

For Office Use Only

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I-view: \_\_\_\_  
          Date Time

# Champions for Life Kids' Camp

c/o Beth Molloy, Co-Director  
31700 Couchez

St. Clair Shores, MI 48082

Phone: 586.296.7100, Ext. 119; Fax: 586.296.7103

[cflkidscamp@gmail.com](mailto:cflkidscamp@gmail.com)

**(PLEASE RETURN BY: January 28<sup>th</sup>, 2018)**



## NEW VOLUNTEER APPLICATION

**July 8<sup>th</sup> through July 13<sup>th</sup>, 2018 (Florida Team July 7 – 14)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Driver's License #

\_\_\_\_\_  
e-mail address

**(A photocopy of your license must accompany your application.)**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
(Preferred First Name) (M. Initial) (Maiden/Other Names Known By)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age

M \_\_\_\_ F \_\_\_\_  
Sex

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
# of Years

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

How long have you lived in Florida? \_\_\_\_ Yrs. \_\_\_\_ Mos. If you have lived in Michigan for less than one year, list your complete addresses in the last five years:

- \_\_\_\_\_
- \_\_\_\_\_

**Polo Shirt Size:** ( )Adult Small ( )Adult Medium ( )Adult Large ( )Adult XL ( )Adult 2X ( )Adult 3X  
**T-Shirt Size:** ( )Adult Small ( )Adult Medium ( )Adult Large ( )Adult XL ( )Adult 2X ( )Adult 3X

Do you have certification in the following: ( )CPR ( )First Aid ( )Life Guard ( )Nurse ( )EMT

Do you have previous training or background in dealing with abused children?

( )NO ( )YES In what way? \_\_\_\_\_

Please describe why you wish to volunteer to work with abused children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

Do you have any medical conditions? ( )NO ( )YES Please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you take any medications? ( )NO ( )YES Please list medicine, reason and any side effects:  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any serious illness or injuries in the last three years? ( )NO ( )YES Please list:  
\_\_\_\_\_

Do you have any physical handicaps or conditions which would prevent you from performing any type of activity? ( )NO ( )YES Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## RECORD OF EDUCATION

High School Name \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Other \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

## PERSONAL REFERENCES (Not former employers or relatives)

1. \_\_\_\_\_ ( )  
Name Address Phone

2. \_\_\_\_\_ ( )  
Name Address Phone

3. \_\_\_\_\_ ( )  
Name Address Phone

## PERSONAL PROFILE

How did you hear about CFL Kids' Camp? \_\_\_\_\_

Have you committed your life to Jesus Christ? ( )NO ( )YES Where and when?

What church do you presently attend? \_\_\_\_\_ How long? \_\_\_\_\_ / \_\_\_\_\_

Yrs. Mos.

Pastor's name: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Church Phone

Do you have any previous experience working with children? ( )NO ( )YES Please describe:

Do you feel you could lead a 15-minute devotion with your campers with material we provide?

( )NO ( )YES

List below two strengths and two weaknesses you feel you have in working with children:

❖ **Strengths:**

1. \_\_\_\_\_

2. \_\_\_\_\_

❖ **Weaknesses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**I would prefer my camper's age to be:**  6  7  8  9  10  11  12  Any

Have you ever been arrested for a criminal offence? ( )NO ( )YES

Have you ever been convicted of, or pled guilty to, a crime? ( )NO ( )YES

Have you ever been arrested for sexual misconduct? ( )NO ( )YES

Have you ever been convicted of, or pled guilty to sexual misconduct? ( )NO ( )YES

Have you ever taken drugs other than prescription drugs? ( )NO ( )YES

Do you currently use: Tobacco ( )NO ( )YES; Alcohol ( )NO ( )YES; Drugs ( )NO ( )YES

If you answered "YES" to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT’S STATEMENT:**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for the position of Champions for Life (CFL) camp counselor.

In that respect, I release Vision HOPE Community Development Corporation and its administrators, employees, or assigns from any liability for damages, which may occur, as a result of my services as a camp counselor. I accept full responsibility for my actions as a camp counselor.

I understand this is not an application for employment. My services are strictly voluntary and at the will of Vision HOPE. No compensation or other benefits have been offered to me as consideration for my services.

I also understand that a criminal history check will be requested from the State of Michigan, as authorized by State law.

I waive any right that I may have to inspect any information provided about me by the State of Michigan or any person or organization identified by me in this application.

Finally, I acknowledge that Vision HOPE Community Development Corporation is a charitable, non-profit organization and its CFL operating are proprietary to Vision HOPE. Any use of camp programs, training manuals, communication materials, or sponsor lists is forbidden without the expressed written approval of Vision HOPE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Champions for Life Kids’ Camp**  
is a community operation of  
**Vision HOPE Community Development Corporation.**