



1040 Edison Street, York, PA 17403; Phone: 570-850-9443
www.hopeshavencamp.org; info@hopeshavencamp.org

Volunteer Application

Directions: Please fill out completely in pen or typed. Mail or email your completed application to the above address. The deadline is April 30, 2022, if you are completing this application after April 30, please contact us directly to discuss what positions are still available.

General Information

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Gender: M / F Birth Date: ___ / ___ / ___ Age: _____ SSN: _____
 Driver's License Number: _____ Marital Status: _____
 If Applicable Spouse's Full Name: _____ T Shirt Size: _____
 Availability: June 8 - 11 (Grades 5-8) June 15 -18 (Grades 9-12)
 Desired Role: Mentor (Ages 21+) Guide (Ages 16+) Support Kitchen Photographer Nurse
 Camp Director Program Director Activities Director (Craft, Game, Music)
 How did you hear about us? Website Social Media Word of Mouth Event Speaker Display Booth
 Other: _____

Emergency/Medical Information

1. Contact First Name: _____ Last Name: _____ Relationship: _____
 Phone: _____ Alternate Number: _____ Email: _____
 2. Contact First Name: _____ Last Name: _____ Relationship: _____
 Phone: _____ Alternate Number: _____ Email: _____
 Allergies/Dietary Restrictions: _____
 Current Medications: _____
 Medical Conditions: _____

Education Information

High School Education Name: _____ Degree: Y / N
 If no, most recent grade completed: _____ Location (City/Town, State): _____
 College Education Name: _____ Major: _____
 Degree: Y / N If no, years completed: _____ Location (City/Town, State): _____

Employment/Volunteer Information

1. Company/Organization: _____ Title: _____
 Dates of Experience Start: _____ End: _____
 2. Company/Organization: _____ Title: _____
 Dates of Experience Start: _____ End: _____

References

1. Name: _____ Relationship: _____
 Years known: _____ Phone: _____ Email: _____

2. Name: _____ Relationship: _____
 Years known: _____ Phone: _____ Email: _____

3. Name: _____ Relationship: _____
 Years known: _____ Phone: _____ Email: _____

Faith Background

Church Name: _____ Pastor's Name: _____
 Affiliation/Denomination: _____ Years of Attendance: _____ Phone: _____
 (If you have been attending this church for less than a year, please list your previous church as well)

Church Name: _____ Pastor's Name: _____
 Affiliation/Denomination: _____ Years of Attendance: _____ Phone: _____

Have you served a ministry within your church? Y / N
 If yes, what was your role? _____
 In what ways are you actively engaged in a Christian community? Ex: bible study, Sunday school, etc.

In what ways are you independently engaged in your faith? Ex: prayer, bible reading, devotional, etc.

How have these experiences helped you to grow in your relationship with God?

Please provide a testimony of your salvation in Jesus or a way that God has been working in your life.

Hope's Haven Statement of Faith

We believe...

- In the Holy Scriptures as inspired by God, infallible in every respect, totally inerrant, and the only supreme authority in all matters of faith and conduct.
- In one God, eternally present in three persons, Father, Son, and Holy Spirit.
- The Lord Jesus Christ is God manifest in the flesh, His virgin birth, His sinless human life, His divine miracles, His resurrection, His ascension, and His personal return to this earth in power and glory.
- That salvation is received for lost and sinful man through the blood Jesus shed for our sins by faith, apart from works, and the regeneration by the Holy Spirit.
- In the Holy Spirit by whose indwelling the believer is enabled to live a holy life to witness and work for the Lord Jesus Christ.
- The unity in the Spirit of all true believers, the Church, the body of Christ.

Do you agree with the above statements? Y / N If no, please explain: _____

Acknowledgements/Expectations

Please thoroughly read, complete, and sign this document.

- Arrive spiritually and physically prepared
- Fulfill assigned role and complete tasks as requested
- Read the handbook and complete training
- Respect the guidance and authority of those above you
- Work cooperatively with others
- Be willing and able to work with a diverse population
- Be sensitive and considerate of others differing opinions
- Help supervise all campers
- Make sure campers needs are taken care of
- Prioritize camper interaction over socializing with others
- Follow the schedule with punctuality
- Participate in all camp activities to the best of your ability
- Encourage campers to participate in all activities
- Help to keep the campsite area clean
- Encourage campers to clean up after themselves
- Have a willingness to share a testimony
- Keep a positive attitude, be enthusiastic, and have fun

I agree with the expectations that will be required of me and I will do my best to fulfill them. If an area is brought to my attention that I am falling short in, I will respect that correction, and make an effort to change.

I agree to hold all information regarding campers (including names) confidential, from anyone outside of Hope's Haven. Breaching this agreement may result in my inability to serve with Hope's Haven in the future.

I agree that any pictures taken of me at camp may be used promotionally. Y / N

I certify that all of the information that I have provided is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____ / _____ / _____

(If under the age of 18 please have a parent or guardian sign below)

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Clearance Requirements

In accordance with Pennsylvania Law, the following documents and signatures are required for those 18 and older. We require that all volunteers apply for Child Abuse Clearance and Criminal Record Check. You can find links to these clearances on our website (hopeshavencamp.org under the you can help tab and then selecting volunteer). If you need assistance obtaining these clearance, please contact us (info@hopeshavencamp.org).

If you are not or have not been a resident of Pennsylvania continuously for the past 10 years, a Federal FBI fingerprinting is also required. In addition, we will need a Child Abuse Clearance and Criminal Record Check from your previous state of residence.

I understand and agree that Hope’s Haven may secure a Criminal Record Check on my behalf.

I certify that I have been a resident of Pennsylvania continuously for at least 10 years. Y / N

Signature: _____ Date: _____ / _____ / _____

Pennsylvania Child Protective Services Law

Please thoroughly read and sign this document.

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709.1 (relating to stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).

- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of a child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.
- A felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act

In accordance with Pennsylvania Child Protective Services Law, section 6344(c), I certify that I have not been convicted of any of the listed crimes or equivalent crimes in any other jurisdiction within the last five years.

Signature: _____ Date: _____ / _____ / _____