

Power Ministries Handi-Camp

Volunteer Application 2017

1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____

In the spaces above, please indicate your choices for the Handi-Camp sessions in which you will be able to serve.

PLEASE NOTE -- Since Handi-Camp cannot happen without a sufficient staff of volunteers, PLEASE:

Check your schedule to be certain that you will be able to commit to each session -- for the entire session.
Be sure that you have arranged reliable transportation; getting you to camp for training **AND** staying until your camper leaves. Complete the entire application form, sign, and mail it immediately to the address on the back page. The earlier we receive your application, the sooner we will be able to confirm space for additional campers. If you have served with Power Ministries previously, current regulations require that an application be completed each year.

Last Name _____ First Name _____ Gender: M F Age _____ DOB _____

Address _____ City _____ State/Zip _____

Home Phone () _____ Alt. Phone () _____

Best E-Mail Address for contacting you _____

Parent/Guardian/Spouse (if applicable) _____ Phone () _____

Emergency Contact _____ Emer. Phone() _____

Church You Attend _____ Minister _____

Address _____ City _____ State/Zip _____

No. of years experience in New Purpose Retreats (none required) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6+ _____

Experience w/disabled persons _____

_____ Leadership Experience _____

_____ Special skills/talents that you would be willing to share at New Purpose

Retreats (music, crafts, teaching, etc.) _____

_____ Disabilities, allergies, health limitations you ha _____

Describe your interest in working at New Purpose Retreats _____

List 3 references (non-family members)

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Have allegations of any type of physical or sexual misconduct been filed or suspected involving you? _____ If yes, explain _____

AGREEMENT

I, _____ certify that the information that I have provided on this application for Handi-Camp Volunteer is true and accurate. I further agree to abide by the terms, limitations and guidelines specified in the Camp Policies and the training provided by Power Ministries, in conjunction with the Camp. I accept full responsibility for all of my personal belongings, including any that might be lost, damaged or stolen during the course of the Handi-Camp session. I request that Power Ministries and/or the Camp assist me in obtaining any necessary emergency medical treatment. However, I and/or my health insurance carrier will assume full responsibility for any and all medical expenses incurred during the course of the New Purpose Retreat session (as indicated at the top of this application form).

Applicant Signature _____ Date _____

I, _____ (parent/guardian of applicant), certify that I have reviewed this application, and support my son's/daughter's efforts in serving as a member of the faculty for the above-specified Handi-Camp(s). I further certify that payment for any necessary emergency medical care will be provided by myself or a qualified medical insurance provider.

Parent/Guardian Signature _____ Date _____

Please review this application for completeness, then mail promptly to:

**Power Ministries
PO Box 6706
New Albany,
In. 47151**

If you have any further questions, contact Power Ministries at: 812/945-4117
Or, consult our Internet Website: www.PowerMinistries.Org E-Mail: Info@PowerMinistries.Org

A Life Touched by Christ is a Life Changed for Eternity

I accept that, as a Handi-Camp Team member, I will be the representation of Jesus Christ to a very special person that He loves. I realize that I may be the first representation of Christ that "my" Camper has ever encountered. I hereby commit to making this Handi-Camp experience a time of spiritual growth for my new friends. I further commit my entire time to the needs of the Campers, not to my own personal needs, or my desire for personal fun & fellowship with other faculty members/friends.

By submitting this application, I hereby confirm my commitment to serve in the session(s) that I have indicated. **I realize that the number of Campers permitted to attend is contingent upon the dependability of the volunteers to be there for them. Should it become impossible for me to fulfill this commitment, I will notify Power Ministries promptly by telephone or e-mail, with a written cancellation to follow.**

Signature _____ Date _____

Parent co-signature (if applicable):

As a parent, I fully support my son's/daughter's intent to serve in Power Ministries Handi-Camps. I will encourage & support the fulfillment of their obligation to that ministry.

Parent Signature _____ Date _____