

# UBarU Camp Adult Volunteer Application

## Applicant's Statement

The information contained in this application is correct and true to the best of my knowledge. I authorize any references or churches listed in this application to provide any information (including opinions) that they may have regarding my character and fitness for work with children or youth. Should my application be accepted, I agree to be bound by the policies of the Southern Region of Unitarian Universalist Association regarding childcare and youth workers. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

I am applying to work at:  Primary camp  Intermediate camp  Senior/ Reeb camp  Science camp

Position I am applying for (i.e. counselor, chaplain, CHO): \_\_\_\_\_

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

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

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Gender

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

### Congregations attended regularly within the past five (5) years:

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Years attended

### Experience you feel qualifies you to work with children or youth, i.e. teaching, advising, trainings, etc.:

\_\_\_\_\_ # of years \_\_\_\_\_ Position(s) \_\_\_\_\_

\_\_\_\_\_ # of years \_\_\_\_\_ Position(s) \_\_\_\_\_

Work # of years \_\_\_\_\_ Position/Type of work \_\_\_\_\_

Other # of years \_\_\_\_\_ Position(s) \_\_\_\_\_

Youth Advisor Training

Pastoral care/Chaplain Training

OWL facilitator Training

Leadership Development Conference

Youth Ministry Renaissance Module

Leadership School

Spirituality Development Conference

CPR/First Aid Training

Lifeguard certified

List any special training, education, skills, abilities and talents: \_\_\_\_\_

List any further leadership experiences at congregational/district/UUA levels: \_\_\_\_\_

**References (no relatives, please). Please include a reference from your congregation (i.e. minister, religious educator, youth director, or congregation president).**

Work  Church  Personal

**1** \_\_\_\_\_  
Name/Church leadership position Phone Number # of years known

\_\_\_\_\_  
Address City State Zip Code e-mail address

Work  Church  Personal

**2** \_\_\_\_\_  
Name Phone Number # of years known

\_\_\_\_\_  
Address City State Zip Code e-mail address

Work  Church  Personal

**3** \_\_\_\_\_  
Name Phone Number # of years known

\_\_\_\_\_  
Address City State Zip Code e-mail address

Have you ever been convicted of or pleaded guilty to a criminal offense related to sexual misconduct or child abuse?  
 Yes  No

Has any civil judgment ever been made against you for reasons related to sexual misconduct or child abuse?  
 Yes  No

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse?  
 Yes  No

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth?  
 Yes  No

Have you ever been diagnosed or are currently receiving treatment for any condition (medical/psychological) that might preclude you from involvement in working with children or youth?  
 Yes  No

If you answered yes to any of the above, please explain (attach a separate sheet). A yes does not necessarily exclude you for consideration.

I have read and understand the Adult Volunteer job description.  Yes  No

I understand that, if chosen, I will need to consent to a background check.  Yes  No

**Return these pages to [camps@ubar.org](mailto:camps@ubar.org) for consideration as well as with any questions.**