

West Virginia Baptist Convention Voluntary Disclosure Statement For Camp Counselors & Volunteers

GENERAL INFORMATION

Name Last: _____ First: _____ Middle: _____ Birth Date: ____/____/____
Home address: _____ City _____
State: _____ Zip Code: _____ Social Security #: _____
Other names by which you are known (i.e., maiden name): _____
Home Phone: (____) _____ Cell Phone: (____) _____
E-mail Address: _____ Employer: _____
Occupation: _____ Business Phone: (____) _____
School or College: (attended or attending) _____
Present Church Membership: _____ Pastor: _____
Driver's License #: _____ State: _____ Expiration Date: ____/____/____

Previous counseling experience:

Camp Location	Grade	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications: _____

Helpful Skills & Spiritual Gifts: _____

1. Previous residence(s) for last 5 years (include college and home residences):

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

(Continue on a separate sheet if necessary)

2. Why do you wish to serve as a counselor? _____

3. Have you been convicted of a criminal offense? _____ Yes _____ No

If yes, please list: _____

4. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

_____ Yes _____ No

If yes, please explain (use a separate sheet if necessary): _____

Have you ever been disciplined by any Christian Ministry? _____ Yes _____ No

If yes, please explain (use a separate sheet if necessary): _____

*** Please attach a one page statement of your faith; including Conversion, Growth, Ministry, and Involvement.**

Please list two (2) references and one (1) Pastoral reference:

Name	Address	Phone#	Relationship
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
 Pastoral Reference			
_____	_____	(____) _____	_____

I understand that a background screening report and/or reference checks and/or interviews may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application with West Virginia Baptist Camp at Cowen (WVBCC).

I understand that, if I am approved for volunteer service by WVBCC, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of WVBCC, such may be necessary.

I hereby release and discharge to the extent permitted by law, WVBCC, its employees, any individual or agency obtaining information for WVBCC, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of WVBCC.

By signing below, I, _____, agree that I have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

The previous information is correct. I have also read the policy statements and agree to uphold them. I understand:

1. The camp may deny any person who answers any of the questions numbered 3 or 4 on the Voluntary Disclosure Statement in the affirmative.
2. In applying to be a volunteer the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from a Central Registry of Child Abusers.
3. The camp may terminate the volunteer service of any person:
 - Found to have a history of complaints of abuse of a minor and/or
 - Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
4. If, as a result of my conduct, I am disciplined from volunteer service at camp, my pastoral reference will be contacted.

Signature: _____ Date Submitted: ____/____/_____

Please Send to:

Associate Director of Camping & Student Ministries, 276 Baptist Camp Road, Cowen, WV 26206, Fax to: 304-226-3553 or email to cowenregistrar@wvbc.org

Camp Counseling: _____

Camp Counselor Covenant and Expectations

I am...

- Committed to Jesus Christ and want to serve through camp experience.
- Active worshiper in WVBC ministry.

I will...

1. Come to camp with a positive attitude. (Attitude will affect the campers.)
2. Be spiritually ready. Prayerfully study and prepare for every anticipatable event for camp.
3. Be responsible for campers assigned to my cabin.
4. Be responsible for communicating and interpreting camp policies and program/schedule for particular camp.
5. Serve as friend and confidant to camper. Get to know as many campers as possible – not just the one ones in my cabin.
6. Participate in training session(s) for camp.
7. Attend all counselor meetings during camp unless excused by Director.
8. Give full support and cooperation to Director.
9. Work to facilitate a safe and positive camp experience.
10. Be prepared to lead devotions and spiritual discussions.
11. Participate fully in everything and be on time at all events.
12. Be ready at all times to discuss a relationship with Jesus Christ with campers.
13. Work with other counselors to hold one another accountable in Christian behavior and conduct.
14. Follow training, protocol, procedures and best practices for working in ministry including new procedures and protocols in place to address COVID-19.

I understand that my failure to fulfill this covenant and expectations may result in my dismissal from volunteer service and my commissioning church/pastoral reference will be contacted updating the status of my termination of service.

PLEASE PRINT

Please list the camp or camps you wish to counsel: _____

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Please Send to:

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26206, Fax to: 304-226-3553 or email to cowenregistrar@wvbc.org

Camp Counselor Reference Form ~ General
(Each counselor must have two General Reference Forms completed)

_____ has requested to serve as a counselor for one of our camps in the West Virginia Baptist Convention. We are seeking information to help determine the qualifications of this person. Please carefully answer the questions honestly and fully. We appreciate your time on this important matter. This information will be kept on file in our state office.

Reference Name: _____
FIRST LAST

Reference Address: _____ City/State/Zip: _____

Phone Number: _____ E-mail Address: _____

Date Received: _____ Date Returned: _____

- 1) How long have you known this person and in what capacity?

- 2) Does this person relate well to adults? _____
- 3) Is this person active in their local church? _____
In what capacity? _____
- 4) Does this person seem mature in handling discipline? _____
- 5) Does this person seem to respond well to authority? _____
- 6) If you had a child under this person's care in their cabin would you feel good about it?

- 7) How does this person seem to relate with children and youth? _____

- 8) How long has this person been at their place of employment? _____

- 9) Are you aware of any accusations of misconduct involving this person? _____
- 10) Would you recommend this person as a Camp Counselor without reservations? _____
If not, what would those reservations be? _____

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Camp Counselor Reference ~ Pastoral

Dear Pastor,

I, _____, have been requested to serve as a Counselor at the WV Baptist Camp, at a WVBC event or WVBC Conference.

Reference Title _____ Date _____

Name _____ Phone _____

E-mail _____

Church _____

Address _____

City/State/Zip _____

How often does this person participate in Worship?

_____ once a month

_____ twice a month

_____ three times a month

_____ four times a month

Does this person participate in other ministries or activities?

No _____ Yes _____ Please List _____

How long have you known this person? _____

Are you comfortable knowing that this person will facilitate spiritual growth of students in the camping /event experience? Yes ___ No ___

If not, why:

Is this person involved in any leadership, positions at the church? Yes ___ No ___

Has this person been disciplined by any ministries of the church? Yes ___ No ___

Are you aware of any accusations of misconduct involving this person? Yes ___ No ___

Are there any character issues that would hinder this person from being an important part of the counselor team?

Other Comments:

Signature: _____

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