

**Coastal Empire Christian Camp  
2018 Volunteer Application**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address, City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Church: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Church Address, City, State, Zip: \_\_\_\_\_

Minister's Name & Contact Information: \_\_\_\_\_

**Our summer session runs from June 3 – June 8 (Middle School) June 10 - June 15 (High School) June 17-22 (Elementary) . The weekly commitment is from Sunday at 3:30 p.m. to Friday at 12:00 p.m. Please list your week of commitment.**

**PERSONAL REFERENCES: (MUST NOT BE RELATIVES** and *should* have known you for 3 years or more and be able to speak to your Spiritual Commitment and Christian Influence. Preferably a Minister, Elder, Deacon, Christian College Professor or Board member of a Christian organization. Reference checks will be emailed to your references, so this is mandatory. If you have volunteered at camp in the last three years you do not need to provide them.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIBE ANY PREVIOUS CAMP EXPERIENCE:**

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**PERSONAL:**

Please answer the following questions:

1. Have you been baptized? If yes, what events led to your decision to give your life to Christ?
2. If yes to the above question, describe what it means to you to follow Jesus.
3. Why do you feel God is leading you to serve as a volunteer at CECC?
4. What is hospitality to you? Give some biblical examples of hospitality.
5. What would be some of your goals for working at CECC this summer?
6. What ministries do you currently serve at in your church and/or community?

**APPLICANT’S AFFIRMATION**

The information in this application is correct to the best of my knowledge. I authorize investigation of all statements herein and release CECC and all others from liability in connection with the same. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for working with children or youth. I waive any rights that I may have to inspect any information provided about me by any person or organization identified by me in this application. I also understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery. I authorize the use of photographs or videotape pictures of myself to be reproduced and utilized by CECC. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, KNOW THE CONTENTS THEREOF, AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement.

**In signing this application, I authorize CECC and its appointed agents to conduct a criminal history/background check as well as a Department of Human Services Background check.  
Initials \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PARENT / LEGAL GUARDIAN AUTHORIZATION** – applicants under the age of 18 as of June 1.

I approve of \_\_\_\_\_ being at Coastal Empire Christian Camp as a Volunteer and I commit to be supportive of all management decisions pertaining directly or indirectly to my child. I will endeavor to see that he / she fulfills his/her responsibilities as a volunteer in every respect and I will strongly encourage that he/she will fulfill the length of commitment as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please email your application to **Garrett Huxford at [garrett@islandschristian.com](mailto:garrett@islandschristian.com)**