

# YAC VOLUNTEER APPLICATION

## Guide

We are accepting all clearances and background checks for a maximum of two (2) years. This means if you did it just last year (2011), we will accept copies of your clearances for that year. If you obtained clearances prior to 2011, you will need to complete steps 1 & 2.

### Step 1: CRIMINAL BACKGROUND CHECK

FROM IN STATE: Go to <https://epatch.state.pa.us/RecordCheckEntry.jsp> and complete online Criminal Background Clearance Form (takes 10 minutes)

OUT OF STATE: You need get an FBI clearance. Check your local education center for details. These results may take up to three weeks to obtain so start now!

THROUGH US: You can get a National Criminal Background Check through us for \$6 (checks made payable to Keystone Conference YMT – non refundable) sent in with application. We will get the results directly, no need to wait or send in an extra form. ***\*\*Also completes Step 2 in the application process\*\****

### Step 2: CHILD ABUSE CLEARANCE

Fill out and send in the attached Child Abuse History Form. You will need your FBI clearance if you are from out of state for this step.

***\*\*If you opted to get your background check through us (step 1), you may skip this step as it count for both.***

### Step 3: PASTOR RECOMMENDATION

Ask your pastor to complete the Pastor Recommendation Form. It can be mailed in separately by your pastor or returned to you to be mailed in with your form; whichever your pastor prefers.

### Step 4: VOLUNTEER APPLICATION

Fill out the application in its entirety. Include all clearances and recommendation form with the application and mail to the address at the top of the form.

### Step 5: WAIT FOR RESPONSE

A member of the team will in contact with you regarding your acceptance to YAC. Due to the large number of interest in volunteering, not everyone will be selected to help this year. We hope that you understand that we are limited in the number of staff we can accept and that, if not chosen, that you will apply again in the future.

**REMEMBER: NOBODY WILL BE PERMITTED TO VOLUNTEER WITHOUT ALL FORMS AND CLEARANCES COMPLETED AND SUBMITTED.**

If you have any questions or concerns, please contact us through email: [staff@yaonline.com](mailto:staff@yaonline.com)



# YAC 2012 Volunteer Application

Mail to: Ben Baker - Keystone Conf. YMT – 6416 15<sup>th</sup> St NE. – Canton, OH 44730

Please fill out this application entirely and include the Pastor Recommendation and copies of PA Child Abuse Clearance and PA Criminal Background Check OR National Background Check (takes place of BOTH PA clearances). We will need new clearances if yours are more than two (2) years old. We can help with clearances if you provide the information at the bottom of this application. You will be contacted upon receipt of completed application and forms regarding your level of assistance needed. All forms are due May 20, 2012.

## Volunteer Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone

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Cell Phone

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Email \_\_\_\_\_

Gender

Male  Female

T-shirt size (not guaranteed after May 20, 2012)

S  M  L  XL  XXL

## Church Information

Church Name \_\_\_\_\_

City and State \_\_\_\_\_

Senior Pastor \_\_\_\_\_

Church Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Emergency Information

**Medical Insurance** – please provide a copy (front and back) of insurance card to avoid possible denial of medical treatment.

Name of Family Physician \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Do you carry family medical / hospital insurance?  Yes  No

## **Emergency Contacts**

Name \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## General Questions

Have you ever been convicted of a felony?

Yes  No

Do you use alcohol, drugs, or tobacco in any form?

Yes  No

What position are you applying for?

Cabin Leader  Programming Staff (Hawk's Crew)

Other (specify) \_\_\_\_\_

## Certifications and Skill-Sets

	Taken Previously	Still Current
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
CPR	<input type="checkbox"/>	<input type="checkbox"/>
EMT	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>
Bus Driver	<input type="checkbox"/>	<input type="checkbox"/>
Ropes Course	<input type="checkbox"/>	<input type="checkbox"/>

List any other special talents, skills, or certifications:

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**Short Answers – (use back of form if needed)**

1.a) If first time volunteering – Describe your conversion / commitment experience and current spiritual growth.

1.b) If not the first time volunteering - Describe how God is currently working in your life.

2) Why do you want to volunteer at YAC? How do you think you can contribute the most to this experience?

3) Briefly describe relevant church experience and camp/community experience

**Clearances**

The Keystone Conference can run clearances for a small fee of \$6. Checks must be included with this application and payable to Keystone Conference YMT in order for us to offer this service. We also will need the following information:

Names and all aliases

Social Security Number

**Release**

I am fully aware that camping activities involve risk and are sometimes stressful and physically demanding and that the Keystone Conference Youth Ministry Team will use all safety precautions to insure the well being of the staff. Yet I am aware that even with the best of safety standards, incidents may happen which are beyond the control of the staff and knowing these things, ***I assume any risk involved, release, and Hold Harmless*** the Keystone Conference (Free Methodist Church N.A.) and Penn York Camping Association from any liability due to accident. With my signature, I authorize treatment including medicines, anesthesia, or any other medical procedures deemed necessary by hospital staff / medical professionals and the Keystone Conference YMT or designee and agree to release and indemnify Keystone Conference (FMCNA) against all liability and costs for treatment.

I give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.

I DO NOT give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.

**X**

Volunteer Signature

Print Name

Date

# YAC Pastor Recommendation

Dear Pastor,

\_\_\_\_\_ is applying to be a volunteer worker at YAC (Youth Adventure Camp) June 18-23, 2012.  
*(applicant's name)*

Please fill out this recommendation form in order to help us staff our camp with believers who are responsible, and who will be spiritual leaders for our campers. These volunteers will be in close contact with our campers throughout the week and your recommendation will help us better decide how to utilize each volunteer. Your responses are very much appreciated!

**If you wish this form to remain confidential you may:**

- 1) Mail to: Ben Baker, Keystone Conference YMT, 6416 15<sup>th</sup> St NE, Canton OH, 44730
- 2) Email to: [staff@yaonline.com](mailto:staff@yaonline.com)

**Or you can simply return it to the applicant to be turned in with his/her paperwork.**

Please fill out your information:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please respond for each statement relating to the person applying:

Attends my church:     Regularly                       Occasionally                       Seldom

Has exhibited spiritual growth during the last year:                       Yes                       Some                       No

My level of recommendation for them working at a youth camp would be:

Will do a great job                       Will do an average job                       Not suitable for this job

List any comments or concerns that you might have regarding this person:

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Pastor Signature: \_\_\_\_\_

Date: \_\_\_\_\_