

**Wonderfully Made Family Camp • June 10-12, 2016**  
**VOLUNTEER APPLICATION FORM**

*If you are interested in volunteering at Wonderfully Made Family Camp, please fill out the following form. We need volunteers in several areas, including general volunteers, personal family volunteers, and medical volunteers. Below we will ask questions necessary to run a background check, as well as gather information on your experience with special needs individuals. We will accept volunteers with and without such experience.*

***Please fill out one form per individual, even if applicants are in the same family.***

**Print Name** \_\_\_\_\_  
*(First) (Middle) (Last)*

**Current Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **How long have you resided at that address?** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_  
*(Number) (Type)*

**T-Shirt Size:** *Child Sizes:* S M L *Adult Sizes:* S M L XL 2XL 3XL

**Date of Birth (mm/dd/yy)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Driver's License Number & State of Issue** \_\_\_\_\_

**Home Church** \_\_\_\_\_ **How did you hear about this retreat?** \_\_\_\_\_

**Do you have any special needs, medical conditions, or allergies? Please list.**

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

**Please list any experience with special needs individuals (types of disabilities, ages, etc.). If any of you have special training, qualifications, or certifications involving work with special needs individuals, list that here, too.**

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

**If you are specifically interested in serving as a medical volunteer at Wonderfully Made Family Camp, please list your experience/credentials in the medical field (work experience, patient types, special training like CPR, etc.). Experience does not need to specifically involve individuals with special needs, but such details, if applicable, would be appreciated. As you submit this form, please also attach a copy of your current license or certification.**

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

*(Please continue to page two to complete the application →)*

*Please read the following statement and sign below if you agree. The information collected from this form will be used to run a background check by Hidden Acres Christian Center.*

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Hidden Acres Christian Center** 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 (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Hidden Acres Christian Center** 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.

**\*\*Hidden Acres Christian Center** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota, and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

**Submission Options**

- 1) Mail to: Hidden Acres Christian Center | 3837 Union Ave. | Dayton, IA 50530
- 2) Fax to Hidden Acres at 515-547-2752
- 3) Scan and email to [rachelle.rasmussen@hacamps.org](mailto:rachelle.rasmussen@hacamps.org)