

Adult Volunteer Program

This summer camp team requires volunteers to stay for one week at a time, be housed on camp property, and eat meals in the dining hall with the campers and staff. Our volunteer team supports the camp program by performing a variety of tasks that may include kitchen duty, grass cutting, craft set up, transporting campers and much more. Volunteers need to register by completing the following packet.

Adult Volunteers must possess a genuine interest in the Caroline Furnace Summer Camp Program and be willing to commit the required energy, enthusiasm, and cooperation in all aspects of the program.

I agree to the expectations and guidelines of the Caroline Furnace Summer Camp Volunteer Program. (Please select one)

- General Volunteer**
- Chaplain**
- Nurse**

Print Name: _____

Sign Name: _____ **Date:** _____

Please send in completed application to summercamp@carolinefurnace.org or the address below.

*Caroline Furnace Lutheran Summer Camp & Retreat Center, Inc.
2239 Camp Roosevelt Road, Fort Valley, Virginia 22652*

Thank you for helping serve with us as a partner in this ministry this summer.

Blessings,



Reuben Todd
Executive Director



2239 Camp Roosevelt Road
Fort Valley, VA 22652-3217
540-449-0012
www.carolinefurnace.org

PLEASE PRINT OR TYPE

Personal Information:

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Circle One: Male / Female

Have you served on staff or been a camper with us before: Circle one: YES / NO

What week are you planning to join us?

Week #: _____ Dates: _____

Church/Faith Community _____ Location _____

Health History/Permission to Treat:

Insurance:

Medical Insurance Carrier:

Policy/Contract Number:

Please list any allergies or dietary restrictions: (i.e. lactose intolerant, vegetarian):

Emergency Contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Nighttime phone: _____

“In the event that I am incapacitated or unable to answer, I give permission for myself to be treated at an appropriate medical facility.”

Signed: _____ Date: _____

Affidavit Regarding Conduct and Contact – Adult Volunteers

Name: _____

Date: _____

Guidelines for Discipline of Children

I understand and accept the following:

1. Adult Volunteers may under no circumstances strike, hit, push or shake a camper.
2. Adult Volunteers may not use abusive, derogatory or negative language with campers.
3. Adult Volunteers need to ask for help or assistance of supervisory or administrative staff.

Guidelines for Camper-Volunteer Staff Contact:

I understand and accept the following guidelines. I may touch a camper ...

1. on the hand, shoulder or back
2. never against a child's will (unless in the case of clear and present danger)
3. never contrary to the child's comfort, whether expressed verbally or non-verbally
4. in the company of another adult
5. never when it would have the effect of over-stimulating the child
6. never in a place on a child's body that is normally covered by a bathing suit, unless for a clear medical necessity, and then only with supervision of another adult
7. never in any way that is or may be perceived as intimate sexual behavior

Adult Volunteer Responsibility

1. I understand and accept that I am an assistant and possible care-taker of children.
2. I understand that there is a clear power/authority difference between myself and campers (money, mobility, experience, knowledge, rules)
3. I will conduct all "counseling" sessions in an open and public place where we can at least be easily observed (not alone in a cabin or room, in the woods, or any other remote or private location)
4. I understand that inappropriate sexual contact with physical, mental or emotional abuse of a camper can have a severe emotional and psychological effect on the camper that will last a lifetime.
5. I understand the severity of these reactions – that they can require professional intervention which can be disruptive to the victim's life as well as time consuming and expensive.
6. I understand that dating, "going out," or any encouragement of a romantic or sexual nature with a

camper is inappropriate and not permitted.

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State Laws Pertaining to Child Abuse

I understand that under Virginia Law I am a “mandated reporter” and agree to follow the policy of Caroline Furnace Lutheran Camp & Retreat Center, Inc., which means that I will report any suspected abuse to the Executive Director. A report is based on suspicion of abuse and does not have to be proven.

Guidelines for all Adults and Staff

I understand and accept the following:

1. There is no hazing by campers, counselors or staff (imposing disagreeable tasks, playing pranks, or doing anything humiliating or irritating).
2. Campers will not be subject to initiation rites that are abusive or demeaning in any manner.
3. Campers (even Explorers) will be encouraged to change their own clothes.
4. Adults will under no circumstances share a bed or sleeping bag with a camper.
5. Adults will set appropriate limits with children who “cling” or hang on them.
6. Adults will not allow children to sit on their laps.
7. Adults will not give back rubs unless another adult is present and then only with all clothes on.
8. Tickling or teasing a camper to the point where the camper is out of control is unacceptable.
9. Overnights need a minimum of two adult leaders. One of the counselors present needs to be of the same gender as the campers.
10. Adults and counselors “cohabitating” is unacceptable and grounds for dismissal.
11. Romantic lives of counselors or other adults can under no circumstances be shared with campers.
12. Adults must stay with their own designated living space after lights out at night unless a true emergency exists and this should be reported to supervisors as soon as possible.
13. Both male and female staff and volunteers need to be aware of the tendency for the youth to develop hidden or secret romantic fantasies.

Caroline Furnace Lutheran Camp & Retreat Center, Inc. has a “No Touch Policy” concerning staff “romance” (unmarried staff members are not to show any outward romantic signs).

Other Instructions

I agree to the following:

1. To watch for signs of stress in myself and in others as a way of maintaining a safe environment at camp.
2. To help other staff who seem at risk for hurting or abusing campers.
3. To alert supervisors to the need for more careful supervision, intervention or support where needed.

4. To seek help for myself if I feel at risk of hurting, over stimulating or abusing a camper.

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Yes No Have you ever been convicted of a crime?

If yes, please attach an explanation on a separate sheet including: the specific nature of the offense(s), when, where and disposition.

I am attesting to the fact that I have read, understand, and accept the rules, guidelines and standards of conduct outlined in this document.

Print Name: _____

Signed: _____ Date: _____

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540-449-0012
www.carolinefurnace.org

CONFIDENTIAL
Background Check Authorization

Print Name:

(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:

(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From:

(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From:

(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ DOB: _____

Telephone Number: _____ Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I, _____ hereby authorize **CAROLINE FURNACE LUTHERAN CAMP AND RETREAT CENTER, INC.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **CAROLINE FURNACE LUTHERAN CAMP AND RETREAT CENTER, INC.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **CAROLINE FURNACE LUTHERAN CAMP AND RETREAT CENTER, INC.** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.



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Signature: _____ Date: _____