



2017 CAMPING & YOUTH MINISTRIES
Presbytery of Des Moines
VOLUNTEER CAMP STAFF APPLICATION



Please print or type and attach a recent photograph.

Date of Application: _____ **Gender:** M F **T-Shirt Size:** _____

Name: _____ **Marital Status:** S M D

Phone: _____ **E-mail Address:** _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____

I. Requested Camp Events (include name, event number and dates):

II. Briefly list recent camp experience (include dates, the campsite, and whether you were a camper or staff):

III. References (name, address and telephone number of three persons who are not relatives):

1st _____

2nd _____

3rd _____

IV. Health, Safety and Camp Activity Certifications:

CPR Date Issued: _____ Expires: _____
First Aid Date Issued: _____ Expires: _____

List Other Certifications: _____

V. Camp Program Skills (put "T" before events you could lead or teach, a "A" if you can assist, and a "C" if you have current certification and attach a copy of your certification):

- | | | |
|---|--|---|
| <input type="checkbox"/> Challenge/Ropes Course | <input type="checkbox"/> Games | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Climbing/Rappelling | <input type="checkbox"/> Campfires | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Sports | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Swimming | <input type="checkbox"/> Guitar Playing |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Canoeing/Kayaking | |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Horseback Riding | |

VI. What contribution do you think you could make at camp?

VII. Have you ever been convicted of child abuse, molestation, or neglect?

(If yes, attach on a separate page the details.) Yes _____ No _____

VIII. Is a background check already on file? Yes _____ No _____

If Yes, who performed the background check? _____

VIII. Authorization

I authorize the investigation of all statements herein, including checks of criminal records, and release the Presbytery of Des Moines and all others from liability in connection with the same. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

Signature: _____ **Date:** _____

Signature of Parent/Guardian (if under 18): _____

Mail to: Dennis Britson, 1110 East 6th Street, No. 12, Des Moines, IA 50316-2841