

Mountain Kids Day Camp

The ISAIAH FOUNDATION, Inc.

P.O. Box 777 Idaho City, ID 83631 website: www.mountainkidsdaycamp.org

VOLUNTEER APPLICATION

Instructions: Please PRINT and completely fill out all questions. This information is vital to your acceptance and possible placement as a volunteer. Thank you for your interest!

Volunteer Position(s) Applying for: _____

Previous Volunteer Position(s) at this Camp: _____ Year(s): _____

| | | | | | | |
|---------------------------------|--|-----------------|------------|--|----------|-----------|
| First name: | | Date: | | | | |
| Last name: | | E-mail address: | | | | |
| Birth Date/Age: | | Phone(s): | | | | |
| Mailing Address: | | | | | | |
| City, State, Zip: | | | | | | |
| Occupation or last grade level: | | Sex: (circle) | Male | Female | | |
| Certifications: (circle) | CPR | First Aid | Life Guard | Nurse | EMT | |
| Emergency Contacts: | #1. Name: _____ Relationship: _____ Phone: _____ | | | #2. Name: _____ Relationship: _____ Phone: _____ | | |
| T-Shirt Size: (Adult Sizes) | Small | Medium | Large | X Large | XX Large | XXX Large |

We plan to have a family dinner for all volunteers and their families, & campers and their families, Thursday evening after camp. (5:00 – 6:00). How many people from your family, (other than campers), and including you, can we count on to be there? _____

PERSONAL PROFILE (Please use additional paper if necessary).

Why do you want to volunteer for camp?

(Please see back)

Do you have any previous experience working with children? If yes, please describe:

What church (if any) do you presently attend?

What does it mean to you to be a Christian?

What talents do you believe God has given you?

What strengths do you have in regards to working with children?

MEDICAL HISTORY (Please use additional paper if necessary).

How would you rate your overall health? (circle) very healthy---healthy---ok---not good---poor

Do you have any medical issues or take any medications that would affect your work at camp or that we should be aware of in case of an emergency? No---Yes: (If yes, please explain).

PERSONAL REFERENCES

| | | | |
|----------|---------|-------|--------------|
| 1. _____ | _____ | _____ | _____ |
| Name | Address | Phone | Relationship |
| | | | |
| 2. _____ | _____ | _____ | _____ |
| Name | Address | Phone | Relationship |

BACKGROUND CHECK INFORMATION

Have you ever been arrested for a criminal offense? No---Yes

Have you ever been involved in an incident which resulted in an allegation of abuse or sexual molestation? No---Yes

****Also, please fill out the additional waiver and authorization to release information, if you are 18 or over.**

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

| | | |
|--------------|-----------|-------|
| _____ | _____ | _____ |
| Printed Name | Signature | Date |

Please mail in this form by May 1 to: The Isaiah Foundation P.O. Box 777 Idaho City, ID 83631