

Application for Day-Camp Volunteer

CHRISTIAN CONTENDER MINISTRIES

**6540 Gloryville Road
Freedom, Indiana 47431
(812) 821-3037**

Name _____ Age (If under 21) _____

Home Address _____ State _____ Zip _____

Home Phone _____ Social Security # _____ Birthday _____

What experience have you had working with children: _____

Check the areas where you would like to help.

- | | |
|---|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Overnight Sponsor |
| <input type="checkbox"/> Teaching a class | <input type="checkbox"/> Indoor Games |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Outdoor Games |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Chicken House & Chickens | <input type="checkbox"/> Certified in CPR |
| <input type="checkbox"/> Barn & Horses | <input type="checkbox"/> Certified in Lifesaving |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Certified in First Aid |
| <input type="checkbox"/> Music | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Lawn Care & Landscaping |

What type of driving license do you have? _____

Share with us any other information on yourself that you would like: _____

Have you ever been accused or convicted of an offense involving a minor? (Explain) _____

May we run a criminal background check if needed? (Circle one) YES NO