

Volunteer Camp Counselor Application Form
Board of Camps & Conference – Minnesota Annual Conference

All persons interested in serving as a camp leader/counselor in the Minnesota Annual Conference of the United Methodist Church Camping program need to complete this application form. Thank you for serving in this ministry!

Please mail your completed form to :United Methodist Camping Office –
122 W. Franklin Ave., #400, Minneapolis, MN 55404-2472 (612) 870-0058 ext.231 & 230

PLEASE PRINT

Name _____ **Female** **Male**
(For purposes of gender-based counseling)

Phone # Home: (_____) _____ Work: (_____) _____

Address _____
Address City State Zip

Social Security # _____ - _____ - _____ Drivers License # _____

Full Camp Counselors must be a minimum age of 18 and have completed a volunteer application form.
We recommend, but do not require that counselors be at least 1 year out of High School.

Please indicate your age group _____ 18-20 _____ 21+ If you are younger than 18 please request & complete a "Junior Counselors" volunteer form.

Age group you would feel most comfortable working with:

_____ Elementary _____ Jr. High _____ Sr. High _____ Adults _____ Families _____ Intergenerational

Type of Camp preferred:

_____ Resident (central dining, cabins, showers) _____ Wilderness (adventure, tenting)
_____ Camp for Mentally Handicapped _____ Trail Camp (biking –hiking mountain trips)

If interested in volunteering for a specific camp(s) this summer please indicate on line provided:

(If interested in more than one volunteer experience please attach additional pages.)

Camp # _____ Dates _____ Leader _____

Have you participated in any training experience to date? _____ Yes _____ No

If Yes, Please describe:

Work or Volunteer Experience:

1-Job/Volunteer Experience Description: _____

From _____ / _____ / _____ To _____ / _____ / _____ Name of Supervisor/Leader _____
mm dd yy mm dd yy

Contact Information: Address _____ Phone: (_____) _____

2-Job/Volunteer Experience Description: _____

From _____ / _____ / _____ To _____ / _____ / _____ Name of Supervisor/Leader _____
mm dd yy mm dd yy

Contact Information: Address _____ Phone: (_____) _____

3-Local Church Membership _____ **Denomination** (If non-UMC) _____

4-Educational Background: (Please check all that apply)

attended date graduated attended date graduated _____ Other Special Training (describe): _____

_____ High School _____ _____ College _____ _____

_____ Seminary _____ _____ Grad. School _____ _____

Special Interests/Skills for Camp Leadership:

(Please indicate if you could Lead or Teach)

_____ Crafts	_____ Nature Activities	_____ Games/Sports	_____ Hiking
_____ Worship	_____ Canoeing/Boating	_____ Camp crafts	_____ Biking
_____ Bible Study	_____ Songleading/Music	_____ Storytelling	_____ Drama
_____ Other (Please list) _____			

Background: (Please circle correct answer – if “yes” provide brief explanation.)

A – Have you ever been convicted of a criminal offense? Yes No

B – Have you ever been charged with child neglect – physical or sexual abuse? Yes No

C – Have you ever been convicted for the use or sale of drugs? Yes No

D – Has you driver’s license ever been suspended or revoked? Yes No

E – Is there any fact or circumstance that would call into question your being entrusted with the supervision, guidance, or care of young people or vulnerable adults? Yes No

References: Please list the pastor of your local congregation and one other person (outside of your family) who is familiar with your character and abilities as they relate to working as a camp or retreat leader.

Pastor Name _____ Phone # (_____) _____

Address _____

Reference Name _____ Phone # (_____) _____

Address _____

Volunteer Statement:

I, the undersigned, understand that the information I have provided may be verified by contacting persons or organizations named in this application form and I hereby release and agree to hold harmless from any liability any person or organization that provides information concerning me to the Camps Conference Retreats Action Team of the Minnesota Annual Conference of the United Methodist Church and its agencies. In signing this application, I affirm that the information provided is true and correct.

Signed _____ Date _____

The information provided on this form is confidential and is requested for the wellness of our campers, deans, volunteer counselors, staff, and conference programming agencies. Thank you for your cooperation.