



Please fill out form completely and legibly with black ink.

Eagle Fern Camp is a Christ-centered, evangelical non-profit camping ministry. We believe that Jesus Christ is “the visible image of the invisible God” and that in Him all deity dwells in bodily form. We believe that all scripture is inspired by God and is our final authority for life and faith. We believe that salvation comes through faith in Christ alone. In everything we do, our purpose is to glorify Christ and honor His Word.

Personal Data

Full Legal Name _____
 Current Street Address: _____
 City/State/Zip _____
 Permanent Street Address: _____
 City/State/Zip _____
 () _____ () _____
 Home Phone Cell Phone
 () _____ () _____
 Work Phone Fax Number
 Drivers License # _____ State _____ Expires _____
 Gender Male Female Marital Status Single Married
 Birthday ____/____/____ Grade in Fall ____ T-Shirt Size _____
 E-mail Address _____
 Church Attending _____
 Have you ever served at Eagle Fern Camp before? Yes No
 Date _____ What Capacity _____
 Have you ever been convicted of a misdemeanor or a felony? Yes No
 Please list an emergency contact person (outside your home)
 Emergency Contact: _____
 Street Address: _____
 Mailing Address: _____

 City State Zip
 () _____ () _____
 Home Phone Cell Phone

Volunteer Position Preference

Please mark the positions in which you are interested:

- Activities
- Counselor (Jr)
- Counselor (Sr)
- Counselor-In-Training (CIT)
- Director’s Assistant
- Head Cook
- Horse Wrangler
- Kitchen Staff
- Music/Worship
- Nurse/Medical
- Program Assistant
- Speaker
- Weekly Director
- Weekly Co-Director
- Other

References

Do not list relatives

Pastor or Church Leader

Name _____
 Church Name _____
 E-mail Address _____
 Current Street Address: _____
 City/State/Zip _____
 () _____ () _____
 Home Phone Cell Phone

Employer

Name _____
 E-mail Address _____
 Current Street Address: _____
 City/State/Zip _____
 () _____ () _____
 Home/Cell Phone Work Phone

Personal Reference

Name _____
 E-mail Address _____
 Current Street Address: _____
 City/State/Zip _____
 () _____ () _____
 Home Phone Cell Phone

Camps

Please check the weeks of camp you would like to volunteer for:

<input type="checkbox"/>	Day Camp	Jul 2 - 6
<input type="checkbox"/>	Intermediate Camp	Jul 8 - 13
<input type="checkbox"/>	Adventure Camp	Jul 15 - 20
<input type="checkbox"/>	Girls Camp	Jul 15 - 21
<input type="checkbox"/>	High School Camp	Jul 22 - 28
<input type="checkbox"/>	Jr Hi Girls Camp	Jul 29 - Aug 4
<input type="checkbox"/>	Jr Hi Boys Camp	Aug 5 - 11
<input type="checkbox"/>	Boys Camp	Aug 12 - 18
<input type="checkbox"/>	Girls Horse Camp I	Jul 29 - Aug 2
<input type="checkbox"/>	Girls Horse Camp II	Aug 5 - 8
<input type="checkbox"/>	Horse Camp (Mother/Daughter)	Aug 9 - 11
<input type="checkbox"/>	Girls Horse Camp III	Aug 13 - 17

Specialized Skills/Certifications

List any areas in which you are currently certified:

- Food Handlers License
- Lifeguard
- CPR
- Commercial Vehicle License
- First Aid
- Registered Nurse
- NRA
- Other _____

List any special skills that would contribute to the ministry of Eagle Fern Camp. (sports/music/drama/woodworking/hobbies/outdoor skills/etc.)

(See Back)

My Personal Walk

(New Volunteers)

Give a summary of your Christian experience, including your conversion, your present devotional practice, and your current spiritual growth:

Salvation

(New Volunteers)

How would you lead a child to Christ?

Ministry

(New & Returning Volunteers)

What Christian ministry service have you been involved in this past year:

A current Health Information form must be attached to this application.



Eagle Fern Camp
37700 SE Camp Road
Estacada, Oregon 97023
Phone: 503-630-4978
Fax: 503-630-3356
Or on the web at:
www.eagleferncamp.com

Affirmation * Criminal Records/Liability/Photo Release

I understand that this is an application for **volunteer service** and that no employment contract is being offered. I understand that I will be required to abide by all camp policies, standards, and regulations. I further understand that when my service is completed, I must return all of EFC's property in my custody.

I hereby authorize EFC to contact employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm that I have read the Eagle Fern Camp Statement of Faith (available for download on our website). I hereby agree not to promote personal beliefs and doctrines that may differ from this statement, nor to exhibit conduct which is contrary to it.

I hereby affirm that I have read the Eagle Fern Camp Staff & Camper Communication Policy (policy available for download on our website).

I understand that Eagle Fern Camp is a tobacco free, alcohol free, and drug free environment.

I affirm that I have neither been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. A criminal records release must be completed by all staff and volunteers participating in Eagle Fern Camp sponsored programs. This information will be kept confidential, on file at the camp office.

Current county of residence: _____

Previous states and counties of residence (last 10 years)

I hereby give Eagle Fern Camp permission to conduct a criminal records search in the counties of residence listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Eagle Fern Camp.

The applicant has permission to engage in all camp activities, both on-campus and off-campus. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury from participation in camp activities including (but not limited to): swimming, archery, BB guns, water-skiing, boating, challenge course, airsoft, and horse program activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR, water safety, challenge course, and horse programs, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child (if applicant is under the age of 18) about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

I hereby give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Eagle Fern Camp promotional material and publications, and waive any rights of compensation or ownership thereto. I also understand that by providing my e-mail address and cell phone number I will be included in text and e-mail lists for marketing purposes. We will never provide your contact information to any other organization for marketing purposes.

I have read the Camper Special Diets Policy at www.eagleferncamp.com/documents/allergies and voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with food prepared during myself/my child's stay at Eagle Fern Camp.

I hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the questions on this application are true and complete, and that any misrepresentation or omission may be grounds for rejection or, if later "employed," dismissal.

Applicant Signature: _____
(if over age 18)

Parent/Guardian Signature: _____
(if under age 18)

Date: _____

Office Use Only

	Date	Copy Sent
Ref/Director	_____	_____
	Date	Status
Ref/EFC	_____	_____
Ref/Director	_____	_____
Ref/Elder	_____	_____