

CHILDREN'S BIBLE MINISTRIES OF MARYLAND, INC.

6394 Forrest Avenue Elkridge MD 21075 Carolyn King, Director (410) 796-7990

E-Mail: cbmofmd@aol.com Web Site: www.cbmmd.org

APPLICATION FOR VOLUNTEER CAMP STAFF

Name _____ Birth Date _____ Age _____

Street _____ City _____

State _____ Zip _____ Phone (____) _____ Martial Status _____

Present Occupation _____

Give a brief account of your conversion. _____

Previous Camping experience? If so, list where and when. Indicate if you worked with children. _____

To what extent do you participate in your church activities? _____

Do you have Bible devotions? _____ How often? _____

How do you decide which entertainment is appropriate for you? _____

Who will pray daily for you while you are at Camp? (2 names) _____

Have you ever been seriously ill? _____ If so, give information on a separate sheet.

How is your health now? _____

Do you own a car? _____ Are you bringing it to camp? _____

Name a sport or activity in which you'd like to assist. _____

Are you certified in CPR? _____ First Aid? _____

Are you a certified lifeguard? _____

Any musical/vocal abilities? _____ List them. _____

Any other special skills? _____

Yes, I will serve the week of (see enclosed brochure for dates) _____

Can you conscientiously sign the attached statement of faith? _____

(Please sign and date the statement of faith and include it with your application.)

(OVER)

Can you work with others from other denominations without contention? _____

Do you believe children need to be saved? _____

Do you believe one can have the assurance of his/her salvation? _____

Will you be loyal to the staff administration? _____

Will you pray faithfully for the total camp ministry? _____

The following questions are required for those working with children. Use another sheet of paper if you need to elaborate on the answers.

Do you get along with your family? _____

Have you ever been charged with child abuse? _____

Have you ever been arrested? _____ Have you ever been charged with a felony? _____

Have you ever used drugs? _____ Have you ever tested HIV positive? _____

Do you smoke or use tobacco? _____ Do you drink alcoholic beverages? _____

Have you or anyone in your immediate family ever been involved in the occult? _____

CHRISTIAN RECOMMENDATIONS: Use Pastor or Assistant Pastor, whomever knows you best.

Name _____ Church _____

Church Address _____ City _____ State _____ Zip _____

PLEASE LIST TWO ADULT ACQUAINTANCES (NOT RELATIVES) OR BUSINESS ASSOCIATES WHO KNOW YOUR SPIRITUAL WALK.

Name _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

Name _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

TIME COMMITMENT:

I WILL ARRIVE AT Camp Hidden Valley between 9:30 and 10 a.m. Saturday July 18th.

I will not leave the campgrounds during the week and will not leave until Saturday 12 noon, or, when my duties are complete.

I understand that phone calls may only be made on my break and that I must use a phone card for all toll or long distance calls. Cell phones may be brought but only used on break. Please, no TV's, pagers, radios or any other electronic equipment.

Signed _____ Date _____



STATEMENT OF FAITH

CHILDREN'S BIBLE MINISTRIES, INC. serves along nondenominational lines, and as such there are certain essential truths which we believe. As Christians we believe in the necessity of the new birth as the work of God, the Holy Spirit to be obtained only by receiving the Lord Jesus Christ and that men are saved by grace through faith not by works.

- A. We believe the Scriptures of the Old and New testament to be the verbally inspired (God-breathed) Word of God, the final authority for faith and life, inerrant in the original writings (Matt. 5:18; John 16:12-13; II Tim. 3:16-17; II Pet. 1:20-21).
- B. We believe in the deity of the Lord Jesus Christ as fully God and fully man; as man, conceived by the Holy Spirit, born of a virgin; as God, co-equal and co-existent with God the Father and God the Holy Spirit (Matt. 1:1 – 2:13; John 1:1-11; 14:16; Phil. 2:5-11; Col. 1:15).
- C. We believe in man's fallen condition. Through nature, choice and practice he is guilty before God and is righteously judged fit only for everlasting punishment (Gen. 3:1-13; Matt. 25:46; Rom. 3:10 & 23; 5:12-21; I Cor. 15:21-22; II Thess. 1:7-10; Rev. 20:12-15).
- D. We believe Jesus Christ offered on our behalf the only acceptable sacrifice for sin and was raised in the same body from the dead according to the Scriptures. Christ has secured our redemption through the shedding of His blood, qualifying the saints for service here, a like resurrection, and a place in His divine presence for eternity (Matt. 28; Luke 24:39-43; Rom. 3:21-28; 5:10-11; I Cor. 15:3-4; I Tim. 2:5-6; Heb. 9:11-22; I Pet. 1:18-20; I John 2:2; 5:10-13).
- E. We believe that repentance, forgiveness and becoming a new creature are several of the many experiences of the Christian who is kept by God's power, being secure in Christ forever and that it is the privilege of believers to rejoice in the assurance of salvation. (John 6:37-40; 10:27-30; Rom. 8:1, 38-39; II Cor. 5:17; I John 5:11-13).
- F. We believe that God the Holy Spirit is a person who convicts sinners and who regenerates and baptizes them at the moment of their salvation into the body of Christ. We also believe that the Holy Spirit indwells and seals until Christ returns, all who believe, and fills and empowers for service those who are yielded to Him (John 16:8-11; Rom. 8:9; I Cor. 6:19-20; 12:12-14; Gal. 5:16; Eph. 1:13-14; 4:30; 5:18; Titus 3:5).
- G. We believe in the visible, personal and imminent return of the Lord and Savior Jesus Christ for His church (John 14:3; Acts 1:9-11; I Thess. 4:13-18).
- H. We believe in the bodily resurrection of the saved and of the lost, the everlasting blessedness of the saved and the everlasting punishment of the lost (John 11:23-27; Rom. 8:11; I Cor. 5:1; I Thess. 4:13-18; Rev. 20:12-15).
- I. We believe that Christ made provision for all the effects of sin in the atonement and that God heals in answer to believing prayer according to His sovereign discretion. Healing may not be claimed on the same unconditional basis as salvation, and the final deliverance from sickness awaits the believer in glory (I Cor. 15:51-57; II Cor. 12:7-9; Phil. 3:20-21; I John 3:2).
- J. We believe that the primary purpose for spiritual gifts as given by the Holy Spirit is for the edifying of the church and the propagation of the gospel of Christ. We believe that tongues, miracles and the raising of the dead, as evidenced in apostolic times, were to authenticate the giving of the new revelation, primarily to the Jewish nation at that time. These were never a sign of the baptism or filling of the Holy Spirit, nor are they to be pursued (I Cor. 12:28-31; 13:8-10; Eph. 2:20; 4:7-12; Heb. 2:3-4).

Signature: _____ Date: _____

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6394 Forrest Avenue, Elkridge, Maryland 21075 Phone: 410-796-7990

WIN A CHILD ... WIN A LIFE



E-Mail: cbmofmd@aol.com WebSite: www.cbmmmd.org

**APPLICATION/MEDICAL FORM MUST BE COMPLETED
(CBM OF MD CAMP VOLUNTEER)**

***COMPLETELY FILL OUT MEDICAL REPORT BELOW OR CAMP WORKER WILL NOT BE ACCEPTED (WRITE "NONE" IF NECESSARY)**

CAMP WORKER FULL NAME _____ sex: M F

Birth date ____/____/____ Age ____ Height ____ Weight ____

Parents' names, if minor _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

Cell phone _____ Pager _____ E-mail _____

In case of Emergency, a Second Contact _____ at# _____

Or Contact _____ at# _____

Do you have Medical insurance? _____yes _____no

Insurance Co. name _____ policy# _____

Health history: (check and give dates for all that apply)

_____Frequent ear infections _____Convulsions(last date) Asthma _____

_____Heart defect/disease _____Diabetes

List any other disability or recurring illness: _____

Date of last Tetanus booster (or DTP) _____ (must have filled in)

Allergies? (check one) _____No known allergies

_____Yes, List _____

What type reaction? _____

Operations or serious injuries (dates) _____

Any specific activities to be encouraged or limited by physician's advice? _____

Dietary modifications? _____

Current medication (always bring with instructions in original container. Must have name on container.) List on Medication Permission Form.

Name of dentist/orthodontist _____ ph.# _____

Name of family doctor _____ ph# _____

Date of last physical exam _____ reason _____

The following must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. EMERGENCY AUTHORIZATION: I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over the counter medication, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. (Over 18 may sign for self.)

Signature of parent or legal guardian _____ Date _____

MEDICATION PERMISSION FORM

(Children's Bible Ministries of MD, Inc. – Camp Hidden Valley)

Please fill out forms for prescription and/or over-the-counter medications you will bring with you.

All medications must be in the original container with instructions.

All staff medications must be kept by the nurse. You may self-administer, but only when the nurse is present. If minor, signature constitutes permission to self-administer.

Must sign this form even if no medications are brought.

WORKER'S NAME: _____

*PLEASE FILL OUT EACH MEDICATION SEPERATELY
(Must be returned with registration form.)*

PRESCRIPTION MEDICINE

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Reason For Medication _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Reason For Medication _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Reason For Medication _____

SIGNED: _____ Date: _____

Worker or Parent or Guardian if under 18

CAMP WORKER IMMUNIZATION INFORMATION (REQUIRED)

All camp staff must be current on all immunizations, see www.EDCP.org (Immunization).

1. Are you exempt from any immunization on medical or religious grounds?

YES, **provide a signed copy of Maryland Department of Health and Mental Hygiene**

Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

NO, **provide a copy of immunizations, from the doctor**, confirming that the staff volunteer has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information. Adults (over 18) are only required a current DPT.

The cost to you of attending Camp Hidden Valley as a volunteer staff member is \$225.00.

CBM suggests that you write a letter to your church and 20 others, informing them of your financial requirement for volunteering at camp. Ask for their financial and prayer support as you serve God among the campers. Checks should be made out to CBM of MD, not to you. Your donors should attach a note designating their funds for "CAMP: YOUR LAST NAME" Funds given to CBM are tax-deductible.

You may contact the CBM State Office at cbmofmd@aol.com or (410) 796-7990 for help with your letter, if you desire.

There is a \$50.00 application fee required with this application. Should CBM not need your offer of service, we will return your uncashed check or money order. Once we accept you as a volunteer staff member, your deposit is non-refundable. The balance of \$225.00 must be paid by June 1st.

Of course, you may elect to pay the \$275.00, personally.

- I understand that my share of the CBM summer camp ministry is \$225.00.
- I am raising my camp expenses by contacting my church and friends to help with the cost.
- I am paying the \$225.00 personally.
- I am enclosing the \$50.00 application fee with this application. I understand that the balance of \$225.00 must be paid by June 1.

Signed _____ Date _____

STATE OF MARYLAND HARFORD COUNTY

CAMP HIDDEN VALLEY AND CHILDREN'S BIBLE MINISTRIES OF MD., INC.

HOLD HARMLESS AGREEMENT

I, _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my care and
(Volunteer Staff's Name)

custody, do hereby grant my permission for my child to attend a program or event at Camp Hidden Valley. I fully understand the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury or harm to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at Camp Hidden Valley, and I agree to indemnify and hold harmless Camp Hidden Valley and Children's Bible Ministries of Maryland, Inc. , its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property. Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at Camp Hidden Valley.

_____,
(Volunteer Staff's Name, if over 18)

I am serving as a volunteer staff member at Camp Hidden Valley. I fully understand that the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to myself. I understand that reasonable precautions have been made for safety, but that accidents may occur which may result in physical injury or harm to myself. It is with the full understanding of the risks associated with these types of activities that I willingly participate in the program to be conducted at Camp Hidden Valley, and I agree to indemnify and hold harmless Camp Hidden Valley and Children's Bible Ministries of Maryland, Inc. , its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my attendance and participation in the program conducted on camp property. I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my participation in the activity or program to be conducted at Camp Hidden Valley.

I also grant permission for pictures and images of my child (or myself, if over 18) to be taken while participating in activities and used for CHV and/or CBM promotional purposes.

Dated this _____ day _____, 20 _____.

Parent's Signature, if under 18: _____

Signature, if volunteer is over 18 _____

Complete driver's License information only if this position requires that you drive a motor vehicle.

DRIVER'S LICENSE INFORMATION: _____
License number Expiration Date State of Issue

PRIVACY NOTICE

The state of Maryland requires that Children's Bible Ministry provide the following information to individuals who are asked to supply information about themselves.
The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. Children's Bible Ministry policy and federal statute authorize the maintenance of this information.
Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment, volunteer service or not appropriate for reassignment.
The official for maintaining the information contained on this form is the Human Resources Department for staff and student employment.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the Children's Bible Ministry of Maryland, Inc., solicits this information so as to be informed of my previous record and character. I understand that my employment with the Children's Bible Ministry of Maryland, Inc. depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

