



Eagle Fern Camp is a Christ-centered, evangelical non-profit camping ministry. We believe that Jesus Christ is “the visible image of the invisible God” and that in Him all deity dwells in bodily form. We believe that all scripture is inspired by God and is our final authority for life and faith. We believe that salvation comes through faith in Christ alone. In everything we do, our purpose is to glorify Christ and honor His Word.

### Personal Data

Full Legal Name \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Cell Phone

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone # Fax Number

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Gender  Male  Female Marital Status  Single  Married

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

Have you ever served at Eagle Fern Camp before?  Yes  No

Date \_\_\_\_\_ What Capacity \_\_\_\_\_

Shirt Size \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary Phone # Alternate Phone #

### Position Preference

Please mark the positions in which you are interested:

- |   |  |
|---|--|
| <input type="checkbox"/> Lead Counselor       | <input type="checkbox"/> Assistant Counselor |
| <input type="checkbox"/> Head Cook            | <input type="checkbox"/> Kitchen Staff       |
| <input type="checkbox"/> Music/Worship Leader | <input type="checkbox"/> Nurse/Medical Staff |
| <input type="checkbox"/> Weekly Director      | <input type="checkbox"/> Other               |

### References

Please do not list relatives!

#### Pastor or Church Leader

Name \_\_\_\_\_

Church Name \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Work Phone

#### Employer

Name \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Work Phone

#### Personal Reference

Name \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Work Phone

### Camps

Please check the weeks of camp you would like to volunteer for:

<input type="checkbox"/>	<b>HiAdventure Camp</b>	<b>Jul 1 - 6</b>
<input type="checkbox"/>	<b>Day Camp</b>	<b>Jul 2 - 6</b>
<input type="checkbox"/>	<b>Intermediate Camp</b>	<b>Jul 8 - 13</b>
<input type="checkbox"/>	<b>Creation Adventure Camp</b>	<b>Jul 15 - 20</b>
<input type="checkbox"/>	<b>Girls Camp</b>	<b>Jul 15 - 21</b>
<input type="checkbox"/>	<b>High School Camp</b>	<b>Jul 22 - 28</b>
<input type="checkbox"/>	<b>Jr Hi Girls Camp</b>	<b>Jul 29 - Aug 4</b>
<input type="checkbox"/>	<b>Jr Hi Boys Camp</b>	<b>Aug 5 - 11</b>
<input type="checkbox"/>	<b>Boys Camp</b>	<b>Aug 12 - 18</b>
<input type="checkbox"/>	<b>Girls Horse Camp I</b>	<b>Jul 29 - Aug 2</b>
<input type="checkbox"/>	<b>Girls Horse Camp II</b>	<b>Aug 5 - 9</b>
<input type="checkbox"/>	<b>Girls Horse Camp III</b>	<b>Aug 12 - 16</b>

### Specialized Skills/Certifications

List any areas in which you are currently certified:

- |   |   |
|---|---|
| <input type="checkbox"/> Food Handlers License      | <input type="checkbox"/> First Aid        |
| <input type="checkbox"/> Lifeguard                  | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> CPR                        | <input type="checkbox"/> NRA              |
| <input type="checkbox"/> Commercial Vehicle License | <input type="checkbox"/> Other _____      |

List any special skills that would contribute to the ministry of Eagle Fern Camp. (sports/music/drama/woodworking/hobbies/outdoor skills/etc.)

(See Back)

## My Personal Walk

(New Volunteers)

Give a summary of your Christian experience, including your conversion, your present devotional practice, and your current spiritual growth:

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## Salvation

(New Volunteers)

How would you lead a child to Christ?

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## Ministry

(New & Returning Volunteers)

What Christian ministry service have you been involved in this past year:

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A current Health Information form must be attached to this application.



Eagle Fern Camp  
37700 SE Camp Road  
Estacada, Oregon 97023  
Phone: 503-630-4978  
Fax: 503-630-3356  
Or on the web at:  
[www.eagleferncamp.com](http://www.eagleferncamp.com)

## Affirmation \* Criminal Records/Liability/Photo Release

I understand that this is an application for **volunteer service** and that no employment contract is being offered. I understand that I will be required to abide by all camp policies, standards, and regulations. I further understand that when my service is completed, I must return all of EFC's property in my custody.

I hereby authorize EFC to contact employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read Eagle Fern Camp's attached Statement of Faith. I hereby agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

I understand that Eagle Fern Camp is a tobacco free, alcohol free, and drug free environment.

I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. A criminal records release must be completed by all staff and volunteers participating in Eagle Fern Camp sponsored programs. This information will be kept confidential, on file at the camp office.

Current county of residence: \_\_\_\_\_

Previous states and counties of residence (last 10 years)  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give Eagle Fern Camp permission to conduct a criminal records search in the counties of residence listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Eagle Fern Camp.

The applicant has permission to engage in all camp activities, both on-campus and off-campus. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury from participation in camp activities including (but not limited to): swimming, archery, BB guns, water-skiing, boating, challenge course, airsoft, and horse program activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR, water safety, challenge course, and horse programs, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child (if applicant is under the age of 18) about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

I hereby give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Eagle Fern Camp promotional material and publications, and waive any rights of compensation or ownership thereto.

I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the questions on this application are true and complete, and that any misrepresentation or omission may be grounds for rejection or, if later "employed," dismissal.

**Applicant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
(if under age 18)

**Date:** \_\_\_\_\_

## Office Use Only

	Date	Copy Sent
Rec/EFC	_____	_____
Rec/Director	_____	_____
	Date	Status
Ref/EFC	_____	_____
Ref/Director	_____	_____
Ref/Elder	_____	_____