

2024 VOLUNTEER APPLICATION Christian Church in Florida (Disciples of Christ) The Retreat at Silver Springs



6455 E. Silver Springs Blvd., Silver Springs, FL 34488
Tel: (352) 236-2302 Email: adminassistant@fldisciples.org

olunteer Information									
Director	Cabin Counselor		Ot	her					
Full Name:									
Name preferred for nam						ouns _			
Mailing Address:	_								
City:			_						
•	Zip:			Birthdate: (MM/DD/YYYY)					
				ail:					
Home Church: (include of									
Gender:	• •				М	L	XL	XXL	XXXL
alents, Gifts, Ministri	es								
Please check talents, gi	fts, ministries th	nat you can co	ontribute	to this p	rogram.	Check	all that	apply.	
MusicWors	nip/Devotions	_Storytelling	Ar	ts/Crafts	Na	ture/O	utdoor Ac	tivities	Games
Camp Camp Uno (w/ Logical Junior Camp Ligh School Camp	amp anoe Camp	_	5 12 3 12 ades 6-8	Jun Jun July July	e 7 – 9 e 11 - 15 e 16 - 22 e 25 - 30 / 7 – 13 / 15 – 20 / 21-24		18 18 22 19 22	years	<u>ge</u>
Health Information Is applicant in good healt If not, please explain: Insurance Information Please attach a copy of only those accidents an	your insurance	card (front an	nd back).				No	nsurance	supplements
Physician name:				Phy	sician Ph	none: _			
I do not have healt	h insurance at th	nis time.							

Name				
Please list allergies:				
Please list any current medical condition	ions or concerns:			
Date of last tetanus booster:	Date of last	physical exam:		
Dates of Covid – 19 Vaccine:	Brand of Vaccine:			
Medications				
If applicant will be taking regular medication a condition the medicine is being taken. Attach	•	ving with the name of I	medication, dosage and for what	
<u>MEDICATION</u>	DOSAGE	<u>TIME</u>	REASON	
Emergency Contact Information				
Primary Emergency Contact Name:				
Relation to applicant:				
Work Phone:	Cell Phone:			
Full Name	Relation to applicant		Home/Work/Cell Phone	
1				
2				
Additional Comments				
Please provide any other information of which special Dietary needs:				
opoolal Diotally Hoods.				
References				
List two (2) names for reference. One of the References must fill out separate ref				
Minister/Church Officer				
Name				
Email Address				
Phone				
Second Reference				
Name				
Email Address				
Phone				

Volunteer Covenant

The following are the general and specific expectations for those who are participating in all camps, conferences, and other events sponsored by the Christian Church in Florida (Disciples of Christ). By signing below you (the volunteer) agree to the following:

- I will take part in all camp activities and remain on The Retreat at Silver Springs grounds from beginning to end.
- I will cooperate with all camp leaders and obey the rules set for my particular event.
- I will respect each and every person attending my particular camp, treating all people equally and with dignity.
- I will be responsible for the cleanliness and condition of all areas in which I am participating. (Graffiti, carving, cutting, mutilating, vandalizing, etc. will **NOT** be tolerated).
- I understand that language, clothing, and behavior considered offensive, foul, provocative, overtly sexual, belittling, or harmful in any way (as determined by the camp director) will **NOT** be tolerated.
- I understand that I am not to enter any cabins other than my own; I will respect everyone's personal space.
- I will **NOT** bring any electronic devices (cell phones, radios, stereos, personal listening devices, games, tablets, televisions, etc.) to any event. Such items will be confiscated and returned at the camp's conclusion.
- I will **NOT** use tobacco products, alcohol, or any non-prescribed drugs during any camp.
- I will **NOT** bring fireworks, firearms, knives, or any other weapons to any camp.
- I understand telephone calls are only for emergency situations arranged by the director.
- If it is illegal, I cannot do it or have it.
- I will lock my vehicle and turn over all my keys to the director at registration.
- I will relay immediately to the director any problems involving campers, conferees, or counselors. The director will have the responsibility to handle those situations as needed.
- I will encourage all participants to maintain our covenant agreement and will not encourage breaking this covenant either by spoken or unspoken permission.
- If I pose a real or perceived threat to any other person, the campsite, or myself, I may be sent home immediately at the director's discretion.
- I understand that staff will have zero tolerance for offenses against this covenant.

Signature:	Date:	
•		

Name	
Volunteer Certificate of Good Moral Character	
As an applicant for consideration as a camp counselor and/or director with the hereby attest to meeting the requirements for volunteer service, that I am of guilty of, or entered a plea of nolo contendere or guilty to , any offense prohil Florida Statutes or under any similar statute of another jurisdiction. I have no nolo contendere or guilty of a petition alleging delinquency pursuant to Part I other jurisdictions, for any of the following acts.	good moral character, that I have not been found bited under any of the following provisions of the ot had a finding of delinquency or entered a plea of
Section 415.111 abuse, neglect or exploitation of aged or disabled persons Section 741.30 domestic violence	Chapter 796 prostitution Section 798.02 lewd and lascivious behavior Chapter 800 lewdness and indecent
exposure Section 782.04 murder Section 782.07 manslaughter Section 782.07 vehicular homicide Section 782.09 killing of an unborn child by injury to the mother Section 784.011 assault, if the victim of the offense was a minor Section 784.021 aggravated assault Section 784.03 battery, if the victim of the offense was a minor Section 784.045 aggravated battery Section 787.01 kidnapping Section 787.02 false imprisonment Section 787.04 moving children from the state or concealing children contrary to court order and control Section 794.011 sexual battery Section 794.041 prohibited acts of persons in familiar or custodial authority	Section 806.01 arson Section 812.13 robbery Section 817.563 fraudulent sale of controlled substances only if the offense was a felony Section 826.04 incest Section 827.03 aggravated child abuse Section 827.04 child abuse Section 827.05 negligent treatment of children Section 827.071 sexual performance by a child Chapter 847 obscene literature Chapter 893 drug abuse prevention only if the offense was a felony or if any other person involved in the offense was a minor
I further attest that I have not been judicially determined to have committed a s.39.01, Florida Statutes; nor do I have a confirmed report of abuse, neglect neglect as defined in s.415.503 which has been uncontested or upheld pursu s.415.504, Florida Statutes. Under the penalty of perjury, I attest that I have read the foregoing, and the f and belief.	or exploitation as defined in s.415.102, or abuse or uant to the procedures provided in s.415.103 or
Signature:	Date:
Background Check Policy	
I understand that the Dept. of Children and Families of the State of I on all volunteer applicants who are working in any summer camp evother location. I understand I will be provided with information through DCF and that it is my responsibility to have the background camp in which I intend to serve.	vent at The Retreat at Silver Springs or at any needed to initiate that background check
Signature	
have read and understood the Volumeral Character and Background Check Policy. I understand photographs the consent for their use in future promotional materials. In case of a medical er selected by the Event Director to hospitalize, secure proper treatment for, an also release the Christian Church (Disciples of Christ) and its agents from lia accident insurance provided for in the event fee.	nergency, I hereby give permission to the physician d to order injections, anesthesia and/or surgery. I
Signature:	Date: