



Arden Flag Camp Volunteer Application

Name _____ E-mail (print) _____
 Address _____ Cell Phone () _____ - _____
 _____ Birth Date ____/____/____
 Church _____ SSN # _____
 School You will Attend next year _____ Grade Fr. So. Jr. Sr.

Shirt Size: Small Medium **Large**

Please indicate the weeks you would be available to volunteer at Arden FLAG Camp this summer.

__ June 8-12 __ June 15-19 __ June 22-26 __ Jun 29-July 3
 __ July 6-10 __ July 13-17 __ July 20-24 __ July 27-31

Applicant Information:

1. Rate the top 5 gifts and abilities that would make you valuable to our Flag Camp program at Arden.

| | | | | |
|---------------------------------------------------|-------------------------------------|----------------------------------------|-----------------------------------|-------------------------------------------|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Teaching | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Crafts | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Accounting | <input type="checkbox"/> Laughter | <input type="checkbox"/> Drama | <input type="checkbox"/> Compassion |
| <input type="checkbox"/> Worships | <input type="checkbox"/> Creativity | <input type="checkbox"/> First Aid | <input type="checkbox"/> Sports | <input type="checkbox"/> Nature Lore |
| <input type="checkbox"/> Life Guarding | <input type="checkbox"/> Happiness | <input type="checkbox"/> Science | <input type="checkbox"/> Patience | <input type="checkbox"/> Artistic Ability |
| <input type="checkbox"/> Music (List Instruments) | _____ | <input type="checkbox"/> Other Gifts → | _____ | _____ |

2. Describe your previous camp/ child care experience.

3. Explain what it is that makes you to want to work with children.



4. Describe your relationship with God over the last few years.

5. What are your top three spiritual goals for this summer?

1. _____
2. _____
3. _____

6. Do you have any physical limitations keeping you from certain types of activities? If yes please describe.

7. Have you ever been accused or convicted of child abuse? Y N

8. Have you ever used alcohol, tobacco, or illegal drugs? Y N

9. List those to whom you have given your three reference letters.

Pastor _____
Teacher _____
Employer _____

10. Applicant's Statement: To the best of my knowledge, the information in this application is true and complete.

Applicant's Signature _____ Date ____ / ____ / ____

Mail or Fax completed application to:

Arden Seventh-day Adventist Church ATT:
Flag Camp Director
35 Airport Road
Arden, NC. 28704
FAX: 844-270-7501
EMAIL: mhagan@fletcheracademy.com



Arden Seventh-day Adventist Church Flag Camp Volunteer Reference Letter

I _____ am applying for a position as an Arden Flag Camp Staff Member. Your Appraisal will assist the director in evaluating my qualifications and abilities.

I wave my right to review any information given on this form _____
(applicant signature required)

Circle the word that best describes the applicant for each category

| | | | | | | |
|----------------------------------------------|-----------|---------------|---------|---------------|------|----------------|
| Spiritual Influence | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Spiritual Commitment | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Attitude toward church Doctrines & standards | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Judgment | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Dependability | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Cooperation | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Initiative & Resourceful | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Intellect | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Adaptability | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Appearance | Excellent | Above Average | Average | Below Average | Poor | No Information |
| Emotional Stability | Excellent | Above Average | Average | Below Average | Poor | No Information |

Would you be comfortable with this person caring for your child in a camp setting? Yes No

To your knowledge has the applicant ever been involved in a felony of child abuse case? Yes No

Comments on the applicant: _____

How long have you known the applicant? _____ In what capacity? _____

Name _____ Signature _____

Position _____ Cell Phone () - - Date / /

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