

KIDS CAMP 2018 Volunteer Application

Parent's Reference

(Anyone under 18)

Name of Applicant _____

To your knowledge, does this applicant use tobacco, alcohol or other drugs? Yes No

Can you vouch for the moral integrity of this applicant? Yes No

Is the applicant spiritually mature enough to pray with kids for the in-filling of the Holy Spirit? Yes No

Rate the applicant's qualification and maturity level for each aspect of personality by placing an "X" in the appropriate box. **4 is the most qualified.** In the space to the right, please include any related comments.

Aspect of Personality	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: _____

Limitations/Weaknesses we should be aware of: _____

Would you leave your other children alone with this child? Yes No

I am personally acquainted with the applicant and in my opinion declare that he/she is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

-OR-

Based on my knowledge of the applicant I do NOT recommend him/her for Kids Camp 2018.

Parent's Signature _____ Dated _____

Parent's Name (Printed) _____

Address _____ Phone _____

Comments _____

Parents – Please complete the form, sign, scan or take a picture, and e-mail this form to:

Ecorbett@mnaog.org

KIDS CAMP 2018 Volunteer Application Teacher/Coach's Reference

(This could be any adult not related to you, i.e. a neighbor, someone you babysit for, etc.)
(Anyone under 18)

Name of Applicant _____

How long have you known this applicant? _____

In what capacity do you know this applicant? _____

To your knowledge does this applicant use tobacco, alcohol or other drugs? Yes No

Can you vouch for the moral integrity of this applicant? Yes No

Rate the applicant's qualification and maturity level for each aspect of personality by placing an "X" in the appropriate box. **4 is the most qualified.** In the space to the right, please include any related comments.

Aspect of Personality	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: _____

Limitations/Weaknesses we should be aware of: _____

Would you leave your own children alone with this student? Yes No

I am personally acquainted with the applicant and in my opinion declare he/she is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.

-OR-

Based on my knowledge of the applicant I do NOT recommend him/her for Kids Camp 2018.

Teacher/Coach's Signature _____ Dated _____

Name (Printed) _____

Address _____ Phone _____

Comments _____

Teacher/Coach – Please complete the form, sign, scan or take a picture, and e-mail this form to:

Ecorbett@mnaog.org