



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.

<input type="checkbox"/> June 12-16	<input type="checkbox"/> June 19-23	<input type="checkbox"/> June 26-30
<input type="checkbox"/> July 5-7	<input type="checkbox"/> July 10-14	<input type="checkbox"/> July 17-21 (plus VBS Sabbath at Arden Church)
<input type="checkbox"/> July 24-28	<input type="checkbox"/> July 31-Aug 4	

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: Returning volunteers email application to: rmaskelony@carolinasda.org



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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EMAIL: rmaskelony@carolinasda.org



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