



Camp Manatawny Volunteer Application Instructions

THANK YOU for your interest in working as a volunteer at Camp Manatawny. Without the many hours of dedicated service provided by over 400 volunteers each year, Camp Manatawny could not continue to offer its programs. For over 41 years volunteers have contributed greatly to the “Excellence in Ministry” experienced by all who attend Camp Manatawny.

Volunteer Application Process: We ask that all perspective volunteers fill out some necessary paperwork as part of an application process. Only one set of paperwork needs completed per calendar year. Simply indicate the various programs and sessions that you would like to work. *After the application process is submitted*, the directors of the requested camp programs will be notified of your completed application.

For those 18 years and over, please complete the ADULT application packet:

- Adult Staff Application Form
- Medical Form
- Background Check Request Form

The Background Checks that we perform are paid by the camp and are processed through ChoicePoint. For information on ChoicePoint's privacy policies, go to www.privacyatchoicepoint.com. As an alternative, you may provide current certified documentation of background screening done for your employer.

For those under 18 years of age, please complete the YOUTH application packet:

- Youth Staff Application Form
- Medical Form

Where to send the application materials:

The completed documents must be sent to the business office by email, fax or mail.

To submit by email: Attach the documents to an email to reg@manatawny.org

To submit by fax: Fax completed documents to the Camp Office at 610-689-0174

To submit by mail: Send documents to 33 Camp Road, Douglassville, PA 19518

Camp Manatawny Adult Staff Application Form

(Must be 18 years of age to use this form)

Please circle all sessions/ programs you desire to work: E-1 E-2 I-1 I-2 J-1 J-2 S-1 S-2
JR High Retreat SR High Retreat Family Camp Camp Sunshine Camp CAP

Please print clearly:

Name _____ Date of birth _____

(Please check) Sex: M___ F___ Marital Status: Single___ Married___ Divorced___

Address _____

Email Address _____ T-Shirt Size _____

Home Phone _____ Cell Phone _____

Church _____ City _____ State _____

Prior Staff Role(s) at Camp _____

Job Preferences by 1,2,3, etc:

Athletics___ Canteen___ Cleaning___ Cooking___ Counseling___ Crafts___

Dishwasher___ Lifeguard___ Maintenance___ Office___ Teaching___

Special Activity Preferences:

Archery___ Campfire Leader___ Canoes___ Fishing___ Horses___ Rifles___ Ropes Course___

Song Leader___ Wagon Rides___ Other Special Interest/ Hobby: _____

Personal References (Preacher, Elder, Directors, Employer, Etc.):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Children:

Do you have children who will attend as Campers? Y___ N___

Camper name/ camp session _____

Camper name/ camp session _____

Pre-Campers:

Board policy on pre-campers states that a pre-camper is defined as someone not participating as a camper, who is outside the designated age for the session and does not have a staff position. It is the firm belief of the Board of Directors that the best session of Camp is staffed without any pre-campers. However, realizing that historically there has been a call for exceptions, the Board of Directors has allowed for such exceptions. Any exceptions must be cleared with the session director and noted on this form with **complete name, date of birth, and relationship to you.**

Pre-Camper Name _____ Sex _____ Date of Birth _____

Signature _____ Date _____

Camp Manatawny Staff Medical Form

Name of staff applicant: _____ Date of Birth: _____

If applicant is under 18 years of age

Parent/ guardian name(s): _____

Address: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Year of last Tetanus shot: _____

We highly recommend that you consult your doctor to be sure you have current Tetanus protection. If for any reason a booster is needed while at Camp, it will not be covered under the camp insurance policy, and you would be responsible for the cost.

Pre-existing or current medical conditions:

List medications you might bring to camp:

Please list allergies:

Dietary Restrictions for medical reasons:

Emergency contact: _____

Relationship: _____ Phone: _____

Camp Manatawny carries accident and injury insurance. It does not carry insurance for illness. In the event of accident or injury, the Camp's insurance will only cover what is not covered by your family's insurance. The Camp's insurance does not cover pre-existing conditions. Any special or exceptional medical conditions should be carefully explained on a separate sheet and submitted with this form.

Authorization: To my knowledge this health information is correct. I understand that my insurance carrier will be the primary coverage for any medical bills incurred.

Signature _____ **Date** _____

Authorization and Request for Criminal Records Check

(Must be at least 18 years of age)

I, _____, do hereby authorize Delaware Valley
(Please print name clearly)

Christian Camp to request a background screening through ChoicePoint and authorize the release of any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

Signature of Applicant

Date

Please see www.privacyatchoicepoint.com for policies on personal information protection.

Required Personal Information

Print applicant's full name: _____

Print all other names that have been used by applicant (include maiden name):

Current address: _____

Previous address: _____
(if within 7 years)

Home phone: _____ Cell phone: _____

Date of birth: _____ City/State of birth: _____

Social Security #: _____

I would like to volunteer for _____
(Specify summer sessions or youth events)

This request form must be sent to the Delaware Valley Christian Camp office.

Email: reg@manatawny.org

Fax: 610-689-0174

Delaware Valley Christian Camp
33 Camp Road
Douglassville, PA 19518
PH: 610-689-0173