



Volunteer Application Instructions

THANK YOU for your interest in working as a volunteer at Camp Manatawny. Without the many hours of service provided by over 400 volunteers each year, Camp Manatawny could not continue to offer its programs to our youth. For over 40 years volunteers have contributed greatly to the “Excellence in Ministry” experienced by all who attend Camp Manatawny.

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 year. Simply indicate the various programs and weeks that you would like to volunteer. *After the application process is completed* the directors of the requested camp programs will be notified of your completed application.

For those 18 years and over, the process includes the staff application, medical information sheet and background check request form.

- Staff Application
- Medical Information Sheet
- 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 a background screening that may have been done for your employer or organization.

For those under 18 years of age, we request the staff application, parental permission form and medical information sheet.

- Staff Application
- Parental Permission Form
- Medical Information Sheet

Where to send the application materials:

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

To submit by email:

- Download the WORD documents, fill in the information. For signatures type your name on the signature line and put “e-signature” after your name. Attach the documents to an email and send to reg@manatawny.org.
- With the use of a scanner, the documents can be printed, filled out by hand and scanned into the computer to send as an attachment.

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

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

Upon completion of the application process, you will be notified of receipt of your paperwork by the office staff by email or phone. The directors will then be notified of your interest.

If you have any questions, feel free to call the camp office at 610-689-0173.

Camp Manatawny 2008 Staff Application Form

Sessions and Programs you desire to work (circle): E-1, E-2, I-1, I-2, J-1, J-2, S-1, S-2

Family Camp, Camp Sonshine, SR High Retreat, JR High Retreat

Name _____ Date of birth _____

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

Address _____

Email Address _____ Shirt Size _____

Home Phone _____ Work Phone _____

Home Church _____ City _____ State _____

Preacher/Elder _____ Phone _____

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___ Group Games___ Horses___

Nature/Stream Walks___ Rifles___ Ropes Course___ Song Leader___ Wagon Rides___

Worship Coordinator___ Other Special Interest/ Hobby: _____

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

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Do you have children who may attend as Campers? Y___ N___ (Name _____)

Do you have a child who may attend as a Pre-Camper? Y___ N___

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.**

_____ I have been granted an exception to the Camp policy concerning pre-campers.

Pre-Camper (Name/Age/Sex) _____

Signature _____ Date _____

Camp Manatawny 2008 Staff Medical Form

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.

Name of applicant: _____

Insurance Carrier: _____

Policy 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 you need a booster while at Camp, it will not be covered under our insurance policy, and you would be responsible for the cost.

Pre-existing medical conditions:

Allergies to Medications, insects, environment:

Dietary Restrictions for medical reasons:

Emergency contact _____ Phone _____

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 _____

Camp Manatawny Parental Consent Form

Required for all applicants under 18 years old.

I, _____ as parent or legal guardian of
(print or type name of parent or guardian)

_____ give my permission for him/her
(print name of staff member)

to work at Camp Manatawny as a volunteer staff member this summer. In case
of medical emergency, I give my permission for him/her to receive medical care.

_____ Date: _____
(signature of parent or guardian)

Important contact information

Your Address (parent/guardian): _____

Your telephone number(s): Home: _____

Work: _____

Your email address: _____

Authorization and Request for Criminal Records Check

I, _____, hereby authorize Delaware Valley 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 their policies regarding your 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) _____

Phone: _____

Date of birth: _____

Place of birth: _____

Social Security #: _____

You 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