

# Mason Dixon Scholarship Camp

## Volunteer Application

All individuals desiring to serve as volunteers with Mason Dixon Scholarship Camp (MDSC) are required to complete this application their first time at camp. You will be asked to complete a shorter form every year during following years. Thank you for your interest in serving and for taking the time to complete this application.

NOTE: This year, to work as staff, by July 1, 2008, you must be at least 17 years old for JV week, and must be at least 20 years old for Varsity week. For counselors, the age requirement is 21 and 23 respectively.

Shirt size \_\_\_\_\_ We want you to look good!

### Please Print

Mr.  Mrs.  Miss  Rev.  Dr.

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of years at current address \_\_\_\_\_ Please list all prior addresses for the last 7 years

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

### Pastor Reference

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

### Commander Reference

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

### General Reference

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Present Employment**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_  
Full Time  Part Time  Hours per Week \_\_\_\_\_

**Ministry Experience**

Church You Attend \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Are you a regular attender? Yes  No  How long attended? \_\_\_\_\_  
Have you ever been asked to leave a church or to cease service as a volunteer? Yes  No   
Explain \_\_\_\_\_  
\_\_\_\_\_

**Personal Background**

If you answer yes to any of the following questions, please provide complete details (attach a separate page if necessary). Answering yes to one or more of the following questions will not automatically disqualify an applicant. In responding to any question below, you do not need to provide information that is included in a record that has been sealed or expunged under state or federal law, and if a matter inquired about is contained in such a sealed or expunged record, you may state that no such conduct occurred and no such records exist.

Have you ever been convicted of or pled guilty to a crime? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing, injuring or molesting any child? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or some other substance or destructive behavior or has anyone ever suggested that you may have a problem with any of the above? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_



If you answered yes to any of these questions, please explain \_\_\_\_\_

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### Camp Experience

How many years have you been at an Awana Camp in any of the following Positions?

Camper\_\_\_\_\_ Staff\_\_\_\_\_ Counselor\_\_\_\_\_ Which Camp?\_\_\_\_\_

How many years have you been at any other Camp in any of the following Positions?

Camper\_\_\_\_\_ Staff\_\_\_\_\_ Counselor\_\_\_\_\_ Which Camp?\_\_\_\_\_

List any special abilities or talents that could be used at camp? \_\_\_\_\_

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### Camp Position Desired

Junior High\_\_\_\_\_ High School\_\_\_\_\_ Both\_\_\_\_\_

Counselor\_\_\_\_\_ Music\_\_\_\_\_ Lifeguard\_\_\_\_\_ Games\_\_\_\_\_ Kitchen\_\_\_\_\_ Maint.\_\_\_\_\_

**Release of Liability and Consent to Medical Treatment**

I hereby authorize MDSC to check references and obtain information about me including a criminal record check in connection with evaluating my qualifications for my volunteer service with MDSC. In consideration of the review of my application, I hereby release MDSC and its representatives from liability as they seek this information (including fact or opinion). I also release all other persons, corporations or organizations, including but not limited to the references I have listed, from liability as they furnish information to MDSC about me, whether positive or negative.

By signing below, I warrant that I am fully capable of safely participating in all volunteer activities in which I choose to serve, and I expressly assume all risks associated with my involvement, whether such risks are known or unknown to me at this time. I expressly and voluntarily assume all risk while participating in the activities, which risks include but are not limited to equipment malfunction, weather conditions, environmental conditions, facilities, food, and incidents of travel.

Additionally, if I am selected as a volunteer, I hereby release and discharge MDSC and its officers, directors, employees, volunteers and agents from any and all liability, claims, demands or causes of action that I may hereafter have for property damage or personal injury, illness or death arising out of my participation in the volunteer activities in which I may serve, whether on or off the grounds. I further agree that I will not sue or make claim against MDSC for damages or other losses sustained as a result of my participation in the volunteer activities. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This release of liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assigns.

If I experience an injury or illness, or have other medical needs, I authorize employees, volunteers, and agents of MDSC to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release MDSC and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

**Acknowledgements and Certifications**

I hereby declare and certify the information I have provided on this application is true, complete and correct to the best of my knowledge. I also certify that I am at least 18 years of age.

I acknowledge that I have read the MDSC Doctrinal Statement and agree with it in its entirety. I agree to uphold its truths and principles.

If I am selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures and to conduct myself in a God-honoring manner while engaged in MDSC programs and activities. I also understand and agree that my status with MDSC will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, of workers’; compensation, unemployment benefits, health or other insurance coverage, or employee benefits. I further understand and agree that MDSC can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date