

Shepherd's Spring Volunteer Application Form

Statement of Practice: In order to safe-guard the well-being of participants served, Shepherd's Spring may investigate the accuracy of the data provided in the application process for all applicants before appointment to the staff can be made. This investigation may include, but is not necessarily limited to, reference checks with past employers, educational institutions, volunteer organizations and agencies, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating a person for employment at Shepherd's Spring.

Position Applying For _____

Prior Application on File? ____ Yes ____ No **Date of Application:** _____

1. Personal Information

Full Name: _____ **SS#** _____

Home Address: _____

City _____ **State** _____ **Zip** _____

How long at this address? _____ **From** _____ **to present**

Home Phone: _____ **Home E-mail** _____

Do you have a valid driver's license? ____ Yes ____ No **If Yes, License #** _____

Summer Camp Volunteers Only -Date of Birth _____ **Age** _____ **US Citizen:** ____ Yes ____ No

If Applicable

College/University Attending: _____

College Address: _____

City _____ **State** _____ **Zip** _____

College Phone: _____ **College E-mail:** _____

Home Church _____ **Denomination** _____ **District if COB** _____

2. Education

High School Attended _____ **City and State of HS:** _____

Dates attended: _____ **Graduation Date:** _____

College/University Attended: _____ **City and State:** _____

Major: _____ **Dates Attended:** _____ **Graduation Date:** _____

Please list any further educational experiences including graduate school, technical school etc.

Professional Societies, Associations, Awards, Publications: _____

Place a check next to the areas in which you hold a current certification:

Red Cross First Aid ____ **CPR** ____ **Red Cross Certified Lifeguard** ____ **Water Safety Instructor** ____

Canoe Instructor ____ **Other** (please specify) _____

Which of the above cards, if any, are you willing to obtain? _____

3. Legal Background

Have you ever been convicted of sexual abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes ___ No ___ If Yes, describe in full _____

4. Authorization to Check Criminal Records

I, _____, authorize Shepherd’s Spring to receive information from any law-enforcement agency, including police departments and sheriff’s departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee and that I expressly DO NOT authorize Shepherd’s Spring, its directors, officers, employees, or other volunteers or staff to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signed _____ Date _____
(Signature of Applicant)

Signed _____ Date _____
(Signature of authorized camp representative)

5. Work Experience

Show present or most recent employer first. If you have more employment experience than there are spaces provided, please list the experiences most relevant to working at a camp or with children/youth.

(1) Company/Organization Name _____ Your Title _____

Company/Organization Address _____

City _____ State _____ Zip _____ Phone _____

Date Started _____ Date Ended _____ Reason(s) for Leaving _____

Supervisor’s Name and Title _____

Description of Duties and Responsibilities _____

(2) Company/Organization Name _____ Your Title _____

Company/Organization Address _____

City _____ State _____ Zip _____ Phone _____

Date Started _____ Date Ended _____ Reason(s) for Leaving _____

Supervisor’s Name and Title _____

Description of Duties and Responsibilities _____

6. Volunteer Experience

Please list experiences that are most relevant to working with children and youth or working in a camp setting.

(1) Agency/Organization _____ Phone _____
Address _____
City _____ State _____ Zip _____ Dates _____
Reason(s) for Leaving _____
Supervisor's Name and Title _____
Description of Duties and Responsibilities _____

(2) Agency/Organization _____ Phone _____
Address _____
City _____ State _____ Zip _____ Dates _____
Reason(s) for Leaving _____
Supervisor's Name and Title _____
Description of Duties and Responsibilities _____

(3) Agency/Organization _____ Phone _____
Address _____
City _____ State _____ Zip _____ Dates _____
Reason(s) for Leaving _____
Supervisor's Name and Title _____
Description of Duties and Responsibilities _____

7. References

List three references other than persons mentioned in the above work and volunteer histories. Please include pastors, mentors, teachers/professors, etc, but do **NOT** list any family members.

(1) Name _____ Relationship to you _____ Phone _____
Address _____
City _____ State _____ Zip _____

(2) Name _____ Relationship to you _____ Phone _____
Address _____

City _____ State _____ Zip _____

(3) Name _____ Relationship to you _____ Phone _____

Address _____

City _____ State _____ Zip _____

8. Emergency Contact Information

Name _____ Relationship to you _____

Address _____ Daytime Phone _____

_____ Evening Phone _____

Health Insurance Carrier _____ Policy Number _____

9. Summer Camp Staff Applicants only -please complete the following questions – Type answers on a separate piece of paper

- 1 – Explain why you would like to volunteer at Shepherd’s Spring. (if you have volunteered here before, please include an explanation of why you are returning)
- 2 – Please list the most important gifts you would bring to the ministry of camp.
- 3 – Explain your skill level and interest in helping with the following activities: leading singing, playing guitar, planning worship, leading worship and planning campfires.
- 4 – What would be the most difficult part of working at camp for you?
- 5 – Please explain your understanding of camping (outdoor) ministry.
- 6 – Give a description of your personal faith journey.

10. Consent Statements

Applicant’s Statement

The information contained in this form is correct to the best of my knowledge. I authorize any references, companies, organizations, or agencies listed to give you any information they may have regarding my character and fitness to work with children and youth. I release all such references from liability for any damages that may result from furnishing such an evaluation to you.

I agree to be bound by the policies of Shepherd’s Spring.

SIGNATURE _____ Date _____

Parental Consent

If the applicant is under the age of 18 at the time this application is completed, Shepherd’s Spring must have the signature of a parent or legal guardian. This signature acknowledges that the parent/legal guardian is aware of their child’s/ward’s intent to apply for a position at Shepherd’s Spring. This signature also grants executive staff of Shepherd’s Spring the authority, in the event of a health-related emergency, to secure proper treatment.

SIGNATURE _____ Date _____

Relationship to applicant _____

**SEND COMPLETED APPLICATION TO:
SHEPHERD’S SPRING
P.O. Box 369
SHARPSBURG, MD 21782**

