



Volunteer Application eaglefern

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"/>	HiAdventure Camp	July 5 - 9
<input type="checkbox"/>	Day Camp	July 6 - 9
<input type="checkbox"/>	Intermediate Camp	July 11 - 16
<input type="checkbox"/>	Girls Camp	July 18 - 24
<input type="checkbox"/>	High School Camp	July 25 - 31
<input type="checkbox"/>	Junior High Girls Camp	August 1 - 7
<input type="checkbox"/>	Junior High Boys Camp	August 8 - 14
<input type="checkbox"/>	Boys Camp	August 15 - 21
<input type="checkbox"/>	Girls Horse Camp I	July 5 - 8
<input type="checkbox"/>	Girls Horse Camp II	July 11 - 14
<input type="checkbox"/>	Girls Horse Camp III	August 8 - 11
<input type="checkbox"/>	Girls Horse Camp IV	August 15 - 18

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.)

My Personal Walk

(New Volunteers)

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

Salvation

(New Volunteers)

How would you lead a child to Christ?

Ministry

(New & Returning Volunteers)

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

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

Affirmation * Criminal Records Release * Photo Release

I understand that as a volunteer, I will be required to abide by all camp policies, standards, and regulations. I further understand that as a volunteer, 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 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.

I understand that this is an application for **volunteer service** and that no employment contract is being offered.

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

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

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.

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.

Participants Signature: _____
(if over age 18)

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	_____	_____