

**WV NAZARENE PRIMARY CAMP
VOLUNTEER APPLICATION 2026**

**Primary Camp Grades 1, 2, 3, 4, 5 / Sunday June 7 - Friday June 12
Mail To: Brenda Koontz PO Box 13235 Charleston WV 25320 / beekoontz@gmail.com**

Name of Volunteer: _____ **Birthdate:** _____ **Gender:** _____

Address: _____ **T-Shirt Size:** _____

Email: _____ **Cell Phone:** _____

Emergency Contact Name: _____ **Cell Phone:** _____

Do you have any health issues that we need to be aware of? _____

Position You are applying for: (circle) *Counselor Teacher Teacher Helper Teen Worker Other* _____

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

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

List any leadership/volunteer experience you have had with children. _____

List any gifts, training & education or other factors that have prepared you to work with children. _____

Do you have a personal relationship with Jesus Christ? _____ **Briefly Describe:** _____

Do you abide by the rules of the church of the Nazarene? YES / No

Will you abide by the rules of the Church of the Nazarene? YES / NO

Do you have a current background background check with the Church of the Nazarene? YES / NO

Have you ever been charged with a misdemeanor or felony? YES / NO

Volunteer Signature: _____

(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 children and youth at our Nazarene Camp in Summersville, WV.

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

(Please make a copy of your Insurance Form and attach the copy to this form.)