



# VOLUNTEER APPLICATION



campharvest.org | P.O. Box 29 Witter, AR 72776 | 479-677-2199 | campharvest.org@gmail.com

## Volunteer Information

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_ Gender  
 Male  Female

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

### What camp or ministry work experience do you have?

	Organization	Dates Worked	Contact Person	Contact Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

### Why do you want to volunteer at Sowers of the Harvest Food Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Have you at any time ever:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Been arrested for any reason?</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Been convicted of or plead guilty or no contest to any crime?</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Ever participated in, been accused of, convicted, or pled guilty or no contest of any sexual misconduct?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Had any traits or tendencies that could pose any threat to children, youth, or others?</i>                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Had any reason why you should not work with children, youth, or others?</i>                                  |

**References**

List one former employer and another contact (pastor, teacher or mentor); references should not be a relative or peer. Provide them with the confidential reference form below along with a stamped envelope addressed to:

**Sowers of the Harvest, P.O. Box 29, Witter, AR 72776**

Your references will send the form directly to us. It should not be returned to you.

1) Name: _____	2) Name: _____
Position: _____	Position: _____
Phone: ____ - ____ - _____	Phone: ____ - ____ - _____
Email: _____	Email: _____

**Health Information**

Name of person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Alternate Person to contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Insurance Co. Policy #: \_\_\_\_\_

Member name: \_\_\_\_\_

Allergies (Medications, foods, bee stings, etc.): \_\_\_\_\_

List any health conditions (Depression, Asthma, Diabetes, Special Diet, etc ): \_\_\_\_\_

*To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all activities and I am in good health.*

In the event of an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Director to administer over-the-counter or prescription medication as directed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby certify that the information contained in this application and any attachments is true to the best of my knowledge and agree to have any statements checked by Sowers of the Harvest unless I have indicated to the contrary. I authorize the references listed above to provide Sowers of the Harvest any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties from all liability for any damage that may result from use of such information by Sowers of the Harvest. I understand that any misrepresentation, falsification or material omission of information may result in my dismissal from service. I give permission for my picture to be included in videotapes, broadcast media and print media to be used in Sowers of the Harvest publicity and promotional materials.

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_



## CONFIDENTIAL REFERENCE FORM

P.O. BOX 29  
WITTER, AR 72776  
(479) 677-2199



Name of Applicant \_\_\_\_\_

The individual listed above has applied for a volunteer position at Sowers of the Harvest. We are looking for people who have a solid relationship with Christ, enthusiasm, initiative and a love for kids. Because the work done at Sowers of the Harvest has lifelong and even eternal value we are very careful when selecting volunteers. We would appreciate your candid opinion of this applicant.

Please write "S" for superior, "G" for good, "A" for average or "P" for poor next to each trait, feel free to make comments on the line provided.

### Comments

Teachable	_____
Prompt	_____
Follows Directions	_____
Follows Through	_____
Selfless	_____
Good Temperament	_____
Emotionally Balanced	_____
Trustworthy	_____
Receives Instruction	_____
Morally Reputable	_____
Works with Peers	_____
Works with Children	_____
Wise with Words	_____
Understands Christian Faith	_____
Flexible	_____
Leader	_____
Sense of Humor	_____
Organized	_____

Please comment on the applicant's spiritual life.

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(circle one) I recommend / do not recommend this applicant as a volunteer. Please explain.

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I expect the applicant's work to be: (circle one)

Superior      Good      Average      Poor

Would you want the applicant to work as a volunteer with your child? Why or why not?

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Name of Reference \_\_\_\_\_

Organization / Position \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of this form please send it to:

**Sowers of the Harvest**  
**P.O. Box 29**  
**Witter, AR 72776**

The applicant should not be expecting this form back.

Thank you for your time and investing in people's lives. We appreciate your contribution. Find out more about Sowers of the Harvest at [campharvest.org](http://campharvest.org).



## Food Program Volunteer Agreement Form

Don't consider this position *if...*

- 1) *You think you're a superstar.* God gets all the glory... all the time!
- 2) *You are inflexible.* This camp experiences constant change and growth.
- 3) *You see yourself as more important than the team.* We work as a team and everyone matters. (1 Corinthians 12:12-31)
- 4) *You focus on the negative.* We are called to repent and live by faith in Jesus, thinking positively. (Luke 1:37, Philippians 4:8)
- 5) *You do just enough to get by.* God deserves our best efforts, not the minimum requirement.
- 6) *You do not love people.* Jesus was all about loving people... we want to be the same way.
- 7) *You do not value feedback.* Fear of honest feedback shows a lack of understanding the perfect love of God and an interest in self-preservation instead of betterment. (1 John 4:18, 2 Corinthians 13:11)
- 8) *You do not believe these activities can make a difference.* Christ in you, the hope of glory is our motivation. (Colossians 1:27, 1 Thessalonians 2:19)
- 9) *You do not have the heart of a servant.* Jesus said He came to serve, not to be served. (Mark 10:45)
- 10) *You are looking for a comfortable environment in which to work.* Deny yourself, take up your cross and follow Me. (Matthew 16:24)
- 11) *You are looking for a ladder of success to climb.* Be focused and passionate about seeking the kingdom of God through the specific calling you have received so that in everything God may be glorified through Jesus Christ. (Matthew 6:33, Romans 8:28, 1 Peter 4:10-11)
- 12) *You are not sold out to Jesus Christ.* It's not about you or even us... it's all about **HIM**.

Applicant's Signature

Date

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## Youth Opportunities Medical Release

Name (Please print) \_\_\_\_\_

- I give permission for my child to participate in youth opportunities in Witter, AR.
- I hereby authorize representatives or sponsors to secure needed medical treatment in the event I cannot be reached for permission. I release the Sowers representatives or sponsors from liability for accident or injuries for the duration of these youth activities.
- I further understand and agree that, in the event that the above named youth is involved in repetitive and willful violation of our rules or dangerous activities, I will make arrangements to have them picked up immediately, at the discretion of the sponsors or Sowers representatives.
- I give permission for my child to have their picture included in videotapes, broadcast media, print media, and for their name, picture, and verbal or written quotations to be used in Sowers of the Harvest publicity and promotional materials.
- My child will be attending: \_\_\_\_\_

Please print the dates your child will be participating in youth opportunities.

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work/cell phone: \_\_\_\_\_

In case of emergency, please contact:

- Parent or guardian \_\_\_\_\_
- Doctor \_\_\_\_\_
- Friend or relative \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

List of known food/drug allergies: \_\_\_\_\_

- Allergic to bee/wasp stings Y/N \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

- How often? \_\_\_\_\_

Swimming: non-swimmer \_\_\_\_\_ Fair swimmer \_\_\_\_\_ Good swimmer \_\_\_\_\_

Family Medical Insurance Company \_\_\_\_\_

- Policy Number or Group Number \_\_\_\_\_

I hereby agree to and understand all information listed on this form.

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

*Sowers of the Harvest, Inc.*  
*P. O. Box 29*  
*Witter, AR 479-677-2199*

## Informed Consent and Liability Release

We are located in a natural mountainous terrain. While attention to safety is a primary concern on the Sowers of the Harvest grounds, there are inherent risks while engaging in recreational activities in a natural setting.

- I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold Sowers of the Harvest, its employees, instructors, facilitators and agents not responsible for any liability arising out of my participation in the program.

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

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

Home phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Insurance group name and number \_\_\_\_\_

Signature of camper: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_