



CAMP & RETREAT CENTER

PO Box 428
6993 Hickory Nut Gap Rd.
Banner Elk NC 28604
(844) 465-7866

2019 Resident Volunteer Information and Application

Holston Presbytery Camp seeks enthusiastic, talented, faithful, and experienced individuals who can enhance the Holston Summer Camp Program for our campers, counselors, and staff.

- Volunteers must apply to fulfill particular needs as designated by the Director.
- Volunteers are compensated for 6 hours of work per day with meals and lodging.
- Non-volunteers who accompany volunteers may stay in that volunteer's room for no additional charge but are required to pay full price for meals.
- Volunteers usually stay in Guenther Lodge as space permits but may be assigned other lodging accommodations as determined by the Director.
- Volunteers must be at least 18 years of age and sign a liability waiver.
- Children of volunteers under 18 must be enrolled in resident or day camp. Children who are not enrolled must be accompanied by a parent who is a non-volunteer.
- Anyone staying at Holston Camp during the Summer Camp Program while campers are on campus must submit to a background check.
- A submitted application does not ensure placement.
- Volunteers are not allowed to participate in any of the camper activities unless approved by the Director.
- Volunteers must read and comply with Holston Camp Volunteer Guidelines.

ADULT POSITIONS AVAILABLE:

CHAPLAIN OF THE WEEK:

Pastors/Lay Ministers of Holston Presbytery Churches (and other Churches) lead daily morning worship, Bible study, and evening worship with all campers. One-week assignments.

VAN DRIVER:

Must be 21 years of age. Must complete a driver information form for our insurance company.

OTHER WEEKLY POSITIONS:

- Landscape/Maintenance
- Adult Counselor/Oversight
- Science Skills/Topics i.e. Ecology, Biology, Astronomy, Geology, etc.
- Arts Skills/Topics i.e. Music, Dance, Art, Drama, etc.

PLEASE BE ADVISED THAT ALL VOLUNTEERS MUST AGREE TO A BACKGROUND CHECK.

Please complete and mail, fax or e-mail to:

Jim Austin, Director

info@holstoncenter.org



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2019 Volunteer Application

Contact Information

Name: _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell: _____ Soc. Security # _____

E-mail address _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Emergency Phone: _____

Volunteer Information

Session(s) you are available for volunteering. See Camp Schedule for camp weeks & dates

All volunteers will arrive Sunday at 2:00 p.m. and leave Friday at 4:00 p.m.

1st choice: Camp Week #: _____ Dates: _____

2nd choice: Camp Week #: _____ Dates: _____

3rd choice: Camp Week #: _____ Dates: _____

Total number of weeks you can volunteer: _____

Have you been a volunteer or staff member at HPC in the past? Yes No

If yes, when? _____ In what capacity did you volunteer/work? _____

In what capacity would you like to volunteer?

Adult Counselor

Dance/Drama

Other _____

Chaplin

Nurse

Cleaning

Van Driver

Art

Landscape

Music

Why would you like to volunteer at HPC? _____



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Are you bringing your spouse to camp? Yes No Volunteer Non-Volunteer

If yes, spouse's name _____

In what capacity would he/she like to volunteer? Chaplin Van Driver Landscape
 Adult Counselor Nurse Art Music
 Dance/Drama Cleaning

Other _____

Additional Family? (list name/ages) _____

Van Driver Applicants Only:

Name as on Driver's License: _____

State Issued: _____ Driver License Number: _____ Expiration Date: _____

Medical Information

List any allergies: _____

List current medications to be given to the Health Care Supervisor for safe keeping and distribution: _____

Doctor Name: _____ Phone: _____

Insurance Company Name: _____

Policy Holder Name: _____ Policy Number: _____

Insurance Company Phone Number: _____

INSURANCE REQUIRED VOLUNTEER STATUS AND AGREEMENT CONFIRMATION

The undersigned hereby confirms that his/her status with Holston Presbytery Camp is that of volunteer, and specially acknowledges that he/she is not an employee, is not entitled to wages and will make no claim for wages, is not entitled to any fringe benefits, is not covered by Worker's Compensation Insurance or Unemployment Insurance by Holston Presbytery Camp, and is providing all services to Holston Presbytery Camp without compensation of any form, solely as a volunteer. Images

The undersigned agrees that he/she has volunteer his/her services to Holston Presbytery Camp and will confirm to the instruction he/she receives from Holston Presbytery Camp Director and designees, in carrying out the task assigned to volunteer. The undersigned further agrees that he/she may not be considered an employee of the Holston Presbytery Camp for any purpose whatsoever.

Signature: _____ Date _____

Print Name: _____



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2019 Background Authorization

In connection with my application for employment or to serve as a volunteer with Holston Camp & Retreat Center (Client'), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature

TODAY'S DATE _____



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LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

PERMANENT ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

State Consumer Reporting Requirements – Background Investigation

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Massachusetts only:

Under state law you have a right to receive a copy of your investigative consumer report if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

I wish to receive a copy of any report on me that is requested.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.