

Dixieland Leadership Camp

Volunteer / Staff Application

All applicants are required to complete this application form. You must be at least 21 years old to apply. The information will be used to help the Dixieland Leadership Camp Coordinators provide a safe and secure environment for those children who are participating in our camp program. The material contained in this application will be shared only with those who have a genuine need to know in order to carry out their responsibilities at Dixieland Leadership Camp or as required by law.

Please print

Mr. ___ Mrs. ___ Miss ___ Rev. ___ Dr. ___ T- shirt size desired: S M L XL XXL XXXL

Name: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Number of years at current address: _____ (If less than 5 years former address)

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Married: ___ Single: ___ Separated: ___ Divorced: ___ Widow/Widower: ___

Social security Number: _____ Date of birth: ___/___/___ Age: _____

Driver's license number: _____ State: _____

Health insurance company: _____

Policy #: _____ Group #: _____

Present Employment

Employer: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Date of employment: _____ Hours/week: _____ Your position: _____

Job description: _____

Ministry Experience

Church where you currently serve / attend: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Commanders Name: _____ Phone: _____

Awana Club experience (enter in proper blanks number of years served):

Cubbies: ___ Sparks: ___ T & T Boys: ___ T & T Girls: ___ JV/Trek: ___ Journey: _____

In which club are you now working? _____

Highest Awana Award Earned: Excellence Timothy Merit Citation None

Prior Camp experience (enter in proper blanks number of years served)

Camper: ___ Staff: ___ Counselor: ___ Which Camp? _____

Other camp experience (enter in proper blanks number of years served)

Camper: ___ Worker: ___ Counselor: ___ Music: ___ Teacher: ___ Lifeguard: ___

Other _____

List any special abilities and/or talents that would enhance your camp ministry (waterfront, nature, music, etc.): _____

Testimony of past camp work and reason for applying now:

Age group/Camp position desired: Jr. High Camp: _____ Sr. High Camp: _____

Other: _____

Will your child/ children be attending camp with you? _____

Name(s): _____

Age(s): _____

Christian Walk

Church you attend regularly: _____

Member: Yes No How long? _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Pastor's Name: _____ Phone: _____

Summarize how you came to know Jesus Christ as your personal Savior.

What are some things you do on a regular basis to keep yourself spiritually fresh and to ensure that you "walk your talk"?

Personal Lifestyle

Answering yes, or leaving a question unanswered, to one or more of the following questions will not automatically disqualify an applicant for camp work. (Circle Yes or No)

Do you use tobacco? Yes No Alcoholic beverages? Yes No

View/read pornographic material? Yes No

Have you ever been convicted of any offense against the law other than traffic ticket? Yes No

If you answered yes to any of the above, please explain: _____

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting any child? Yes No. If yes, please explain in detail, providing date and place of incident. _____

Have you ever been asked to leave a church or otherwise terminate your voluntary service to any other program? Yes No. If yes, please explain: _____

Do you have any **physical** or mental impairments or spiritual weaknesses that might limit or restrict your ability to serve as a counselor, if so explain? _____

I have read and declare the information provided on this application to be true, complete and correct to the best of my knowledge. I agree to wholeheartedly enter into the spirit of the camp and participate in the total camp program. I will fulfill my responsibility as part of the camp team & will follow all camp rules and policies. By signing this application, I give my authorization to Dixieland Leadership Camp Inc to verify the information on this form. They may contact references and appropriate government agencies as deemed necessary in order to verify my suitability to work with youth at Dixieland Leadership Camp.

Print name: _____

Signature: _____ Date: _____

After completing the above portion of the application, please have your Commander and Home Church Pastor complete the appropriate sections below. Final selection of all camp counselors will be made by the Dixieland Leadership Camp Staff. Further information will be sent to you with notification of your acceptance.

I, _____, am applying to serve at Dixieland Leadership Camp in June _____.

I need verification of character, church & club membership in good standing and the ability to fulfill the following requirements.

Counselor Requirements

The counselor is responsible to the camp administration and must cooperate with fellow workers, but his or her primary responsibility will be to the campers. Each counselor should assume leadership, as needed, and make necessary decisions. The counselor's spiritual vitality, Christian maturity, dependence upon the Word of God, and fellowship with Jesus Christ are essential for a successful camp ministry.

A counselor must be:

- A born-again believer in Christ.
- Prepared to deal with campers regarding personal decision for salvation and/or dedication for Christian service.
- He or she must also be able to lead evening cabin devotions.
- Willing to enter wholeheartedly into the spirit of the camp and participate in the total camp program.

Commander's Section

Commander's Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Awana Commander's Recommendation and Approval

The Applicant works in our club faithfully and agrees doctrinally with the standards of our club? _____

Do you recommend this applicant to serve at Dixieland Leadership Camp? Yes No

Explain: _____

Commander's signature _____ Date _____

Pastor's Section

Pastor's Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Home Church Pastor's Recommendation and Approval

How long have you known the applicant? _____

The Applicant is a member in good standing at _____ Church

(In the absence of a pastor, section may be completed by an elder/deacon or other church ministry leader.)

Do you recommend this applicant to serve at Dixieland Leadership Camp? Yes No

Explain: _____

Signature/position: _____ Date: _____

When you have completed your part of this application, please return to your Dixieland Camp Director along with \$35 to cover the cost of the background check (good for five years). Make checks payable to Dixieland Leadership Camp. Send to:

Dixieland Leadership Camp
Attn: Ray Williams
4111 Norcross Rd.
Hixson, TN 37343