



# IPHC/ROLM Summer Camps Volunteer Application

This application is to be completed by all applicants for any position (volunteer or compensated), involving the supervision or custody of minors. It is being used to help the River of Life Ministries provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

## PERSONAL INFORMATION

<b>Full Name:</b> <hr/>	<b>Date of Birth:</b> <hr/>	<b>SEX: M/F</b> <hr/>	<b>T-Shirt Size:</b> <hr/>
<b>Address:</b> <hr/> <hr/> <hr/>	<b>Email:</b> <hr/>	<b>Background Check Forms attached:</b> Yes/No <hr/>	
<b>Phone/ Cell Number:</b> <hr/>	<b>Camps Available for: Teen and/or Kids</b> <hr/>		
<b>Home Church and length of attendance:</b> <hr/>	<b>Have you accepted Jesus as your personal savior and when?</b> <hr/>		
<b>Have you ever been convicted of a criminal offense? If yes, please explain:</b> <hr/>			

## SKILLS AND SELF-EVALUATION

**Please let us know your skills and qualifications for this volunteer position?**

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**What are your strengths and weaknesses? What can you contribute to the camp?**

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**EDUCATIONAL BACKGROUND**

List and/or all educational background information:

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\_\_\_\_\_  
\_\_\_\_\_

**CAMP VOLUNTEER EXPERIENCE**

**Camp Name:**                                      **Camp Location:**                                      **Position/Title:**                                      **Year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH STATUS & MEDICAL CONDITIONS**

Please let us know if you have any medical conditions and/or limitations:

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**REFERENCES**

**Name:**                                      **Relationship:**                                      **Contact Number:**                                      **Email:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information that I have provided is true to the best of my knowledge and I agree to all rules and regulations of the IPHC/ROLM Campground.

**Signature:** \_\_\_\_\_

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

**Please return all Volunteer Applications to:**  
Holly Terry, Discipleship Ministries Director of ROLM  
Mail: 246 S. Mercer St. | Greenville, PA | 16125  
Fax: 724-638-5000  
Email: [holly@blwc.org](mailto:holly@blwc.org)  
  
Upon receipt, all applications will go through a review process and you will be notified by the Camp Director as to whether or not your services are needed.

