

VOLUNTEER APPLICATION

Dear Applicant,

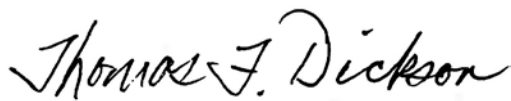
Thank you for your interest in serving Christ through French Camp Academy. We provide service opportunities for individuals, married couples, families, and church groups who have a desire to see our ministry to young people grow.

The Volunteer Service Recruitment Office, a function of FCA's public relations and development program, is the point of entry for service opportunities. This application will begin your journey of exploration of service with our ministry. The process you are entering seeks to help you discern your call to service and match your skills with an area on our campus where you can live out that call. Our desire for you in this process is to see you grow in your relationship and service to our Lord as you help this part of God's Kingdom grow. The application process provides our office with essential information for the assessment and appointment process.

Please read through the entire application, beginning on the next page, before you begin. If you have any questions, please call 662-547-9464.

God's blessings and guidance as you pursue your call to service.

Blessings in Christ



Director of Development
French Camp Academy
French Camp, MS 39745
www.frenchcamp.org
662-547-6482

Section 1: Mission Statement and Statement of Faith

Mission Statement

French Camp Academy, a Christ-centered home and school, exists to serve young people and families for the glory of God.

French Camp Academy Adopted Statement of Faith ***THE WESTMINSTER CONFSSION OF FAITH AND CATECHISM***

God

I. God is the One being existing in three persons: the Father, the Son, and the Holy Spirit. God is the Sovereign, the Creator, and the Sustainer of all things. God is the source and end of all truth.

Scripture

II. The Scriptures are the written Word of God, inerrant in their original writings. They are the infallible authority by which He directs and governs all our activities, including the education of our children.

Person and Work of Christ

III. Jesus Christ is the eternally begotten Son of God. He was conceived by the Holy Spirit and born of the Virgin Mary. He is truly God and truly man. Through Christ's life, death, resurrection and ascension, He accomplished for His people a decisive victory over sin and death and established His kingdom among men.

Man

IV. Man was created in the image of God as a rational, moral, and spiritual being. Man sinned in Adam and fell with him in his first transgression. Man's fall affected him spiritually, intellectually, and physically. Man is restored only by the renewing grace of the Holy Spirit and the cleansing blood of the Lord Jesus Christ.

Christ's Return

V. The Lord Jesus Christ will return in glory and triumph for the final judgment and the consummation of His kingdom. All those who have truly repented of their sins and have received Christ as their personal savior will be eternally with the Lord Jesus Christ. All those who have failed truly to repent of their sins and have rejected the Lord Jesus Christ will be eternally damned without Christ in a literal hell.

We certify by our signatures hereon that we have read, understand, and are in complete agreement with the **Mission Statement** and **Statement of Faith** above.

Name: _____ Date: _____

Name: _____ Date: _____

Section 2: Biographical Data

Please fill in form electronically or print form and write legibly.

Name: (Ms. Miss Mrs. Mr. Dr. Rev.) _____
(First) (Middle) (Last)

Social Security Number: _____ Gender: Male Female

Date of birth: _____ (month/day/year)

Citizenship: _____ Place of birth: _____ (City/State/Country)

Current Address: (until) _____

Street: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Alternate Address: (Name person who can always reach you) _____

Street: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

If you are married does your spouse plan to accompany you? yes no

Name: _____ Social Security Number: _____
(First) (Middle) (Last)

If your spouse plans to accompany you during your volunteer assignment, he/she must complete an application.

Dependents (not spouse):

Name	Relationship	DOB	SS #	Would he/she accompany you?
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Health considerations: Briefly, state the general condition of your health, and that of any family member(s) who will accompany you in this volunteer effort.

If you have any limitations of which we should be aware, please check below and discuss briefly.

Climate Diet Stamina Prescription medications Other

Please explain:

Biographical Data

Continued

Name: _____

Legal considerations: Have you ever been found guilty of a felony charge? If so, please explain.

Church Membership:

Name of church: _____ Denomination: _____

Address: _____

City/State/Zip Code: _____

Church phone number: _____

Are you an ordained minister? _____ An ordained elder? _____ Deacon? _____

Name of Pastor: _____

Does your pastor or congregation know of your intention to serve in this way? yes no

Availability:

Desired length of service *(Please check all that apply)*

- 1 day 1 weekend 1 week 1 month
 up to 3 months 3 months to a year Summer Service only

Work History: *(list most recent first)*

Dates	Employer	Address (Street, City, State)	Position
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Formal Education: *(list most recent first)*

Dates	School Location (City, State)	Degree/Major
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Other Service: *(include participation in church, volunteer and civic organizations)*

Dates	Organization	Location (City, State)	Type
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Section 2: Biographical Data - Narrative Section

Please answer the following reflection questions.

1. Describe an area of your life where you have recently grown in your Christian faith. How did you see God at work in the process?

2. Describe an experience you have had with a young person. What did you learn from that experience?

What, if any, impact did that experience have on your life?

3. What has led you to apply for service with French Camp Academy? What skills, knowledge or experience do you see yourself contributing?

Section 3: Skills and Experience Checklist

Please check only the skills listed below which you are willing to use in volunteer service and have at least 6 months experience (and/or education).

1. Administration

- Typing / Data Entry
- Desktop publishing
- Thrift Store management
- Office skills
- Filing
- Computer networking
- Phone skills

2. Building Maintenance / Development

- Interior decorating
- Exterior design
- Painting
- Electrical
- Roofing
- Tile / carpet
- Carpentry
- Construction
- HVAC

3. Education / Academics

- English
- Language(s)
- Mathematics
- Library services
- Music: Vocal Instrumental
- Tutoring / classroom aide
- Vocational / living skills
- Business education
- Science

4. Grounds keeping

- Landscape design
- Planting bushes, flowers, etc.
- Lawn mowing
- Bush hogging
- Weed eating
- Pruning trees and bushes

5. Camp and Conference Center

- Registering attendees
- Data entry
- Recreation
- Canoeing
- Fishing
- Archery
- Ropes course certification
- Camping ministry
- Hiking
- Horseback riding

6. Historical Log Cabin Village

- Quilting
- Blacksmithing
- Pottery

7. Other

Please explain:

Section 4: References

Please give the Confidential Reference Form to three persons who will serve as your references. This list should include a pastor who knows you well, a professional reference (students may use a teacher or academic advisor), and one other person.

Please list your references below and return this form with the rest of your papers so that we will know when your file is complete.

1. Pastoral Reference

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship to you: _____

2. Professional Reference

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship to you: _____

3. Personal Reference

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship to you: _____

Confidential Reference Form

Personal Reference: _____

Applicant Name: _____

How long have you known the applicant?

In what capacity have you known the applicant?

Describe the applicant's reliability and willingness to make a commitment to volunteer:

Please comment on applicant's attitude and other characteristics such as dependability:

Would you have any reservations about recommending this candidate for volunteer services? _____

Please explain:

Reference name (please print): _____

Signature: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

**Section 5: Disclosure and Authorization
to Release Information**

I understand that in connection with my application for employment (or volunteering), a consumer report may be requested by French Camp Academy. This report may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish French Camp Academy with any and all information in their possession regarding me, in connection with an application for Volunteering.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original.

According to the Fair Credit Reporting act, I am entitled to know if employment is denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if I am hired, throughout the course of my employment/time as a volunteer to the extent permitted by law.

I have read and understand this disclosure and consent form.

Signature of Applicant Date

Applicants Full Name (please print)

Please print other names you have used

The following is for identification purposes (to perform the background check and will not be used for any other purpose)

Drivers License #/State Issued: _____

Social Security Number Date of Birth

City/State Zip Code County Length at address Current Address

Former Address City/State Zip Code County Length at address

Former Address City/State Zip Code County Length at address

Former Address City/State Zip Code County Length at address

Note: Please include all addresses for the past five years including school and home addresses. Attach additional pages if necessary.

Section 6: Health and Release of Liability

A volunteer at French Camp Academy is responsible for his/her health and should advise the Volunteer Coordinator of any physical limitations. Each volunteer will have some form of personal health insurance in order to volunteer at French Camp Academy. **EACH VOLUNTEER MUST BE FINANCIALLY INDEPENDENT** and must not seek financial assistance from French Camp Academy, its representatives, employees or board members.

NAME (Print): _____ Signature: _____

Hold Harmless Clause

"I hereby agree that I will receive no monetary compensation for any time of labor while participating in a French Camp Academy project or program. I will make no unauthorized purchases on behalf of French Camp Academy and will present valid sales slips or invoices for any payment of any authorized purchases. I hereby hold the French Camp Academy, and its agents, employees, members, staff, corporate or other officers, directors, free, clear and harmless from any injuries of any kind sustained by myself or my family or to any other parties or damages to my property caused by myself or my family while participating in a project or program sponsored by French Camp Academy. I have read and understand this registration form and agree to abide by the stipulations set out hereon. I have read the French Camp Academy "STATEMENT OF FAITH" AND "HOLD HARMLESS CLAUSE" and endorse each of them.

NAME (Print): _____ Signature: _____

DATE: _____