



CAMP MIMANAGISH

Montana – Northern Wyoming Conference United Church of Christ

Dear Volunteer,

The Montana – Northern Wyoming Conference of the United Church of Christ would like to thank you for volunteering to be a member of this years counseling team. We look forward to meeting you and to learn of your skills and talents.

Enclosed in this packet are two very important forms you as a volunteer need to complete as soon as possible and return to the conference office at the address below. These forms will allow the Committee on Outdoor Ministries to get to know you and to verify that you are truly the wonderful and talented person that we have heard so much about.

Please fill out the Counselor Application and Camp Health Form and return to the office within 10 days of receiving them. If for any reason the information you provide on these forms raises any safety flags with the Committee you may be contacted for more information.

Also enclosed in this packet is useful information that will help you prepare to be on our team this year. Please review all this information closely. There is no test; at the end however you know you will be tested by those energetic youth during your week at camp.

**Please Return Your Information To:
Montana-Northern Wyoming Conference
C/o Camp Volunteer Application
2016 Alderson Ave.
Billings, MT 59102**

Again thank you for volunteering to be on our team this year.

Yours in Christ,

Committee on Outdoor Ministries

Camp Volunteer Information

Montana – Northern Wyoming Conf. - United Church of Christ



(Please print or type in blue or black ink)

Date _____

Name _____ Social Security Number _____

Home Address _____
Street Address Apt # City State Zip

School / Work Address _____
Street Address City State Zip

Home Phone _____ Work Phone _____
Area Code & Number Area Code & Number

Email Address _____ Other Phone _____
Area Code & Number

Method of contact preferred: Home Phone Work Phone Other Phone Email Mail

Camp Volunteering for at Camp Mimanagish _____

Dates available _____ to _____

Have you ever been on camp staff or been a camp volunteer before? Yes No

Do you have any physical or mental disabilities which might prevent you from performing the duties for which you are volunteering? Yes No

If yes, do you have any specific suggestions as to how we could reasonably accommodate your disability?

Yes No Explain _____

Personal References (List at least 3)

Name	Address & City	Phone	Association

Please give at least three personal references who are not relatives that have knowledge of your work habits, experience, and abilities.

Camp Experience

Camp / Staff or Camper?	Leader's Name / Phone or Email	Dates

Please list any previous camp experience you may have that would apply to the role you are volunteering for. We may contact your previous Camp Leader.

Please answer the following questions as they apply to camp:

- Do you have a current CPR Card? Yes No
- Do you have a current First Aid Card? Yes No
- Do you have a current Life Guard Certification? Yes No

Criminal History

Note: Due to the nature of the Camp Mimanagish camping program failure to answer the following questions and answer them truthfully may make you ineligible to volunteer this year.

- Have you been convicted of a felony or misdemeanor? Yes No
(Please list convictions, dates, and circumstances a separate sheet of paper)
- Have you been convicted of any crime involving children? Yes No
(Please list convictions, dates, and circumstances a separate sheet of paper)
- Is there something else on your background check that required explanation? Yes No
(Please explain on a separate sheet of paper)

Please list all states in which you have lived in during your life. _____

Date of Birth: ____/____/____ **Social Sec. Number:** _____-_____-_____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand that, if employed, I will attend an employee, leader, and counselor training event. I understand that untrue, misleading, or omitted information herein may result in dismissal.

Signed _____ **Date** _____

I consent to a criminal background check conducted by the State of Montana and/or any other state that applies.

Signed _____ **Date** _____