

# VOLUNTEER APPLICATION - Camp Alexander Mack, Inc. PO Box 158, Milford, IN 46542

Phone: (574) 658-4831 Fax:(574) 658-4765

E-mail: <a href="mailto:info@campmack.org">info@campmack.org</a> Website: <a href="www.campmack.org">www.campmack.org</a>

In order to safeguard the well-being of participants served, Camp Mack will investigate the accuracy of the data provided in the application process for all volunteers. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating personnel for Camp Mack.

Please complete the following application as complete as possible.

| NAME:  |              | PHC         | ONE:          |
|--|--------------|-------------|---------------|
| STREET:  |              | EMAIL: _    |               |
| CITY:  |              | STATE:      | ZIP:          |
| CELL PHONE:  | AGE:         | DOB:        | SHIRT SIZE:   |
| OCCUPATION:  |              | GENDER: 🗆 M | Iale Female   |
| CONGREGATION ATTENDING OR M                                | EMBERSHIP    |             |               |
| PASTOR:  |              | PHONE:      |               |
| EMAIL:   |              |             |               |
| POSITION APPLYING FOR:                                     |              |             |               |
| FOOD SERVICE FACILITIES                                    | OFFICE_      | HEALTH C    | AREOTHER      |
| Please fill out the information sec<br>and then complete t |              | •           | 1 0           |
| Office Use   |              |             |               |
| Date Received Dat  | te Processed | Dofor       | mana Chaolrad |
| Background Investigation Comple                            |              |             |               |

## FOR THOSE CHOOSING FOOD SERVICE

|  |  |  |   |  |           | _  |   |         |                            |                                 |
|--|--|--|---|--|-----------|--|---|---------|----------------------------|---------------------------------|
| <ul><li>3. Which shift v</li><li>4. Maximum ho</li></ul>   |  |  |   |  |           | eferred to   | work?   |         |                            |                                 |
| 4. Maximum no  | urs preferr  | eu to we   | лк:   | Willilliulli I   | iours pre | ererreu to   | WOIK  |         | _                          |                                 |
| SKILLS SURVEY:   |  |  |   |  |           |  |   |         |                            |                                 |
| Please rate yourself   | on the follo   | owing e  | quipmer   | nt:  |           |  |   |         |                            |                                 |
| (N/A-No skills in th   | s area, 1-E  | Basic Sk   | ills/Gen  | eral Knowledge,  | 2- Some   | e Experie  | nce, 3-   | Profici | ent in                     | this area)                      |
| Convection Oven  | N/A  | 1  | _ 2   | _ 3 (  | Grill     | N/A  | _ 1   | _ 2     | 3                          |                                 |
| Oven<br>Other  | N/A  | 1  | _ 2   | _ 3 S  | teamer    | N/A<br>N/A   | _ 1   | _ 2     | 3                          |                                 |
| Other  | _ N/A  | 1  | _ 2   | _ 3  |           |  |   |         |                            |                                 |
| Check which tasks i Preparation o Vegetable Preparation Baking Dish Washer General Clea  | f Salad Ba<br>eparation  | r ingred   | ients   |  | and par   | ns. etc)   |   |         |                            |                                 |
| General Cica   | imig (i.e. ii  | порріпд,   | , sweepi  | ng, wasning pots   | and par   | 15, CtC)   |   |         |                            |                                 |
| What restrictions do   | you have   | when it  | comes to  | o kitchen work?  |           |  |   |         |                            |                                 |
|  |  |  |   |  |           |  |   |         |                            |                                 |
|  |  |  |   |  |           |  |   |         |                            |                                 |
|  |  |  |   |  |           |  |   |         |                            |                                 |
|  |  |  |   |  |           |  |   |         |                            |                                 |
|  |  | Go   | to page   | e 4 and 5 after  | comple    | ting this  | sectio  | n       |                            |                                 |
|  |  | Go   | to page   | e 4 and 5 after  | comple    | ting this  | sectio  | on      |                            |                                 |
| WORK SCHEDIN   | L CVIDVE   | <u>FOI</u>   |   | e 4 and 5 after  |           |  | sectio  | n       |                            |                                 |
| WORK SCHEDUL   |  | <u>F01</u><br>Y:   | R THO   | SE CHOOSING  | G FAC     |  | sectio  | on      |                            |                                 |
| 1. Days/ weeks   | you will be  | <i>FOI</i><br>Y:<br>e availat  | ole?  | SE CHOOSING  | G FACI    |  | sectio  | n       |                            |                                 |
| <ol> <li>Days/ weeks</li> <li>Hours you wi</li> </ol>  | you will be<br>ll be availa  | FOI<br>Y:<br>e availatable thos  | R THOS<br>ole?<br>se days?  | SE CHOOSING  | G FACI    | <u>ILITY</u>   |   |         |                            |                                 |
| 1. Days/ weeks   | you will be<br>ll be availa  | FOI<br>Y:<br>e availatable thos  | R THOS<br>ole?<br>se days?  | SE CHOOSING  | G FACI    | <u>ILITY</u>   |   |         |                            |                                 |
| <ol> <li>Days/ weeks</li> <li>Hours you wi</li> </ol>  | you will be<br>ll be availa  | FOI<br>Y:<br>e availatable thos  | R THOS<br>ole?<br>se days?  | SE CHOOSING  | G FACI    | <u>ILITY</u>   |   |         |                            |                                 |
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| 1. Days/ weeks 2. Hours you with a second of the second of | you will be all be availaurs preferred as area, 1-E  1 1 1 1 1 1 1                         | FOI  Y: e available those do wo  Basic Sk  2 2 2 2 2 2 2               | se days?  ills/Gen  3 3 3 3 3 3 3   | eral Knowledge,  Cleaning Electrical HVAC Masonry Plumbing Sewing Welding  | nours pre | eferred to  Percentage of the Experience of the  | work?  nce, 3-  1  1  1  1  1  1  1                   | Profici | 22<br>22<br>22<br>22       | 3<br>3<br>3<br>3<br>3<br>3<br>3 |
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| 1. Days/ weeks 2. Hours you with 3. Maximum hours  SKILLS: (N/A-No skills in the surpentry N/A_trywall | you will be all be availaurs preferrents area, 1-E  1                                      | FOI  Y: e available those ded to wo  Basic Sk  2 2 2 2 2 2 vide the to | R THO:  ole? se days?  ork?  ills/Gen  3 3 3 3 3 3 tools tha  | Minimum heral Knowledge, Cleaning Electrical HVAC Masonry Plumbing Sewing Welding Other  at are needed for                   | nours pre | eferred to  RESERVED TO THE PROPERTY OF THE PR | work?  nce, 3-  1  1  1  1  1  1  1  1  1  1  1  1  1 | Profici | 22<br>22<br>22<br>22       | 3<br>3<br>3<br>3<br>3<br>3<br>3 |
| 1. Days/ weeks 2. Hours you with 3. Maximum hours  SKILLS:  (N/A-No skills in the surpentry N/A_ ywall N/A_ cavation N/A_ echanical N/A_ inting N/A_ pofing N/A_ ee Trimming N/A_  TOOLS: I would be a   | you will be all be availaurs preferred as area, 1-E  1                                     | FOI<br>Y: e available those able those do wo                           | ole?se days? ork? ills/Gen  3 3 3 3 tools that ould need  | Minimum heral Knowledge, Cleaning Electrical HVAC Masonry Plumbing Sewing Welding Other  at are needed for ed to provide the | nours pre | eferred to  RESERVED TO THE PROPERTY OF THE PR | work?  nce, 3-  1  1  1  1  1  1  1  1  1  1  1  1  1 | Profici | 22<br>22<br>22<br>22       | 3<br>3<br>3<br>3<br>3<br>3<br>3 |

### FOR THOSE CHOOSING OFFICE

| WORK SCHEDULE SURVEY:  | SE CHOOSHITO OF FIELD   |
|--|---|
| 1. Days you will be available?   |   |
| 2. Hours you will be available those days  | ?   |
| 3. Maximum hours preferred to work?  | Minimum hours preferred to work?                                      |
| <b>SKILLS: Rate yourself in the following ar</b> (N/A-No skills in this area, 1-Basic Skills/Ger | eas: neral Knowledge, 2- Some Experience, 3- Proficient in this area) |
| 1. Relating in a caring, responsible way to car N/A 1 2 3  | mp guests - working with people                                       |
| 2. Phone etiquette   |   |
| N/A123   |   |
| 3. Organizational skills, including, but not lim N/A 1 2 3                                       | nited to, orderliness, neatness, time management                      |
| 4. Typing skills<br>N/A 1 2 3  |   |
| 5. Computer skills   |   |
| N/A 1 2 3  |   |
| 6. Name computer programs that you have use are you acquainted with Microsoft Access and         | ed or that you feel comfortable in using. Have you used or d Word?    |
| Go to page 4 a   | and 5 after completing this section                                   |
| WORK SCHEDULE SURVEY:  1. Days you will be available?  | E CHOOSING HEALTH CARE  |
| 2. Weeks you will be available?  |   |
| 3. Have you worked or volunteered in car   |   |
| If so, When, V   | Vhere   |
| Level of Certification:  |   |
| Basic First Aid/AED  | Physician's Assistant   |
| Student Nurse  | Physician   |
| Licensed Practical Nurse   | EMT   |
| Registered Nurse   | Paramedic   |
|  |   |

Go to page 4 and 5 after completing this section

# **REFERENCES** (No Relatives Please)

| <b>(1)</b> NAME:  |   | ADDRESS:                             | ADDRESS:                  |                     |  |  |
|---|---|--------------------------------------|---------------------------|---------------------|--|--|
| CITY:   | STATE:  | ZIP:                                 | PHONE:                    | <del>-</del>        |  |  |
| (2) NAME:   |   | ADDRESS:                             |                           |                     |  |  |
| CITY:   | STATE:  | ZIP:                                 | PHONE:                    |                     |  |  |
| VOLUNTEER HIST<br>If no volunteer history   |   |                                      |                           | N/A                 |  |  |
| (1) Organization  |   | Locat                                | ion                       |                     |  |  |
| Phone   | Responsibili  | ties                                 |                           |                     |  |  |
| -   |   |                                      |                           | to                  |  |  |
|   |   |                                      |                           |                     |  |  |
| Phone   | Responsibili  | ties                                 |                           |                     |  |  |
| Supervisor  |   | Dates                                | volunteered: from         | to                  |  |  |
| SOCIAL NETWORKING With the increased use of individual's site as part of Do you have a site?  MEDICAL AND EMERG Please list information aboronsiderations that should | the reference check.  Yes No S  EENCY INFORMATION allergic reactions, | Site address:  ON: medication, diabe | etes, convulsions, and ot | her physical        |  |  |
| Please list any food related  | restrictions or needs   | (Allergies, Speci                    | al Dietary needs, Type o  | of Vegetarian, etc) |  |  |
| What are the physical, mer  | ntal, emotional, and m  | nedical restriction                  | s you currently experier  | nce?                |  |  |
| In case of an emergency no  | otify   |                                      | Phone: ( )                |                     |  |  |

## **VOLUNTEER APPLICATION**

|   | t that in relation to crimes against children, I have not:   |
|---|--|
|   |  |
| Been convicted of a violent crime or crin   |  |
| Been adjudged liable for civil penalties of the second secon |  |
| <ul> <li>Had a court order or domestic order or p</li> <li>Had parental rights terminated.</li> </ul>   | protection,  |
| I authorize Camp Mack to receive information departments and sheriff's departments, of this   | on from any law-enforcement agency, including police state or federal government, to the extent permitted by ctions I may have had for violations of state or federal  |
| criminal laws, including but not limited to understand that such access is for the purpose of expressly <b>DO NOT</b> authorize Camp Mack, it   | convictions for crimes committed upon children. I of considering my application as an employee, and that I is directors, officers, employees, or other volunteers to any other individual, group, agency, organization, or   |
| corporation. I am aware that a prior conviction   |  |
| Signed  | Date   |
| Signed(Signature of applicant)  |  |
| Social Security # DL #  | DOB  |
|   |  |
| Office Use Only I have completed the Background Investig disqualifies the applicant for volunt  | gation of this applicant. The applicant's record qualifies teering.  |
| I have completed the Background Investig  | •  |
| I have completed the Background Investig disqualifies the applicant for volunt  | teering.   |
| I have completed the Background Investig  disqualifies the applicant for volunt  Executive Director  PLICANT'S STATEMENT  ertify that the information contained on this application is grounds for dismontained on that they may have regarding my character in liability for any damages that may result from furnicamp Mack as stated above. I also agree to operate  | ion is correct to the best of my knowledge and understand that any sissal. I authorize any references or churches listed to provide any rand fitness for children/youth work. I release all such references nishing such evaluation. I agree to support and uphold the mission te under the policies and procedures of Camp Mack. I authorize nembers of my family and to use such photographs for the purpose |

#### **PARENTAL CONSENT:**

(If the applicant is under the age of 18 at the time this application is completed, we must have the signature of a parent or legal guardian.) This signature acknowledges that as parent/legal guardian I am aware of my child's/ward's intent to volunteer at Camp Mack.

| Signature:  | Relationship:  | Date |
|-------------|----------------|------|
| Digitature. | itelationship. | Duic |