

**SAGA Summer Camps Volunteer Application 2019**

*In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our Children, Youth and our Volunteers and to effectively place our Volunteers in suitable positions. Thank you in advance for your partnership (INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL).*

**Please return completed form to Clarkson Community Church and a SAGA staff member will be in contact with you. If you have questions, please contact Elysia Mair, volunteer director, at 905-855-5001 ext. 27 or at [campvolunteers@clarksonchurch.ca](mailto:campvolunteers@clarksonchurch.ca)**

**Are you Returning or New Volunteer:**

<input type="checkbox"/> Returning Volunteer <input type="checkbox"/> New Volunteer	<b>IMPORTANT: Volunteers must be able to get to location of the camp. Day Camp &amp; Spin Camp take place at Clarkson Community Church</b>
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Camp Name (if previous volunteer) \_\_\_\_\_ T shirt size (men's sizes, S-XXL) \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Email\*\*:** \_\_\_\_\_

Current School: \_\_\_\_\_ Grade completed as of June 30, 2019 \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone Numbers: \_\_\_\_\_

Alternate Emergency Contact (Name, Relationship to Applicant and Phone Number(s): \_\_\_\_\_

Please indicate any allergies or health concerns we should be aware of that may have impact on your role at Saga this summer (including going swimming, attach note if needed): \_\_\_\_\_

**\*Email is the primary mode of communication so please check this email (including spam folder) regularly**

**Availability (you will be required to be at camp from 9am to 4pm every day of the week(s) you volunteer for)**

**This year our Sports Program is Available at both Day Camp and Spin Camp. Please indicate below the weeks and camps you would like to volunteer with, as well as if you are interested in volunteering for the Sports program.**

**Volunteers must have completed Grade 10 to volunteer at Spin Camp. If you are completing grade 8 or 9, please select Day Camp**

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|-------------------------------|--|--|
| <b>Week 1: July 2-5*</b>      | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Basketball)   |
| <b>Week 2: July 8-12</b>      | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Soccer)   |
| <b>Week 3: July 15-19</b>     | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Ball Hockey)  |
| <b>Week 4: July 22-26</b>     | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Basketball)   |
| <b>Week 5: July 29-Aug. 2</b> | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Soccer)<br><input type="checkbox"/> Sports Program (Cheerleading) |
| <b>Week 6: August 6-9*</b>    | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Ball Hockey)  |
| <b>Week 7: August 12-15*</b>  | <input type="checkbox"/> Day Camp <input type="checkbox"/> Spin Camp | <input type="checkbox"/> Sports Program (Olympics)   |

\*\*4 day week

Are you willing to switch camps based on need? (you will be notified ahead of time) YES NO

Are you willing to be paired with a child with exceptionalities such as Down's Syndrome, ADHD, etc.? YES NO

Do you have any certifications (i.e. lifeguarding, First Aid), hobbies, experience, or workshops (i.e. working with youth/children/people with disabilities etc.) you have taken part in that may be of value to your role:

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### REFERENCES

*Please provide the names of three (3) individuals, **excluding relatives**, who could provide a reference for you. Full time students may provide the name of a teacher. If possible, include at least one reference from outside and one from inside the church. We will call your references. **If you submit your application after May 31st you may not use a teacher.***

1. Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER EXPECTATIONS

I understand that I must attend the required volunteer training on Tuesday, June 25th at 4-8:30pm. If you are unable to attend this training date, please list the reasoning below and a staff member will be in contact). I also understand that it is my responsibility to show up on time, stay the duration of every day for the week(s) I am volunteering for. I understand that I am expected to arrive at camp by 9am for the morning meeting and stay until 4pm for the afternoon meeting. If an emergency or sickness comes up, I understand that I must notify the camp by calling 905-855-5001 ext. 27 by 8am the day that I will not be able to fulfill this commitment. I understand that I am not permitted to use or carry my cell phone while at camp, unless given explicit instructions from a staff member to do so. I understand that if I need to contact a parent or guardian or vice versa, I will use the office phone. I understand that I can be reached at 905-855-5001 in case of an emergency.

**Signature of Applicant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason I can not attend the volunteer training (if applicable):** \_\_\_\_\_

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## PROTECTION

*In order to provide a safe and secure environment at our church, we believe it is necessary to include the following questions as part of our volunteer process. All information will be kept strictly confidential. (Police may access this information under warrant, if requested.) Answering “yes” to any of the questions does not preclude your involvement in ministry at our church. Thank you in advance for your understanding.*

1. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with Children, Youth and Vulnerable Adults? (e.g. criminal activity, violence, use of illegal substances, etc.)  Yes  No
2. Have you ever been accused of impropriety with Children, Youth or Vulnerable Adults?  Yes  No
3. Have you ever been convicted for the use or sale of illegal drugs?  Yes  No
4. Have you ever been through treatment for alcohol or substance abuse?  Yes  No
5. Have you ever been convicted of a criminal offence (excluding minor traffic violations)?  Yes  No
6. Have you ever been arrested or convicted for any abuse related crimes?  Yes  No
7. Have you been investigated by the Child Welfare Agency for suspected child abuse?  Yes  No
8. Have you ever been the subject of a civil lawsuit involving sexual harassment or other immoral behaviour or conduct involving Children, Youth or Vulnerable Adults?  Yes  No
9. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving Children, Youth and Vulnerable Adults?  Yes  No
10. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination or other religious group?  Yes  No
11. Have you ever been the subject of any disciplinary action (including discharge) or investigation by a church, religious or other charitable organization, or by an employer?  Yes  No
12. Do you have any health concerns of which we should be aware? (e.g. medical, psychiatric)  Yes  No

If you have answered yes to any of the above questions, please explain.

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## **SPIRITUAL HISTORY**

Briefly outline your spiritual journey to date:

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## **STATEMENT OF FAITH**

As Christians, we affirm the historic Apostle's and Nicene creeds and we affirm our spiritual friendship with all those who seek to exalt and serve Jesus Christ.

We affirm the Lordship of Jesus Christ and the authority of scripture. We proclaim the message of a personal faith in the crucified Messiah and a transformed life in the Spirit. We seek to serve the global church in all its cultural diversity. We embrace the biblical call to seek justice and peace and to serve the poor, the vulnerable and oppressed.

We believe that:

There is one true living God who exists eternally in three persons, the Father, the Son and the Holy Spirit. God alone is the Creator, Sustainer and Lord of all things visible and invisible, at work in the world to redeem creation.

The eternal Son of God, incarnate in Jesus of Nazareth, was conceived by the Holy Spirit and born of the virgin Mary. He declared God's kingdom and embodied that reign in his life, teaching, ministry, death and resurrection. Having lived a life of perfect human obedience to the Father, he died on the cross as a vicarious and victorious atonement for sin. In his atoning death and resurrection, Christ opened the way of rescue from sin and death, and offered forgiveness and healing, in reconciling the world to God. Exalted as Lord, he continues to intercede for his people.

Holy Scripture, both Old and New Testaments together, is the authoritative written word of God, inspired by the Holy Spirit, truthful and trustworthy in all that it teaches.

Human beings alone, both male and female, are created in the image of God. All people are created to enjoy relationship with God, with one another and with creation over which we are called to be stewards. Humankind's sinful rebellion resulted in God's just judgement, bringing sin and guilt upon all humanity.

God in mercy and grace redeems all who repent of their sin and trust Jesus Christ alone for their salvation, justifying them through faith, restoring their relationship with God, giving them new life by the Spirit, and forming them into the image of Jesus.

The one holy, catholic and apostolic church occurs in local communities of believers all over the world. The sacraments of Baptism and the Lord's Supper are central to Christian worship and discipleship. We affirm the baptism of believers by immersion on profession of faith in Jesus Christ.

Jesus Christ will come again to judge the living and the dead. He will establish his kingdom of peace and he will reign forever.

## RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give Clarkson Community Church permission to contact the persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I give Clarkson Community Church consent to verify the information provided herein and to contact the references listed. I waive any right to confidentiality and of any right to pursue damages against Clarkson Community Church for losses caused by the reference's response.

I shall provide Clarkson Community Church with a police records check (not required for anyone under 16 years of age), for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in strict confidence. I agree to adhere to the protection policies as adopted by this Clarkson Community Church .

I understand that if my character or morals are deemed by Clarkson Community Church leadership to be inappropriate and/or criminal at any time during my volunteer service, Clarkson Community Church will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by Clarkson Community Church prior to, at, or following the date of volunteer service.

I understand that Clarkson Community Church is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff in the fulfilment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of Clarkson Community Church , I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I have read the Statement of Faith on page 4 of this document. I understand that members of Clarkson Community Church are committed to that Statement of Faith. They, as the primary sponsors of the program, anticipate that Saga Summer Camp will be operated in compliance with the principles outlined therein. Even if I do not personally agree with the Statement of Faith, I shall not express contrary opinions nor shall I act in a manner which conveys to the attendees at Saga Summer Camp that I am opposed to the Statement of Faith.

I understand that there is no statute of limitations in relation to allegations of abuse. Therefore, if accepted as a volunteer, documentary records pertaining to my work with children or other vulnerable persons will be retained indefinitely. Staff members and volunteers at Clarkson Community Church shall strictly protect the confidentiality of those records as required by all privacy related legislation.

I authorize the use of any photos taken over the duration of camp for non-profit promotional purposes in the future.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application for volunteer ministry is true and correct. I accept and agree to adhere to the Statement of Faith of Clarkson Community Church .

**Signature of Applicant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent (if under 16):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parental waiver for volunteers under 16

I \_\_\_\_\_ am the parent/legal guardian (the parent) of \_\_\_\_\_ (the volunteer) who has my permission to volunteer and participate in Saga Summer Camps at Clarkson Community Church . The parent hereby authorizes the administration of any first aid treatment that may be deemed necessary by any of the Clarkson Community Church staff. In the event of a more serious medical emergency affecting the volunteer, the Clarkson Community Church staff shall make all reasonable efforts to contact the parent. Where attempts to contact the parent are not successful or are not feasible due to the urgency of the situation, the Clarkson Community Church staff are hereby authorized to obtain the services of a duly licensed physician and to secure appropriate treatment for the volunteer. The parent hereby confirms that the volunteer is covered by OHIP or equivalent medical insurance. The parent and the volunteer hereby acknowledge that there are inherent risks involved in the travel and group activities which comprise the camp, and voluntarily elect to assume said risks as their sole responsibility. The parent and the volunteer hereby release Clarkson Community Church and its pastors, leaders, servants, agents, employees, and volunteers from any and all liability, claims, damages and costs for loss, personal injury, accident, misfortune or damage to the volunteer or his/her property while participating in events sponsored by Clarkson Community Church . It is understood that Clarkson Community Church shall take reasonable precautions to provide for the health and safety of the volunteer. I give the above volunteer permission to travel to Lewis Bradley pool and all parks on foot, and to swim at Lewis Bradley pool, over the course of the summer, as well as to travel by bus on any field trips during camp. I acknowledge having read and understood each of the foregoing provisions and agree to abide by the terms of this agreement, authorization and waiver.

**Signature of Parent:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_