

24075 E Arrah Wanna Blvd.
Welches, OR 97067
info@camparrahwanna.org

Phone: (503) 622-3189 Fax: (503) 622-1229

Office Use Only					
Date Rcvd:					
BC Date:					
yr 1					
yr 2					
yr 3					

NEW Volunteer Application

If you have never served as a volunteer at CAW before, this is the paperwork for you! All information must be complete and received at CAW office at least 1 week prior to arrival.

Name							
Last		First				Middle Initial	
Maiden / Previous	/ Alternative	Names:					
Mailing Address:							
	Street	City			State	Zip	
Cell: ()			2nd Phone	: ()			
					Birthday:	/ /	
I am over 21 yrs.		ES NO	GENDER:	_ Male	☐ Fe	male	
Camp Co Program Extra Ad		Specific Main	ctor \Box	Other:			
	iay worker	□ WorkTroject	vvcckchus				
If you attend churc	ch, is there a sp	pecific one you are asso	ociated with?				
How did you hear a	about the volu	nteer opportunities at	Arrah Wanna?				
Have you ever volu When & in what ca	inteered at Ari	rah Wanna before?					
Have you ever beer If yes, please expla		a misdemeanor or a fe	lony?				
Have you ever beer If yes, please expla		hild abuse, child negled			ing minors	?	
Emergency Contac	t Person(s):						
Phone 1 ()		Pho	one 2 ()				
Relationship to you	1:						

References (DO NOT list relatives. References need to have known you for at least six months):					
PASTO	R OR PASTORAL LEADER				
Name	Phone #	Title/Role in applicant's life:			
	NAL REFERENCE # 1	min (m. 1			
Name	Phone #	Title/Role in applicant's life:			
PERSON	NAL REFERENCE # 2				
Name	Phone #	Title/Role in applicant's life:			
My Int	erests & Skills:				
Please n	nark the following on a scale of 1 to 4:				
	s scares me 2 - I have no experience, but I'm	willing to learn 3 - I can help here 4 - I'm a PRO			
	Program-Related Activities:	Labor-Related Activities:			
	Crafts & Art	Painting			
	Trail Hiking	Mechanics			
	Team/Group Games	Plumbing			
	Archery	Landscaping			
	Campfire Songs	Carpentry			
	Skits/Drama	Electrical			
	Small-Group Bible Study	Word processing			
	Story Telling	Hospitality			
	Music/Worship Leadership	Event Planning			
Other:	Low or High Ropes Course	Volunteer Organization			
Other.					
I feel m	ost comfortable working with the follow	ing groups:			
	Primary (grades k-2)	High School (grades 9-12)			
	Elementary (grades 3-5)	College/Young Adult			
	Middle School (grades 6-8)	Adults			
I am typ	oically available to volunteer during (che	ck all that apply):			
	Weekends				
	Full summer weeks				
	Various vacation times				
	On a weekly or bi-weekly basis thro	oughout the year			
	Other:				
Safety Declarations:					
Use of ald	cohol, tobacco, and drugs (other than prescribe	ed by a licensed physician), are prohibited while			
serving as a volunteer at CAW. Will you abide by this regulation and uphold it? YES NO					
For the sefety of recorded and others do see to fell the setting of the set o					
For the safety of yourself and others, do you agree to follow written and spoken instructions given by the CAW staff & leadership while at CAW? YES NO NO					
I agree to sign the attached "Confidentiality Agreement" before starting work: YES \square NO \square					

Tell us more about yourself:	Please use a separate sheet of paper if you need more space
1. Tell us what you think it means to be a Chr	istian and share your faith with others:
	asked you what you thought about a topic that was controversial in
our current world (Examples: sexual orientat	cion, marijuana use, political viewpoints, etc.)?
3. Please list prior leadership or youth minist	ry experience:
the American Baptist Churches of the Central Pac understand that the information supplied in the l	pplied here is true and accurate. I give Camp Arrah Wanna, Inc. & cific Coast my permission to conduct a criminal background check. I background check is being used to insure the safety and well-being of release all persons serving as references from any liability.
Signature:	Date:
Print Name:	