



Camp Rainbow Connection 2018 Returning Volunteer Staff Application

Personal Information – PLEASE PRINT CLEARLY

Name (Preferred Name and Last): _____

Mailing Address: _____

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

E-Mail Address: _____

Date of Birth: _____ (Minimum age – 16) T-shirt Size: _____
Month/Date/Year (All staff receive a CRC T-Shirt)

Which week(s) of camp do you plan to attend? Staff dates are listed.

- June 23-29, 2018 July 21-27, 2018

Which orientation session and planning event do you plan to attend?

- April 21, 2018, United Methodist Conference Center, Glen Allen
 May 5, 2018, United Methodist Conference Center, Glen Allen

Campers and staff are “buddied” together for the week of camp. Usually, all staff counselors have one or two campers in their room. You will be called upon to assist with proper supervision of campers at all times. During class activities, you will work in your class or activity and your camper will be supervised by those leading the activities in which he/she is involved. You are expected to be a full participant in all activities. Attendance is required at all sessions and events. All of this requires a level of physical stamina which only you can evaluate for yourself.

Understanding these demands, do you agree to be a willing, able, and eager participant in the entire week of residential camp for youth and adults? Yes No

If you select “NO” or if you have physical health challenges which may limit your ability to fully care for yourself and campers, please reconsider your ability to participate in this year’s camp.

In keeping with Virginia Conference Child/Youth/At-Risk Adult Protection Guidelines, you must answer the following questions. All answers are confidential and maintained in the Office of Inclusivity and Lay Leadership Excellence solely for use with Camp Rainbow Connection.

In the past year, have you:

Been convicted of any felony offenses? Yes No

If yes, please explain:

Because of the possibility of transporting campers, have you been convicted of any misdemeanors involving automobiles, including driving under the influence?

Yes No

If yes, please explain:

Been convicted of any crime of violence against minors or adults? Yes No

If yes, please explain:

Been adjudged liable for civil penalties or damages involving sexual or physical abuse of children or adults? Yes No

If yes, please explain:

Been subject to any court order involving sexual or physical abuse of a minor or adult, including but not limited to a domestic order of protection or loss of parental rights?

Yes No

If yes, please explain:

I understand that:

- The information which I have provided on this form is subject to verification, which includes a national criminal record screening completed every five years by the Virginia Conference of The United Methodist Church. An application to serve as a staff member is not considered complete until necessary criminal records screening results are on file.
- The camp may deny a leadership opportunity to any person who fails to provide requested information in this application or who answers any of the disclosure statements in the affirmative.
- The camp may terminate volunteer service of any person:
 - Found to have a history of complaints of abuse of a minor and/or at risk adult.
 - Found to have resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint of sexual or physical abuse.
 - Found to give false information on this application form.
 - Who fails to place the expected priority on the needs of campers during camp sessions or exhibits behavior detrimental to the mission of Camp Rainbow Connection.

Returning staff must have an updated national criminal records check every 5 years. If you are due for an update, you will receive the necessary forms and instructions by mail or e-mail from the Office of Inclusivity and Lay Leadership Excellence.

An application fee of \$50 per individual is required annually from staff members to offset the cost of the national background check and camp costs. Please contact the Office of Inclusivity and Lay Leadership Excellence if this requirement presents a hardship. Checks should be made to the "Virginia Conference UMC" with *Camp Rainbow Connection* in the memo line.

By signing this form, I attest that the information I have provided is truthful.

Signature: _____ Date: _____