

ADULT VOLUNTEER PERSONNEL APPLICATION

2008

ROYAL RANGERS

GEORGIA DISTRICT

Thank you for your interest in serving as an ADULT VOLUNTEER for GEORGIA DISTRICT ROYAL RANGERS. This application is to be completed by applicants for voluntary positions involving the supervision or custody of minors. If you are selected, this can be a wonderful opportunity to be involved with children at a very important stage of their spiritual growth. It is imperative that you are prayerful, a good example to the children, and willing to carry out all assignments made to you during camps and events. The following is a brief listing of information vital to your selection.

SELECTIONS: There are several factors involved in the selection process. Submission of this application does not guarantee your selection as volunteer personnel. Each applicant is evaluated individually and assignments are made based on availability and need. Each church will be given *Volunteer Personnel* representation when possible.

QUALIFICATIONS: We are in need of mature, Spirit-filled believers who have a genuine interest and love for children. The ability to work in harmony with others is a must for Adult Volunteer Personnel. **Volunteer Personnel should be a minimum of 18 years old; although 21 years of age or older is preferred.**

EXPECTATIONS: The events are designed to give maximum benefit to the boys. Therefore, your job as a member of the Volunteer Personnel will be to assist in making this happen for the kids. There will be plenty to do; *therefore this will not be a vacation time for you.* The spiritual benefits that you will derive from this experience will more than compensate you for your efforts.

REQUIREMENTS: This application is required for ADULT VOLUNTEER participation in all District / Sectional Royal Ranger events and camps during the 2008 calendar year.

This application is to be completed by all applicants for positions involving the supervision of minors. Its purpose is to provide a safe and secure environment for those children who participate in our program and use our facilities. Applications must be received in the Georgia District Office 2 weeks prior to the event you wish to attend.

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER PHONE _____

SEX: M F MARITAL STATUS: MARRIED SINGLE DATE OF BIRTH _____

HIGHEST EDUCATION LEVEL ACHIEVED _____ OCCUPATION _____

CHURCH NAME _____ CITY _____ DO YOU ATTEND REGULARLY? YES NO

PASTOR'S NAME _____ CHILDRENS PASTOR'S NAME _____

ARE YOU A BORN AGAIN CHRISTIAN ACCORDING TO JOHN 3? _____ IF SO, HOW LONG? _____

ARE YOU BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES ACCORDING TO ACTS 2:4? _____

ARE YOU A MEMBER OF YOUR HOME CHURCH? _____ IF SO, HOW LONG? _____

Do you use tobacco: YES NO Do you drink alcoholic beverages: YES NO Do you use illegal non-prescription drugs? YES NO

Do you have any physical conditions preventing you from performing certain types of activities? If yes, explain. _____

Are you known to be a carrier of any contagious disease or virus? If yes, explain. _____

Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain. _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain. _____

Do you have objections to a police check on your background? (Check one) YES NO (A check will be done on all applicants)

EXPERIENCE

What Christian Camp experience have you had? _____

How many times have you served as personnel with the Georgia Assemblies of God / Royal Rangers camp program? _____

Are you willing to follow all camp rules and policies as well as submit to authority? (Check one) YES NO

List any gifts, callings, training, or other factors that have prepared you to work with students. (Include previous church work) _____

Why do you wish to work with our program? _____

In case of emergency, contact (List NAME & PHONE) _____

PERSONAL REFERENCES

Please give the names, addresses, and phone numbers of two people not related to you.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

APPLICANTS STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information they may have regarding my character and fitness to serve at Royal Ranger events and camps. I release all such references from liability for any damage that may result from furnishing such evaluations to you. Should my application be accepted, I agree to abide by the policies of camp / events and refrain from unscriptural conduct in the performance of my service. **I understand that no babies or children of any age may be brought to camp for any reason. It is strictly prohibited. If I come to camp with a small child, I understand that we will not be able to stay.**

IMPORTANT: I hereby authorize and request any medical doctor, medical clinic or hospital emergency room physician to administer such treatment and do any procedure in their judgment that may be necessary. I fully understand that the **CAMP INSURANCE IS SECONDARY COVERAGE and covers accidents only with a limited benefit per incident, and that I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents, or charges beyond the maximum amount of the camp insurance.**

Name of Insurance _____ Insurance # _____

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

PASTOR'S REFERENCE

This is mandatory for all applicants, unless a credentialed minister with the Georgia Assemblies of God.

How long have you known this applicant? _____ In what type of working relationship? _____

How do you believe this person will perform as camp personnel? _____

Do you have any reservations regarding their salvation or motive for serving? _____

Is there any information that we should personally consider in deciding if this applicant should be a part of our Camp program? If yes, please explain. _____

Do you need to speak to me personally regarding this applicant? (Check one) YES NO Comments _____

CHURCH NAME: _____ SECTION: _____ OUTPOST # _____

Senior Pastor's Signature (mandatory for consideration of this applicant)

Date

SECURITY PROCESSING	
Date: _____	Processed by: _____
Comments: _____	

Office Use Only
Date Received: _____
Check #: _____
Amount: \$ _____