



CAMP ABILITY

VOLUNTEER MISSIONS TRIP APPLICATION

Monday, August 28th - Friday, September 1st, 2017



going beyond the disability

Encounter Jesus

AT THE ALL **NEW** SUMMER ESCAPE FOR PEOPLE WITH DISABILITIES
- Presented by the Ability Project Ministry -

AT LAKE WILLIAMSON CHRISTIAN CENTER
Carlinville, IL 62626

FOR MORE INFORMATION:
Visit www.Ability-Project.com or Contact Pastor Jerry & Rebecca Fields
Fields.Calvary@gmail.com 309.360.3717



CAMP ABILITY

VOLUNTEERS, PLEASE READ INSTRUCTIONS & KEEP FOR YOUR RECORDS

MISSION FEE for Camp Ability is \$250. NON-REFUNDABLE DEPOSIT of \$50 is required with this Application. Please send only exact tuition amounts. The remaining balance is due on first day of camp.

ALL VOLUNTEER APPLICATIONS must be postmarked by July 31st.

Required volunteer and staff training begins at 9:00am Monday August 29, 2017

Check list:

- Have you read and completed the entire application?
- Have you provided your SS# so a full background check may be completed?
- Have you included all the application pages together? **Your signature must be an original. No copies of signatures. Incomplete applications cannot be processed.**
- Have you given your Pastor Reference sheet to your pastor to complete and mail to Camp Ability?
- Please include a picture of yourself with the application (no bigger than 4" X 6")

All medications (prescription and over the counter) must be turned into the medical staff at Camp Ability. Our medical staff will have them available for you to take whenever you need them.

All clothing must be modest and shoes must be worn at all times.

If you are **applying as a caregiver for a specific guest**, your completed staff application must be submitted with theirs. If you are **applying as a spouse of a guest, or parent/guardian of a guest of 10 years old or younger**, you may accompany him/her at no charge and your completed staff application must be submitted with theirs.

Firearms, knives, fireworks, smoking, alcoholic beverages or drugs are NOT allowed. **Camp Ability will not be responsible for lost or stolen personal property.** We reserve the right to inspect all personal belongings and hold and/or dispose of improper contents.

Ability Camp provides supplementary insurance for those injured at camp.

Please bring twin sheets, blankets, pillow, towels, toiletries, spending money, swimsuit, casual clothes, **your Bible**, and anything else that will make your time at camp comfortable.

Camp Ability amenities include air-conditioned dorms, swimming pool, water sports, and more. Daily activities include special assemblies, awesome services, recreation and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties and more. Water is available for volunteers and staff at all times.

ACCEPTANCE to Camp Ability is not guaranteed. Pre-registration is required. An acceptance letter will be mailed two weeks prior to the date of Camp Ability. If applicant is not accepted, a full refund will be given.

TRANSPORTATION to and from the grounds is the applicant's responsibility.

Lake Williamson Christian Center office – 217-854-4820 (For emergency use only)
Illinois Assemblies of God District Office – 217-854-4600

Make checks payable to **Ability Project Ministry** and mail to:
Camp Ability · 432 N Linwood Drive · Galesburg, Illinois 61401
Or make payments online at Ability-Project.com/camp

2017 Volunteer Application

Camp Ability August 28 – September 1

This is an **opportunity** to minister to the largest unreached people group in America! **Opportunities** available: Medical staff, Care-Givers, Worship Team, and Support Staff. Cost of Volunteer Missions Trip **\$250. Non-refundable deposit of \$50** or full amount is required with application. The remaining balance is due the first day at camp.

Applications must be postmarked by July 31th!

Required volunteer and staff training begins at 9:00am Monday August 28th

If you or your spouse are credentialed with the Illinois A/G please check here

Office Use Only

Room _____

Co _____

TL _____

Med Staff _____

Pd _____ Ck# _____

On _____ Bal _____

SS# _____ Emer _____

Sign _____

Ref _____ BC _____

PERSONAL INFORMATION – All information below must be completed.

Last Name First Name MI

Social Security Number Daytime Phone Number

Female Maiden Name Birth date (MM/DD/YR) Sex (M/F)

Mailing Address

City State Zip

Email Address

Emergency Contact Emergency Phone Number

Church City

How long have you been attending? _____ If less than **FIVE** years, list name and location of other churches in which you were a member or regularly attended during the past five years: _____

Do you know Jesus as your Savior? Yes No

Ability Project will be conducting a full Background Check. Be sure you have filled in your **SS#** above.

Have you ever been charged with or convicted of a criminal offense, excluding traffic violations (i.e. speeding tickets)?

Yes No If yes, please explain: _____

Have you ever been accused, charged, or convicted of child abuse or a crime involving any sexual misconduct with a

minor or any other person? Yes No If yes, please explain: _____

MEDICAL INFORMATION

Do you currently use tobacco, alcohol, or any illegal drugs? Yes No (All are prohibited on the camp grounds)

Do you have any physical handicaps or conditions, which limit your performance? Yes No

If yes, please explain. _____

Can you sleep in a top bunk? Yes No Climb stairs? Yes No

List any allergies you have: _____

Current Height _____ Weight _____ B/P _____

Do you have seizures? _____ Controlled by Meds? _____ Date of last seizure _____

List any medications you are currently taking: _____

Have you had serious illnesses or surgeries? _____

PERSONAL EXPERIENCE

Circle your experience. 0-no experience 3 -very experienced.

With Physically Disabled 0 1 2 3 Wheel Chair Manipulation 0 1 2 3

Transferring People 0 1 2 3 With Hearing Impaired 0 1 2 3

Sign Language 0 1 2 3 With Visually Impaired 0 1 2 3

With Intellectually Disabled Youth Adult

Low functioning 0 1 2 3

High functioning 0 1 2 3

Can you lift a person from a wheelchair with assistance? Yes No

I am a certified and/or licensed (Please send a copy of your license with this application)

CNA LPN EMT RN Lifeguard Other Willing to be used in this capacity? Yes No

I prefer to work with Physically Disabled Intellectually Disabled No preference (Preferences are not guaranteed)

INSURANCE INFORMATION

Insurance Carrier _____ Phone Number () _____

Policy Number _____ Group Number _____

Insured _____ DOB _____

Name of Family Physician: _____

Address of Family Physician _____

Physician's phone # () _____

Camp Ability provides supplementary or secondary insurance in case of injury at camp.

I hereby certify that all above information is true and complete.

Signature _____ **Date** _____

APPLICANT'S STATEMENT

I, the undersigned, hereby authorize the director or other responsible staff acting on behalf of Camp Ability, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency, please contact the emergency contact person listed on the previous page.

I acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Camp Ability and its employees, volunteers, and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in any Camp Ability sponsored event, including any physical injury by negligence of any paid or volunteer staff while performing his/her duties. I attest that I am physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my health, or should I become ill or injured, I consent to my removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant.

I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which I may appear by Camp Ability. I release Camp Ability from any liability connected with the use of picture or voice recording as part of any promotion.

I understand that Camp Ability and the rented facility make rules and guidelines that I will abide by while attending camp. I agree to be given any position or assignment be placed in any room, and if need be, go beyond the duties of the assigned position.

In addition, **I will pay for any damage I have done to the camp or to personal property belonging to another individual.** I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Should my application be accepted, I agree to be bound by the policies of Camp Ability, including all camp rules, and to refrain from unscriptural conduct in the performance of my services on behalf of the camp.

I give my full consent for a full background check that must pass the necessary requirements each year in order to be fully accepted as a Volunteer Missionary Applicant.

The information contained in this application is correct to the best of my knowledge, information, and belief.

Applicant's Signature _____

Date _____

Make checks payable to Ability Project Ministry and mail to:
Camp Ability · 432 N Linwood Drive · Galesburg, Illinois 61401
Or make payments online at Ability-Project.com/camp

Pastoral Recommendation for 2017

If you are an Illinois credentialed minister or minister's spouse, you are not required to fill out this form.

This section is to be completed by the applicant (please print):

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE + PHONE NUMBER: _____

The section below is to be filled out by the applicant's Senior Pastor.

Pastor: Please complete and return this form to **Camp Ability, 432 N Linwood Rd, Galesburg, IL 61401**

The aforementioned has applied for a volunteer position with the Camp Ability Program. Please understand that the applicant **will not be approved** without this form on file for **2017**. This recommendation should be mailed directly to Camp Ability **without returning it to the applicant** **NO LATER THAN July 31st.**

How long have you known this applicant? _____ Does this applicant attend all church services faithfully? Yes No

In what capacity does he/she currently minister in your church? _____

Has the applicant ever worked with student ages: (check all that apply)

___ 5 – 6 years ___ 7 – 10 years ___ 11 – 12 years ___ 13 – 18 years

To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Would you feel comfortable leaving your children in his/her care? Yes No

If no, please explain. _____

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position. _____

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

In the past five years has the applicant had any negative changes in moral, marital, or other life situations? Yes No

If yes, please explain. _____

Can you vouch for the moral integrity of this applicant? Yes No

Does this applicant have adequate spiritual maturity to pray with students in the altar? Yes No

Is there any information about this applicant you feel would be necessary for us to know? Yes No

If yes, please explain. _____

Do you recommend this individual to work at Camp Ability? Yes No

PASTOR'S NAME (First, Last): _____

DAYTIME PHONE NUMBER: _____

SENIOR PASTOR SIGNATURE: _____ Date: _____