**Wesley Woods**  **Application Date\_\_\_/\_\_\_/\_\_\_\_ Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1001 Fiddlersgreen Road, Grand Valley, PA 16420 **Counselor \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Application**

*All items must be answered completely or marked NA*

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Tel Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ facebook page \_\_\_\_yes \_\_\_\_no

If Under 18, Counselor in Training Camp Required: year attended \_\_\_\_\_\_\_ site\_\_\_\_\_\_\_ Over 18 \_\_\_\_ (x) If Under 18, and Exceptional Persons Volunteer aid Age \_\_\_\_\_\_\_\_\_

I. Name of Current Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your relationship with Jesus Christ and present spiritual growth. How is your faith with God relevant to camp, church, and community work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tell us why you are volunteering and any other information you think is relevant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Christian Standards:**  Wesley Woods Program is teaching campers high standards of Christian behavior which are fundamental to a Christian Community. For example, Camping and Retreat Ministries have specific policies prohibiting the use of alcohol, illegal drugs, tobacco, weapons, gambling, and abusive behavior by staff or campers. There are camp rules about language, secular music, sexual conduct, and other issues important in building a Christian Community of mutual respect. Volunteers and paid staff need to be persons of Christian values and behavior that are a worthy example for campers and each other. **Will you endeavor to maintain a high level of Christian Standards? \_\_\_\_\_\_\_\_**.

1. **Background Information:** The Western PA Conference of the United Methodist Church camps are

“safe sanctuaries”. All persons working with people under 18 and with vulnerable adults **must** have background checks either provide copies of PA (or their state of residence) State Police Criminal Record Check (**Act 33**), and the PA (or applicable state) Child Abuse History Clearance (**Act 34**), **Mandated Reporter** training certificate or the federal Act 73 (FBI).

Copies of these “clearances” are considered valid until a person has moved or the clearances are 5 years old; clearances are kept with the volunteer records. Only copies are needed not the original documents, electronic copies preferred.

Act 33 (child abuse) received \_\_\_\_\_ Act 34 (criminal History) received \_\_\_\_\_ Mandated Reporter Certificate received \_\_\_\_\_

Federal Act 73 (FBI) received \_\_\_

**Age level preference(s):** \_\_ Early Elementary \_\_ Elementary \_\_ Jr High \_\_ Sr High

**Qualifications/training:** \_\_\_\_ First Aid \_\_\_\_\_ CPR \_\_\_\_ EMT \_\_\_\_ Lifeguard \_\_\_\_ Bus Driver (CDL[P]) \_\_\_\_

**Special talents, skills, and interests:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **References** If you have already been invited by a counselor or dean, please list the inviting person as your first reference

**Camp Event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location(camp)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of the three (3) references you provide, you may use a pastor, District Superintendent, Employer,

Co-Worker, Camp Dean, or other personal reference.

**Give Complete Address!!**

We will send a reference form to each person you list. Please give complete, legible information and let your references know they will be contacted.

**Reference 1.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How does this person know you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_ Home ( ) \_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_

**Reference 2.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How does this person know you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_ Home ( ) \_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_

 **Reference 3.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How does this person know you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_ Home ( ) \_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_

 The information that I have provided may be verified by contacting the persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any persons or organizations that provide information, and this release may be sent to any reference. I also agree to hold harmless the Western Pennsylvania Conference of the United Methodist Church and its Camps, its officers, employees, and volunteers there of from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information provided on this application is complete, true, and correct, and if it is found that the information is untrue my volunteer services at camp will no longer be needed.

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

 **Applicant**

**PLEASE Mail three (3) weeks before camp**

Wesley Woods Inc. 1001 Fiddlersgreen Road

Grand Valley, PA 16420