

Smoky Mountain Christian Camp

P.O. Box 116 Coker Creek TN 37314 - Tel. 423-261-2197 - Fax: 423-261-2565 -
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Faculty & Volunteer Application

Today's Date _____

Full Legal Name _____ Birth-date (mm/dd/yyyy) _____

Marital Status: Single Married Widowed Divorced Spouse's Name _____

Street Address _____ Do you still live with parents? Y N

City, State, Zip _____ Phone Number () _____

E-mail Address _____ Work Phone () _____

Church Affiliation _____ Years of Membership* _____

Minister _____

*If you have been a member of this church for five years or less, please give a brief history of your church membership on separate sheet of paper

Give a brief history of your training, education, and experience in youth related work with church or other youth organization for the past five years _____

Have you ever been convicted of, pled guilty to or entered a plea of no contest to any criminal offense Y N
If yes, state details and dates. _____

By initialing below, I affirm under the penalties of perjury that I have never been arrested for, convicted of, or entered a plea of no contest for the following offenses.

Rape

Criminal deviate conduct

Child molesting

Child exploitation

Vicarious sexual gratification

Child solicitation

Incest

Neglect of a dependent

Child selling

Child seduction

Initial here _____

If you have ever been accused, arrested, convicted, or entered a plea for no contest for any of the items listed above, explain here. (Use extra sheet if necessary) _____

Check all of the areas that you would feel most comfortable with being involved in.

Smoky Mountain Christian Camp could not survive without the countless hours that volunteers put in.

Please pray about how you can get involved to help reach the next generation.

Maintenance:

- General Repairs
- Plumbing
- Electrical
- Construction
- Carpentry
- Mechanic
- Painting
- Plumbing
- Heating & Air
- Work Projects

Cleaning:

- General Housekeeping
- Set-up - chairs & equipment
- Tear-down

Other:

Food Service:

- Part/Full Time Food Prep
- Dishwashing
- General Cleaning

Grounds:

- Mowing Grass
- Trimming
- Plant Flowers & Trees
- Upkeep Flower Beds
- Landscaping
- Fall & Spring Clean Up

Summer Camp Programming:

- Faculty/Counselor
- Nurse
- Recreation
- Drama
- Music
- Teaching
- Speaking
- Summer Staff/Worker

I wish to keep informed of any upcoming dates where Volunteer help is needed

Please give two references of people who know you. List name, phone number, address, organization affiliation, how long you have known them, and their relation to you. Persons who are related to you are not eligible.

Please list all of the places you have lived in the past 5 years. Please give address, city, state and zip.

Address	City	State	Zip	How long?

Have you ever attended or served on either the staff or faculty for Smoky Mountain Camp? Y N

If yes, please give year(s) and camp programs that you have worked in _____

I would like to work during the following sessions of the current camp season:

Date	Description	Dean	Position(s)

Release and Waiver of Liability

This is a Release and Waiver of Liability executed on this date, _____, by the Volunteer, and, if applicable, with the parent/legal guardian of the Volunteer, in favor of Smoky Mountain Christian Camp, a nonprofit corporation, their directors, officers, employees, and agents.

My signature bears witness that I hereby release and forever discharge and hold harmless Smoky Mtn. Christian Camp from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my Volunteer activities with Smoky Mountain Christian Camp. I also understand that Smoky Mountain Christian Camp does not carry or maintain primary health, medical, or disability insurance coverage for any Volunteer.

I hereby grant and convey unto Smoky Mountain Christian Camp all right, title and interest in any and all photographic images and video or audio recordings made by Smoky Mountain Christian Camp during the Volunteer's activities with Smoky Mountain Christian Camp unless I have officially indicated otherwise.

By signing below, the Volunteer and, if applicable, the parent/legal guardian, has read, understood, and executed this release as of the date written above. Omissions of given information may be grounds for rejection. I give Smoky Mountain Christian Camp the authorization to contact any individual or organization listed as a reference as well as to run any criminal or background checks.

Volunteer: _____ Legal Guardian: _____
 (Signature) (Signature)

Social Security # ____ - ____ - ____ Driver's License # _____ State _____

Please return this form to the camp office as soon as possible. All applications are due 4 weeks prior to the date desired to work. Please call the camp with any questions or concerns that you may have.