

ROCK OF AGES BIBLE CAMP

PERSONNEL APPLICATION FORM

FOR YOUTH (ages 15-18) WORKING WITH CHILDREN

In our desire to reduce the risk of abuse within our organization, we believe this information is necessary to protect our children and our volunteers and to effectively place our volunteers in program positions. Thank you in advance for your partnership.

Personal Information

Full Name _____ AGE _____
Grade _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Name of Parents _____ Phone Number _____

Are your parents supportive of your involvement with this program? Yes No

If no, please explain

Hobbies, Interests or Skills

Volunteer Experience and Part-time Jobs

Questionnaire

Describe why you would like to be part of our Children's Program Team.

What strengths or assets would you bring to our Children's Program?

Dates Available to volunteer:

What areas of concern do you have in working with children?

Do you see yourself as a team player? Please explain. Yes No

Please list age groups and types of programs in which you would like to work.

References

List three adults that you've known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative but must also include references from employers or teachers.

1. Name of Reference _____

Daytime Phone Number _____ Evening Number _____

Address _____

Nature of Relationship _____

How long have you known this person _____

2. Name of Reference _____

Daytime Phone Number _____ Evening Number _____

Address _____

Nature of Relationship _____

How long have you known this person _____

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Parent/Guardian _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening personnel and placing them into programs with children. The information gathered here will be used for the purposes of supporting the program at Rock of Ages Bible Camp.

Submit completed form to: roabc@gmail.com

or mail to:

Rock of Ages Bible Camp
13066 Old Hope Road
Charlie Lake, BC V0C 1H0