



Volunteer Information & Application

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

Adult Positions Available:

CHAPLAIN OF THE WEEK

Pastors/Lay Ministers of Holston Presbytery Churches: Lead daily Bible study with individual groups and evening worship with all campers.

VAN DRIVER

Must be 25 years of age with excellent driving record, and complete a driver information form for our insurance company. The van driver position will have several hours daily and each evening for personal reading, study, or time in the woods. An excellent get-away for busy professionals and parents!

YOUTH POSITIONS AVAILABLE (for Ages 16 – 18)

We need general Volunteers for a week at a time. You may work in the Kitchen a few meals a day, help with leading recreation and possibly work some maintenance. The camp will furnish lodging in the cabins, and meals. You will need to pack accordingly.

Please fill in the following application and mail, fax or e-mail to:

Holston Presbytery Camp & Retreat Center
P.O. Box 428
Banner Elk, NC 28604

Jim Austin, Interim Camp Director

jaustin@holstoncenter.org

844-465-7866



Volunteer Application

Contact Information

Name: _____ Date of Birth: ____-____-____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

Emergency _____

E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

References

Home Church: _____ Church Phone: _____

Church Contact for Personal Reference: _____ Phone: _____

Volunteer Information

In what capacity would you like to volunteer? _____

Session(s) you are available for volunteering (number in order of preference).

All volunteers will arrive Sunday 4:00 PM and leave Friday 5:00 PM

See Camp Schedule for camp weeks & dates.

1st choice Camp Week # _____ Dates: _____

2nd choice Camp Week # _____ Dates: _____

3rd choice Camp Week # _____ Dates: _____

Total number of weeks you can volunteer: _____

Are you also registered as a camper this summer? If so, when? _____

Have you been a volunteer or staff member at HPC in the past?

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

Van Driver: Name as on Driver's License: _____

Driver License Number: _____ State Issued: _____ Exp. Date: _____

Van Driver and Chaplain of the Week:

Are you bringing your spouse to camp? If yes, Spouse's Name: _____



In what capacity would you like to volunteer?

Why would you like to volunteer at HPC?

Volunteer Preferred Name (Printed): _____ T-Shirt Size: _____

Medical Information

Are you physically fit to volunteer at Holston Camp? _____

List any allergies: _____

List current medications to be given to the Health Care Supervisor for safekeeping and distribution:

Emergency Information

Doctor Name: _____

Doctor Address: _____ 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.

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.

Volunteer Signature

Date

Volunteer Printed Name

Date



Background Check Disclosure

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Holston Camp & Retreat Center ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained within regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

First Name

Middle Name

Last Name

Signature

Date