



Volunteer Application

Please fill out all areas as thoroughly as you can.
Return this application to:
7718 Twin Lakes Road; Manson, IA 50563

<u>Office Use Only</u>			
_____ Received	_____ Ref Called	_____ Interview	
_____ Contract		_____ Final Packet	

PERSONAL INFO

Name: _____ Date of Birth: _____ Gender: Male Female
First Middle Last

Present Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone _____ Cell: _____ Email: _____

Social Security # _____ US Citizen: Marital Status: Single Engaged Married Separated Divorced

Parent or Guardian Name: _____ Spouse's Name: _____
First Last First Last

Home Church: _____ Church City & State: _____

Permanent Mailing Address (If different than above): _____
Address City & State Zip

MULTIPLE CHOICE

Please list three people (including pastor/youth pastor) who are familiar with your character, work habits, and qualifications.

Reference 1
 Pastor/Youth Pastor: _____
Name Work Phone Email Address

Mailing Address: _____
Church Name Address City & State Zip

Reference 2
 Name _____ Title _____ Work Phone _____ Email Address _____
 Mailing Address: _____
Address City & State Zip

Reference 3
 Name _____ Title _____ Work Phone _____ Email Address _____
 Mailing Address: _____
Address City & State Zip

HEALTH CHECK-UP

Name: _____ Date of Birth: _____ Gender: Male Female
First Middle Last

Emergency Contact: _____
First Last Home Phone Work Phone Cell Phone

Emergency Contact Mailing Address: _____
Address City State Zip

Insurance Information: _____
Company Name Policy Number Company Phone

Are there any medical, emotional, physical, or mental conditions which may limit your activity: No Yes If yes, please describe: _____

What are the current treatments or medications, if any, that you are using regularly (diabetes, asthma, heart ailments, epilepsy, depression, etc.)? _____

Do you have any allergies? No Yes If yes, please describe: _____

Immunization Record: Please put the date of latest inoculation in each box:

Polio	Diphtheria	Tetanus	Whooping Cough	Measles	Rubella

I hereby give permission to agents of Twin Lakes Christian Center (TLCC) to secure emergency medical or surgical treatment and routine non-surgical medical care for me or to the above applicant while under employment of TLCC. Routine non-surgical treatments can include acetaminophen, ibuprofen, and prescription drugs.

Applicant's Printed Name _____ Applicant's Signature _____ If under 18, Parent/Guardian's Printed Name _____ Parent/Guardian's Signature _____

Are you in school now? Yes No Circle the year or grade you will have completed by June of this year: 10 - 11 - 12 - Fr - So - Jr - Sr - MA - PhD - DR

High School: _____
School Name Address City & State Zip

College/University: _____
School Name Address City & State Zip

Graduate School: _____
School Name Address City & State Zip

Highest degree earned to date: _____ College/University Majors: _____

Career Interests: _____

Extracurricular Activities: _____

Have you ever been a camper at TLCC? Yes No If yes, when? _____

Have you ever been a camper at another camp? Yes No If yes, which camp? _____

Have you ever been on a camp staff before? Yes No If yes, which camp? _____
Camp Name Phone

Mailing Address: _____
Address City & State Zip

Previous camp job responsibilities: _____

Are there any other camping experiences that you feel are important for us to consider? _____

Do you smoke? Yes No Occasionally Please explain: _____

Do you drink alcoholic beverages? Never Occasionally Regularly Please explain: _____

Do you use any controlled substances (such as illegal drugs)? Never Occasionally Regularly Please explain: _____

Have you ever been convicted of a crime? Yes No If yes, please explain frequency, seriousness, age at conviction: _____

Have you ever been involved in any incident of child abuse (sexual or otherwise) or any other moral impropriety in the past 5 years that has not been fully and satisfactorily resolved or is no longer a problem. Yes No If yes, please explain: _____

Place an X in front of those skills in which you have ability and experience. Please place two XX's in front of those which you would be able to teach. Add others on the blank lines.

SKILLS COMPETENCY

Able	Teach	Skill Name
Spiritual Life		
		One-on-One Sharing
		Leading Devotions
		Public Testimony
		Group Bible Study
		Running/Planning Worship
		Practicing Spiritual Disciplines

Food Service		
		Waiter/Waitressing
		Meal Preparation
		Cooking
		Bussing
		Dishwashing
		Supervising Meal/Dining Room

Certifications		
		WSI (Expires: _____)
		Lifeguard (Expires: _____)
		First Aid (Expires: _____)
		CPR (Expires: _____)
		EMT (Expires: _____)
		Nurse (Expires: _____)

Business		
		Receptionist
		Typing Speed _____
		Word Processing
		Data Entry
		Bookkeeping
		Cash Register
		Customer Service
		Money Counting
		General Maintenance
		Housekeeping
		Lawn Mowing (riding)
		Gardening
		Hand Tools
		Power Tools
		Woodworking/Carpentry
		Mechanical/Small Engines
		Welding
		Electrical
		Plumbing
		Painting
		Roofing

Able	Teach	Skill Name
Program		
Music		
		Piano
		Accompaniment
		Guitar
		Song Leader
		Small Group Singing
		Solo Singing
		Other Instruments _____
		Coordinating Worship Music
		Coordinating Other Music

Dramatics		
		Story Telling
		Mime
		Puppets
		Acting
		Writing
		Directing
		Dance
		Clowning
		Juggling
		Set Design/Building
		Lighting
		Stage Sound Systems

Crafts		
		Leather Work
		Bead Work
		Basket Weaving/Macramé
		Wood Crafts
		Sewing
		Scrapbooking
		Drawing
		Painting
		Nature Crafts
		Photography
		Large Graphics

Sports/Recreation		
Team Sports/Group Games		
		Softball
		Soccer
		Volleyball
		Basketball
		Football

Able	Teach	Skill Name
Sports/Recreation (cont.)		
Water Sports		
		Kayaking
		Ski Boat Driving
		Waterskiing
		Wake Boarding
		Swimming
		Canoeing
		Sailing
		Rowing
		Kneeboarding

Individual Sports		
		Archery
		Golf
		Acrobatics
		Aerobics

Group Initiatives		
		Climbing Wall
		Low Level Initiatives Course
		High Level Initiatives Course

Environmental/Outdoor Education		
		Tenting
		Orienteering
		Hiking
		Fire Building
		Cooking
		Survival Camping
		Geology
		Astronomy
		Zoology
		Botany

Special Skills		

Comments		

Spiritual Gifts Assessment

Place an X in front of those skills in which you believe you have been gifted (You may mark more than one):

___ Helps	___ Service	___ Mercy	___ Giving	___ Teaching	___ Administration
___ Hospitality	___ Encouragement	___ Prophecy	___ Healing	___ Tongues	___ Interpretation
___ Evangelism	___ Wisdom	___ Knowledge	___ Faith	___ Discernment of Spirits	___ Miracles

Comments/Questions: _____

The purpose of Twin Lakes Christian Center is to provide creative programs, facilities and services for the making of disciples of Jesus Christ. Though our guests come from many denominational and/or religious backgrounds, the central truths of God's word, the Bible, determine and inform all of our business practices, guest relationships, moral behavior, and interpersonal relationships.

In applying for a position on TLCC summer staff, you will indicate that you are willing to adhere to the policies, practices and expectations generated by our mission of making disciples. Please thoughtfully and thoroughly complete your answers to the following questions so that we can better understand where you are in the process of being a disciple and becoming more like Jesus Christ. Use separate sheets of paper if necessary.

Are you a disciple of Jesus Christ? If yes, how do you know? _____

Describe your spiritual journey _____

Describe how you have grown in the last two years. _____

Describe how you have served others over the last two years. _____

Why are you interested in serving at a Christian camp & conference grounds for the summer? _____

What do you have to contribute and what do you hope to receive? _____

What do you think it means to serve? _____

Obedience to Christ is the key to an effective camping ministry. The commitment to discipleship, humility and verbal witness of camp staff & volunteers contributes greatly to a camper's openness and responsiveness to the work of the Holy Spirit through the gospel.

It is essential that you be willing to:

- Share your relationship with Christ, through examples and speech, with campers and staff throughout the life of the camp.
- Enter into your position's responsibilities with a positive and supportive attitude.
- Sacrifice personal desires in the interest of the campers and your peers.

Twin Lakes Christian Center prohibits the use of tobacco products and / or the drinking of alcoholic beverages by its staff & volunteer members on the center's grounds, while serving in either a volunteer or paid position. The use of drugs shall be limited to such as prescribed by a physician. Sexual immorality, either in practice or verbal endorsement, may provide grounds for discipline or dismissal, depending on the issue / event. The abuse of any substance or habit, while not necessarily against center policy, it may be cause for dismissal.

APPLICANT'S AGREEMENT WITH TWIN LAKES CHRISTIAN CENTER

If I am accepted for a staff or volunteer position, I will abide by the policies above and the principles of ethics, conduct and dress asked of me; and I will accept my proper responsibility as a member of camp community.

- I realize that any photos or recordings taken of me during the summer may be used in camp promotional materials.
- I do authorize the camp to complete a local and national criminal background check before I am hired.

In signing this application I hereby release all previous employers and / or references to furnish my records, reasons for leaving, and all information they may have concerning me. I hereby release them for all liability or damage arising there from. In signing this application I am also saying that all information within this application is true. In the event of my employment, I shall be subject to dismissal if I have given false or incomplete information within this application.

Printed Name _____ Applicant's Signature _____ Date Signed _____