

Attention!

***This is your application packet to
volunteer at Handi-Camp***

September 11-13, 2020



***We're Looking for
"Pushy People"***



Partner with us as we strive to keep camp costs down, and avoid increases in camper fees

Camp Faculty/Buddies have the opportunity to donate funds to our Treesh Memorial Camper Scholarship Fund. This fund is used to assist campers who would otherwise not be able to attend camp due to financial reasons. A donation bucket will be set up during our Faculty Meeting, or you can donate online at www.ljca.org.

Thank-you, in advance, for responding to the Challenge

The Staff “What to Bring/Not Bring” List

Bring:

Bible

Sufficient Clothing for Entire Session

Bedding, Pillow

Sunscreen & Insect Repellant

Towels, Wash Cloth & Personal Care Supplies

Don't Bring:

Tobacco Products, Alcoholic Beverages, Other Illegal Substances

Whether electronic or other...no smoking devices permitted

Lighters, Matches, Fireworks

Electronic Games

MP3, CD or similar devices requiring headphones for listening

Clothing regarded inappropriate in a Christian Camp Environment

Prank Items

September 11-13, 2020 Handi-Camp Volunteer Service Application

PLEASE NOTE -- Since retreats cannot happen without a sufficient staff of volunteers, PLEASE:

Check your schedule. Be certain that you'll be able to commit to the session -- for the entire session.

Be sure that you have arranged reliable transportation; getting you to camp for training AND staying until your camper leaves. Complete the entire application form, sign, and mail it immediately to the address on the back page. The earlier we receive your application, the sooner we will be able to confirm space for additional campers. If you have served with Lake James Christian Camp previously, new regulations require that an application be completed each year. **A Background Check must also be completed online at www.ljca.org under Resources, if 18 or older.**

Last Name _____ First Name _____ Gender: M F Age _____ DOB _____

Address _____ City _____ State/Zip _____

Home Phone () _____ Alt. Phone () _____

Best E-Mail Address for contacting you _____

Parent/Guardian/Spouse (if applicable) _____ Phone () _____

Emergency Contact _____ Emer. Phone() _____

Church You Attend _____ Minister _____

Address _____ City _____ State/Zip _____

No. of years experience in Handi-Camp (none required) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6+ _____

Experience w/disabled persons _____

Leadership Experience _____ (none required)

Special skills/talents that you would be willing to share at camp (music, crafts, teaching, etc.) _____

Disabilities, allergies, dietary or health limitations you have _____

Describe your interest in working at camp _____

List 3 references (non-family members)

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone() _____ Alt. Phone() _____ E-Mail _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Have allegations of any type of physical or sexual misconduct been filed or suspected involving you? _____ If yes, explain _____

I have completed my online background check (signature) _____

AGREEMENT

I, _____ certify that the information that I have provided on this application for Camp Volunteer is true and accurate. I further agree to abide by the terms, limitations and guidelines specified in the Camp Policies and the training provided by Lake James Christian Camp. I accept full responsibility for all of my personal belongings, including any that might be lost, damaged or stolen during the course of the camp session. I request that Lake James Christian Camp assist me in obtaining any necessary emergency medical treatment. However, I and/or my health insurance carrier will assume full responsibility for any and all medical expenses incurred during the course of the camp session (as indicated at the top of this application form).

Applicant Signature _____ Date _____

I, _____ (parent/guardian of applicant), certify that I have reviewed this application, and support my son's/daughter's efforts in serving as a member of the faculty for the above-specified camp. **I further certify that payment for any necessary emergency medical care will be provided by myself or a qualified medical insurance provider.**

Parent/Guardian Signature _____ Date _____

Please review this application for completeness, then mail promptly to:

**Lake James Christian Camp & Retreat Center
1880 W 275 N
Angola, IN 46703**

If you have any further questions, contact Lake James Christian Camp at: (260) 833-2786
or visit our website: www.ljca.org e-mail: info@ljca.org

A Life Touched by Christ is a Life Changed for Eternity

I accept that, as a Camp Team member, I will be the representation of Jesus Christ to a very special person that He loves. I realize that I may be the first representation of Christ that "my" Camper has ever encountered. I hereby commit to making this Camp experience a time of spiritual growth for my new friends. I further commit my entire time to the needs of the Campers, not to my own personal needs, or my desire for personal fun & fellowship with other faculty members/friends.

By submitting this application, I hereby confirm my commitment to serve in this session.

I realize that the number of Campers permitted to attend is contingent upon the dependability of the volunteers to be there for them. Should it become impossible for me to fulfill this commitment, I will notify Lake James Christian Camp promptly by telephone or e-mail, with a written cancellation to follow.

Signature _____ Date _____

Parent co-signature (if applicable):

As a parent, I fully support my son's/daughter's intent to serve at Handi-Camp. I will encourage & support the fulfillment of their obligation to that ministry.

Parent Signature _____ Date _____