



NORTHWEST REGIONAL CHRISTIAN CHURCH
(DISCIPLES OF CHRIST)

A partnership of the congregations in Alaska, Washington and North Idaho
PO Box 23819, Federal Way, WA 98093 P: 253.893.7202 F: 253.656.5715
Email: nwrcc@disciplesnw.org Website: www.disciplesnw.org

ADULT VOLUNTEER & COUNSELOR-IN-TRAINING APPLICATION

NAME: _____
Last First MI Alias/Maiden

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____ BIRTHDAY: _____
MM/DD/YYYY

YOUR CHURCH: _____ GENDER: _____
Where is your church membership? (include city)

AGE GROUP(S): What youth age groups are you interested in volunteering with? Kids (Grades 2-3) Junior (Grades 4-6) Chi Rho (Grades 7-9) CYF (Grades 10-12)

SKILLS & INTERESTS: What special skills/interests do you have that might be relevant to the NWRCC Summer Camp/Winter Retreat programs (i.e. bible study, music, sports, crafts, hiking, etc.)?

REFERENCE LIST

Note: You must have a minister's reference. Please include names, addresses and phone #'s. **YOU ARE RESPONSIBLE FOR YOUR REFERENCES RETURNING THEIR FORMS TO THE REGIONAL OFFICE.** In addition to one reference from a minister you must list one person familiar with your character as it relates to working with children or youth. **Do not include a relative or significant other; the two references should not be related to one another.**

First Reference: Minister's Information *If you are active clergy, you may use a colleague.*

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

Second Reference:

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

BACKGROUND CHECK INFORMATION

1. Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse? If yes, please explain:

2. Have you ever been convicted of a felony? If so, please explain:

Attention:

The NWRCC is authorized to conduct criminal background checks on volunteers working with minors. All persons participating in NWRCC events for youth must agree to the request for Criminal History Information as per the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845.

With your signature below you are acknowledging you understand this check will be done. A copy of the report will be provided to you at the email or physical address given above.

I desire to serve as a volunteer working with youth for the NWRCC. I understand that the references I have listed may be contacted to confirm my character and abilities as appropriate for leadership at the events I participate in. I promise to cooperate with other counselors, directors and staff and to uphold all standards set forth by the Region and the event leadership. With God's help, I will seek in every way to provide an experience on the highest Christian level for all who attend the event which I serve. I will participate in all training opportunities planned for the event and at all times will conduct myself as the Christian example I am called to be.

I understand this application is good for three years from the date below and will need to be completed again at its expiration.

Name _____

Date _____

Parent/Guardian Permissions for Counselors-In-Training (Under 18)

I understand that my minor child is applying to participate in NWRCC events as a Counselor-In-Training and I give my consent for their participation in that leadership position. I also give my consent for the background check described above to be completed in my child's name.

Parent / Guardian Signature _____

(Date)

Counselor-In-Training Applicants: Please use a separate sheet of paper to complete a short essay: Explain why you would like to participate as a Counselor In Training and (2) speak about the ways in which your experience, gifts, skills, training, and interests will lend to the overall camping experience (staff and campers) of those with whom you will work as a Counselor In Training.

REFERENCE FORM

CAMP AND CONFERENCE COMMISSION

Northwest Regional Christian Church (*Disciples of Christ*)

PO Box 23819
Federal Way, WA 98093

Applicant's Name: _____

Reference's Name: _____

Reference's Address: _____

Reference's Email: _____

How long have you known the applicant? _____

In what capacity? _____

Does he/she work well with others? _____

How would you rate her/him in the following areas?

	Excellent	Good	Average	Poor	Don't Know
Personal Habits					
Character					
Morals					
Compassion					
Responsibility to Commitments					
Christian Maturity					
Receives Criticism Well					

Can you, without hesitation, recommend this applicant to be a camp counselor/director? _____

Is there any reason why you would not recommend this applicant for working with children or youth? _____

Signature

Date

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