

Heroes on the Move Day Camp Volunteer Application Form



Applicants must be at least 15 years of age

We are pleased that you are willing to be part of our Heroes on the Move Day Camps 2018! Camp is an amazing and unique opportunity to connect with children and make a difference in their lives!

Full Name: _____ Phone Number: _____

Address: _____

Date of Birth (if under 30): _____ Email: _____

T-Shirt Size: S M L XL XXL

Weeks you would like to volunteer (circle): SPORTS Week July 9-13, 2018 ARTS Week July 16-20, 2018

Have you volunteered with HOTM before? Yes No

If yes, what was your role?

What would you say are 3 of your strengths?

- 1.
- 2.
- 3.

What would you say are 2 of your weaknesses?

- 1.
- 2.

What experience do you have working with children? _____

Is there an age group you prefer to work with? 6-7 8-9 10-12

Do you have any health concerns we should know about? (asthma, allergies, etc.)

Any Additional Comments: _____

In addition to this form, you are to have one **reference** fill out the attached form, either a pastor or a teacher who is not related to you who knows you well. When they have filled out the attached form, if they would like to keep it confidential, they are to seal it in an envelope and sign across the seal and return it to you. You will bring both your volunteer application form and your sealed envelope containing the reference form to Amylynn Culham at Clearview Community Church, or you may drop it off at Stayner Bible Conference Grounds. If you have any questions, please email hotmdirector@ecmCamps.ca. You are also required to obtain and submit a Vulnerable Sector Screening and Criminal Record Check. We can provide you with a letter signifying that you are volunteering if need be.

Heroes on the Move Day Camp

Reference Form



Thank you for taking the time to be a reference for a potential HOTM volunteer. Please answer honestly. When you are finished, (if you would like to keep your answers confidential), please seal your form in an envelope, sign over the seal, and return the envelope to the applicant. If you have any questions or further comments, please email hotmdirector@ecmCamps.ca.

APPLICANT'S FULL NAME: _____

Name of Reference: _____ Phone Number: _____

Email: _____

How long have you known the applicant? _____

What is your relationship with the applicant? _____

How well do you know the applicant? _____

Please list (and explain if needed) 5 positive characteristics or skills of the applicant:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list (and explain if needed) 2 areas of weakness:

- 1.
- 2.

Please rank the applicant in the following areas on a scale of 1 to 5:
(1 being does not possess trait and 5 being strongly possess trait)

_____ Honesty and trustworthiness	_____ Confidence
_____ Maturity	_____ Interpersonal relations
_____ Responsibility	_____ Leadership
_____ Punctuality	_____ Wisdom

If you have seen the applicant work with children, please describe what you observed:

Is there any area of concern that I need to know about? _____

Additional Comments:

Signature: _____