Please indicate expiration dates.
HEALTHCARE personnel: please enclose a photocopy of your current professional and CPR licenses.

Have you ever worked as staff at any camp? Yes No

L E G A L I N F O	As we are all aware, the regard for life and moral absolutes in our society has deteriorated. We feel an obligation to do all in our power to protect our campers from the threat of harm. In an effort to comply with recommendations issued for all camps by the Michigan Office of Children and Adult Licensing, we ask for your cooperation in giving us the following information (see "Certification" paragraph at the end of the application form):
	Date of Birth _____
	<p>Have you ever been convicted of any offense other than minor traffic violations? Yes No</p> <p>Have you ever been convicted of (or are you the subject of pending charges for) any offense involving actual or attempted child abuse or sexual molestation in any state or country? Yes No</p> <p>If 'yes' to either of the above questions, please provide details (including dates and how it was resolved), Please use additional paper.</p>

R E F E R E N C E S	Please print names and contact information for three adults (other than relatives) whom we may contact for character references.				
	Name	Relationship	E-Mail Address	Phone	
	Street Address		City	State	Zip
	Name	Relationship	E-Mail Address	Phone	
	Street Address		City	State	Zip
	Name	Relationship	E-Mail Address	Phone	
	Street Address		City	State	Zip

C E R T I F I C A T I O N	<p><i>"I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I understand that the completion and/or execution of this application does not insure me a volunteer position, nor does it obligate me or the organization in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice. I authorize the organization to contact the personal references listed herein. I further authorize the Department of State Police, Central Records Division, State of Michigan, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction, and furnish a response to Camp Barakel. If accepted for volunteer service, I agree to abide by all Camp Barakel rules and guidelines. I have read, understand and agree to the above."</i></p>	
	Applicant's Signature	Date
	_____	_____

Thank you for your cooperation. We trust that the Lord has led you in your desire to become involved as a part of the Part-Time Staff of Camp Barakel. Though most of our Part-Time Staff work in positions 'behind the scenes', the mark they leave in the hearts and minds of our campers can be very significant.

This form is confidential, and will be kept on file as a legal reference document. As a reminder — please check to see that you have provided all required information. Thank you.