

COURAGE TO STAND INTERNATIONAL CAMPOREE

Full-Time Volunteer Application Form

Please make sure you answer all questions completely (including Section 6), and sign your name in Section 9. Return this completed form with your non-refundable contribution and registration fee of \$185 (US funds) to:

2009 Courage To Stand Camporee
AU—Center for Youth Evangelism, Seminary Building, Berrien Springs, MI 49104-1517

For more information, contact the Center for Youth Evangelism by phone at (800) Youth-2-U or (269) 471-8380, by fax at (269) 471-8355, or on the internet at www.adventistyouth.org.

SECTION 1: General Information

NAME: _____

ADDRESS: _____

STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

AGE GROUP: 18-25 26-36 37-47 48-58 59-69 70+

SEX: Female Male

CHURCH: _____

CONFERENCE: _____

UNION: _____

DIVISION: _____

I will be arriving at the Camporee on August _____, 2009.

I will be leaving the Camporee August _____, 2009.

PLEASE NOTE: You will need to provide for all your housing, food, and transportation before, during and after the Camporee.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE FEE RECEIVED: _____

REGISTRATION # _____

Recommended

Not Recommended

Recommended With
Conditions Noted:

AREA ASSIGNED: _____

SECTION 2: Health Information

Do you have any limitation, that cannot be reasonably accommodated, that would prevent you from participating fully in the CTS Camporee activities?

NO YES

If YES, in what way would your participation be limited?

PLEASE NOTE: The CTS Camporee does not discriminate against qualified individuals with disabilities.

SECTION 3: Work Preference

Circle your FIRST, SECOND, and THIRD choice of areas you would prefer to work for each of the following sections:

SETUP ONLY

1 2 3 Registration

1 2 3 Facilities

1 2 3 Costumes

1 2 3 Wherever needed

DURING THE CAMPOREE

1 2 3 Security

1 2 3 Medical

1 2 3 Maintenance

1 2 3 Hangar Security

1 2 3 Daytime Activities

1 2 3 Transportation

1 2 3 Gate Security

1 2 3 AY Honor Booths

1 2 3 Shower Sanitation

1 2 3 Security Dispatch

1 2 3 Information Booths

1 2 3 Registration

1 2 3 EAA Museum Security

1 2 3 Backstage and Makeup

1 2 3 Wherever Needed

I am a recruited volunteer--I have been asked to help with _____

TAKEDOWN ONLY

Wherever needed

SECTION 4: Work Scheduling

I will help with the CAMPOREE SETUP on the following days, during the indicated hours:

Wednesday, August 5 8AM-1PM 1-6PM 6-11PM Other _____ When needed

Thursday, August 6 8AM-1PM 1-6PM 6-11PM Other _____ When needed

Friday, August 7 8AM-1PM 1-6PM 6-11PM Other _____ When needed

Sunday, August 9 8AM-1PM 1-6PM 6-11PM Other _____ When needed

Monday, August 10 8AM-1PM 1-6PM 6-11PM Other _____ When needed

Tuesday, August 11 8AM-1PM 1-6PM 6-11PM Other _____ When needed

...continued on next page

SECTION 4: Work Scheduling (continued)

I will help with the CAMPOREE OPERATION on the following days, during the indicated hours:

- Wednesday, August 12** 8AM-1PM 1-6PM 6-11PM 11PM-4AM 4-8AM
 Other _____ When needed
- Thursday, August 13** 8AM-1PM 1-6PM 6-11PM 11PM-4AM 4-8AM
 Other _____ When needed
- Friday, August 14** 8AM-1PM 1-6PM 6-11PM 11PM-4AM 4-8AM
 Other _____ When needed
- Sabbath, August 15** 8AM-1PM 1-6PM 6-11PM 11PM-4AM 4-8AM
 Other _____ When needed

I will help with the CAMPOREE TAKEDOWN on the following days, during the indicated hours:

- Sunday, August 16** 8AM-1PM 1-6PM 6-11PM Other _____ When needed
- Monday, August 17** 8AM-1PM 1-6PM 6-11PM Other _____ When needed

SECTION 5: For Medical Applicants Only

LICENSE TYPE: _____

STATE OF LICENSURE: _____

LICENSE NUMBER: _____

CERTIFICATIONS (CPR, ACLS, PALS, etc.):

EXPIRATION DATE: _____

EXPIRATION DATE: _____

EXPIRATION DATE: _____

AREAS OF EXPERIENCE AND EXPERTISE: _____

SECTION 6: Unlawful Conduct

Have you ever been convicted of (or plead guilty/no contest/etc. to) or disciplined for any abuse, sexual misconduct, child neglect, child abuse, and/or child sexual abuse?

NO YES

If YES, please fully describe the circumstances (including, but not limited to the date, place, and type of conduct):

SECTION 7: References

List three individuals who know you well enough to recommend you as a CTS volunteer (pastor, friends, etc.)
Failure to fully complete this section will result in application processing delays.

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

SECTION 8: Payment

CARDHOLDER NAME _____

CREDIT CARD TYPE Visa MASTER CARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ PAYMENT AMOUNT _____

SECTION 9: Statement of Accuracy

I certify that the above information I have given about myself is true and accurate. I understand that I am applying strictly for a full-time staff volunteer position, and that I will receive no remuneration for services and time volunteered. I also understand that this application must be accompanied by a non-refundable contribution of \$185.00 in US funds.

APPLICANT'S SIGNATURE _____ DATE _____

It is the goal of the Courage to Stand International Pathfinder Camporee to have the best-qualified volunteers available. The safety, protection, and experience of the children participating in the Camporee is the Camporee's highest priority. All information on this application is considered to be confidential, as far as permitted by law.

SECTION 10: Submission of Form

Submit your completed application by fax, email, or post as soon as possible to:

Fax: (269) 471-8355

Email: volunteers@camporee.org

Center for Youth Evangelism
2009 Camporee Volunteers
4145 E. Campus Circle Dr.
Berrien Springs, MI 49104-1570