

# 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, \_\_\_\_\_, 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:

The camp may deny any person who answers any of the questions numbered 3 or 4 above in the affirmative.

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.

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.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Please send to:

Prior to June 1<sup>st</sup>, send to: Director of Camping & Youth, PO Box 1019, Parkersburg, WV 26102 or fax to: 304-485-0940.

After June 1<sup>st</sup>, send to: Director of Camping & Youth, 276 Baptist Camp Road, Cowen, WV 26206 or Fax to: 304-226-3553

## 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 staff 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.

Work with other counselors to hold one another accountable in Christian behavior and conduct.

PLEASE PRINT

Please list the camp or camps you wish to counsel: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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# Camp Counselor Reference Form ~ General

*(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-mal Address \_\_\_\_\_

Date Received \_\_\_\_\_ Date Returned \_\_\_\_\_

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

\_\_\_\_\_

Does this person relate well to adults? \_\_\_\_\_

Is this person active in their local church? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Does this person seem mature in handling discipline? \_\_\_\_\_

Does this person seem to respond well to authority? \_\_\_\_\_

If you had a child under this person's care in their cabin would you feel good about it?

\_\_\_\_\_

How does this person seem to relate with children and youth? \_\_\_\_\_

\_\_\_\_\_

How long has this person been at their place of employment? \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

- 1) How often does this person participate in Worship?
  - a. \_\_\_\_\_ once a month
  - b. \_\_\_\_\_ twice a month
  - c. \_\_\_\_\_ three times a month
  - d. \_\_\_\_\_ four times a month
- 2) Does this person participate in other ministries or activities?  
No \_\_\_\_\_ Yes \_\_\_\_\_, Please List \_\_\_\_\_
- 3) How long have you known this person? \_\_\_\_\_
- 4) Are you comfortable knowing that this person will facilitate spiritual growth of students in the camping /event experience? Yes, \_\_\_\_\_, No \_\_\_\_\_, if not why \_\_\_\_\_  
\_\_\_\_\_
- 5) Is this person involved in any leadership positions at the church? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Has this person been disciplined by any ministries of the church? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Are there any character issues that would hinder this person from being an important part of the counselor team? \_\_\_\_\_  
\_\_\_\_\_
- 8) Other Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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