



**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](mailto:adminassistant@fldisciples.org)**



**Volunteer Information**

Director       Cabin Counselor       Other \_\_\_\_\_

Full Name: \_\_\_\_\_

Name preferred for nametag: \_\_\_\_\_ Pronouns \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Church: (include city) \_\_\_\_\_

Gender: \_\_\_\_\_ T-shirt size: (circle one)    XS    S    M    L    XL    XXL    XXXL

**Talents, Gifts, Ministries**

Please check talents, gifts, ministries that you can contribute to this program. Check all that apply.

Music     Worship/Devotions     Storytelling     Arts/Crafts     Nature/Outdoor Activities     Games

**Camp Preference**

Using the numbers 1 – 7 (the number one [1] being your first choice), prioritize which camp you prefer to serve.

<u>Camp</u>	<u>Grade Completed</u>	<u>Date</u>	<u>Minimum Age</u>
<input type="checkbox"/> Camp Uno (w/Adult)	Grade K-2	June 7 – 9	18 years
<input type="checkbox"/> Junior Camp	Grades 3-5	June 11 - 15	18 years
<input type="checkbox"/> High School Camp	Grades 9-12	June 16 - 22	22 years
<input type="checkbox"/> Chi Rho Camp	Grades 6-8	June 25 - 30	19 years
<input type="checkbox"/> High School Canoe Camp	Grades 9-12	July 7 – 13	22 years
<input type="checkbox"/> Middle School Outdoor Adventure	Grades 6-8	July 15 – 20	19 years
<input type="checkbox"/> Grad Camp	Graduated 2020-2023	July 21-24	18 years

**Health Information**

Is applicant in good health and able to participate in all usual camp activities?     Yes     No

If not, please explain: \_\_\_\_\_

**Insurance Information**

Please attach a copy of your insurance card (front and back). The Retreat at Silver Springs insurance supplements only those accidents and illnesses that occur during camp.

Physician name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

I do not have health insurance at this time.

Name \_\_\_\_\_

**Please list allergies:**

**Please list any current medical conditions 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 at camp, complete the following with the name of medication, dosage and for what condition the medicine is being taken. Attach page if needed.

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>REASON</u>
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Contact Information

#### Primary Emergency Contact

Name: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Alternate Emergency Contact Person(s):

	Full Name	Relation to applicant	Home/Work/Cell Phone
1.	_____	_____	_____
2.	_____	_____	_____

### Additional Comments

Please provide any other information of which we should be aware:

Special Dietary needs: \_\_\_\_\_

### References

**List two (2) names for reference. One of them must be the minister or church officer of your home congregation.**

*References must fill out separate reference form (online or print) for application to be complete.*

#### Minister/Church Officer

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

#### Second Reference

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

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

