Christian Church (Disciples of Christ) in Illinois & Wisconsin
401 W Jefferson St ~ Bloomington, IL 61701-3826

VOLUNTEER APPLICATION ~ DUE 1 MONTH BEFORE CAMP

THIS FORM IS FOR VOLUNTEER POSITIONS ONLY!

PLEASE COMPLETE AND MAIL TO THE ABOVE ADDRESS.

Camp Name _____Camp Location_____ Camp Dates __/__/__-__/__/__

Camp Director Name & Telephone #_____

Applicant Name_____ Date of Birth_____

Address_____

City_____State_____Zip_____

Phone: Home (____) _____Work (If calls are OK)_____

FAX (____) _____ E-mail _____

Please note position volunteering for:
___Kitchen Staff ___Keynote Speaker ____Arts/Crafts ___other (please specify)_____

Authorization, Affidavit and Pledge
I, _____ hereby authorize the Regional Staff of the Christian Church (Disciples of Christ) in Illinois and Wisconsin to contact any of the following persons or entities for the purpose of evaluating my fitness as a CCIW volunteer youth helper:

1. **Any prior employers**
2. **Any educational institutions I have attended**
3. **Any sponsor of a child-related or youth-related activity in which I have participated**
4. **Police background check.**
5. **Pastors, Board Chair**

I ____have / ____ have not been convicted of a misdemeanor regarding sexual activity, or a felony of any kind. (If you checked "have," please explain circumstances, including dates.
I, as a volunteer for CCIW Youth Camping Program, hereby pledge that I will conduct myself in a morally upright manner at all times while participating in regional youth events. I will behave in a restrained, responsible, and professional manner while at such events, and will limit physical contact with youth in my charge to actions that will in no way be construed as sexually permissive or suggestive.
Signed_____ Date_____

If you have not had a Background Check within the last 2 years, please call Peggy at the CCIW Regional Office with your Full Name, Address, Birth Date, and Social Security #.

CCIW Volunteer Application
(continued)

Please list three persons other than family who are familiar with your character as it relates to children or youth. One of these must be your pastor or other church officer.

Name_____**Address**_____

City/state/zip_____ **Phone (____)** _____

Relationship_____

Name_____**Address**_____

City/state/zip_____ **Phone (____)** _____

Relationship_____

Name_____**Address**_____

City/state/zip_____ **Phone (____)**_____

Relationship _____

FOR ADDITIONAL INFORMATION CONTACT:

- **Jared Reno**
  Camp Program Director
  Jared@cciwdisciples.org
  231-881-4589

- **Laura Williams**
  Camp Walter Scott Host
  camp@cciwdisciples.org or Laura@cciwdisciples.org
  217-739-2332

- **CCIW Regional Office**
  Peggy O'Neal
  Camp Registrar
  Peggy@cciwdisciples.org
  (309) 828-6293