

WV NAZARENE SPECIAL NEEDS FAMILY CAMP VOLUNTEER APPLICATION 2025

Special Needs – physical & mental impairments / Ages 4 – 99

Friday June 27 – Sunday June 26

Mail To: Amy Carney

6 Greenbrier Avenue Hurricane WV 25526

(304) 382-6754 / carneyamy81@gmail.com

Name of Volunteer: _____ **Birthdate:** _____ **T-shirt Size** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Cell Number:** _____

Nazarene Church you attend: _____ **Pastor's Name:** _____

How long have you attended this church: _____ **Are you a Member: Y N How long?** _____

What experience have you had with special needs children & adults? _____

What positions have held in the Church of the Nazarene (Sunday School, Quizzing.....)? _____

Do you abide by the rules of the Church of the Nazarene? Y / N

Will you abide by the rules of the Church of the Nazarene? Y / N

Have you completed a background check? Y / N

Have you ever been charged with or convicted of sexual assault? Y / N

(Please make a copy of your insurance card and attach the copy to this form.)

In what area would you like to assist?

___ Counselor / ___ Sports worker / ___ Teacher / _____ Other

Volunteer Signature: _____

(Application must include a pastor's recommendation.)

PASTOR'S RECOMMENDATION

I have read the application above and to the best of my knowledge, I can recommend this volunteer to work with the children and youth at our Nazarene Camp in Summersville, WV.

Pastor's Signature: _____ **Church:** _____ **Cell Phone:** _____

Please write your *Statement of Faith* on the back of this form.