

# 2024 FLBC Summer Volunteer, Youth Director & Pastor Form

Adult volunteers are invaluable to the programming of FLBC! Camp simply wouldn't be the same without the legions of supportive and dedicated volunteers like yourself who help out at camp throughout the year. If you have any questions about volunteering, please do not hesitate to contact Grant Applehans at [grant@flbc.net](mailto:grant@flbc.net). We sincerely appreciate all that you do for camp, and we thank and praise God for your commitment to serve. We look forward to working with you soon!

## FREQUENTLY ASKED QUESTIONS

### **Do I need to bring my own bedding?**

Yes. You will bring many of the same things as our campers: sheets/ blankets or a sleeping bag, pillow, towel(s), toiletries, shower shoes, flashlight, etc.

### **Where will I sleep? Will I have a roommate? Bathroom?**

All volunteers are housed in camp cabins. It is likely that you will share housing with other volunteers, unless you are volunteering with your spouse. Each person will have their own beds (may be a bunk bed). Alumni staff from the past 1 -5 years will typically be housed with leadership staff. Many, but not all, of the cabins that we utilize for volunteers have in-cabin bathrooms. Cabins without bath facilities will utilize a nearby bathhouse. If you have any special concerns, please contact Grant at [grant@flbc.net](mailto:grant@flbc.net). Note: all cabins have electricity.

### **How long is a week of camp?**

Camp starts with registration on Sunday between 3:30–5pm & ends at noon on Friday. We ask volunteers to spend the entire week at camp. If you would like to arrive early (around 2:00pm) and help with registration, please contact Grant at [grant@flbc.net](mailto:grant@flbc.net).

### **Why do I have to have a background check?**

FLBC requires all adults who are volunteering and who are guests of volunteers to have a criminal and National Sex Offender Registry background check. The info you submit will only be used for this purpose. Please understand that this is done for the safety of all.

### **Can I bring my family to stay at camp while I volunteer?**

We encourage everyone who is at camp to be an active volunteer, if at all possible. If your family member is not volunteering, please have them fill out the family member/guest registration, background check form and other forms/waivers that will be sent to you at a later time. Those not volunteering will be charged a reduced rate of \$400. Non-camper aged children may not accompany volunteers unless they are infant in arms; thank you for understanding.

### **What is the minimum age to volunteer?**

Volunteers must be at least 21 years of age or former staff members to volunteer during summer camp season.

### **How many hours per day will I be working as a volunteer?**

On average, 8-10 hours per day. Camp nurses/doctors are expected to be on call 24 hours a day, due to the nature of the position. An FLBC staff member will work with you to plan your schedule. All volunteers are asked to attend breakfast and be on time to meals; we encourage attendance at worships.

### What is Discovery Time?

Every summer onsite volunteers are asked to lead an hour long Discovery Time 3 or 4 evenings throughout the week. Discovery Time is a one-hour time block, each day, during which the campers will be able to sign up for an activity led by our volunteers or support staff. You can lead the same themed activity each day or different ones throughout the week. Ideas of types of activities include: games, crafts, photography, story time, hiking, etc. Discovery Times that have been successful in the past are things like large group games (kickball, ultimate frisbee), hikes around camp, baking, swim lessons, guitar lessons, canoe races and much more. Be creative! We ask you to bring all the supplies you will need. If you need assistance brainstorming or have questions about supplies available at camp, please contact Grant at [grant@flbc.net](mailto:grant@flbc.net).

\* Indicates required question

1. Email \*

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### Required information

Please complete the following. Thank you!

2. First Name Last Name \*

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3. Home Address (residential): \*

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4. Mailing Address (if different) \*

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5. City \*

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6. State \*

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7. Zip Code \*

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8. Phone Number \*

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9. Email Address \*

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10. Shirt Size (unisex) \*

*Mark only one oval.*

S

M

L

XL

XXL

Other: \_\_\_\_\_

11. Dietary Restrictions \*

*Mark only one oval.*

- Vegetarian
- Vegan
- Gluten-free
- Non-Dairy
- Other: \_\_\_\_\_

12. Volunteer Position \*

*Mark only one oval.*

- Adult Volunteer
- Camp Pastor/Youth Director
- Camp Grandparent
- Camp Nurse
- Alumni Staff (21+)
- Chaplain (2-3 week commitment)

13. First Choice of Week \*

*Mark only one oval.*

- Week 1: June 23-28, 2024 (Art Camp, Choir Camp, Theater Camp, Ranch Camp; Basketball Camp, Cooking Camp; Staff in Training)
- Week 2: June 30-July 5, 2024 (Family Camp Week)
- Week 3: July 7-12, 2024 (Traditional Onsite; On-Site Day Camp)
- Week 4: July 14-19, 2024 (Traditional On-Site; Outback, Grand Camp, On-Site Day Camp)
- Week 5: July 21-26, 2024 (Traditional Onsite; Treehouse Camp)
- Week 6: July 30-August 4, 2024 (Traditional On-Site; Adventure Camp; Wild Water Week, Cooking Camp)

14. Second Choice of Week \*

*Mark only one oval.*

- Week 1: June 23-28, 2024 (Art Camp, Choir Camp, Theater Camp, Ranch Camp; Basketball Camp, Cooking Camp; Staff in Training)
- Week 2: June 30-July 5, 2024 (Family Camp Week)
- Week 3: July 7-12, 2024 (Traditional Onsite; On-Site Day Camp)
- Week 4: July 14-19, 2024 (Traditional On-Site; Outback, Grand Camp, On-Site Day Camp)
- Week 5: July 21-26, 2024 (Traditional Onsite; Treehouse Camp)
- Week 6: July 30-August 4, 2024 (Traditional On-Site; Adventure Camp; Wild Water Week, Cooking Camp)

15. Church Affiliation (congregation, city, state)

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16. Any relevant professional licenses, registrations, or certifications (CPR, WFA, WFR, Nursing, etc). Please include certification or license number and expiration date.

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17. Emergency Contact Information (name and phone number) \*

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18. How did you hear about camp? \*

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19. Are you bringing another adult or infant in arms with you? Please list names and ages. \*

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20. Please list and explain any accommodations and/or accessibility needs that you will need during your week serving at FLBC

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### Background Check Information

We are deeply invested in the health & safety of all people at FLBC, therefore, volunteers must undergo a Background Check every 2 years as part of their application process. Please complete the questions below. We assure you that your information will be securely stored and destroyed when the check is complete.

If you have questions or concerns, feel free to email [office@flbc.net](mailto:office@flbc.net).

Flathead Lutheran Bible Camp

#### DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

#### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Flathead Lutheran Bible Camp (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my

employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

21. Have you ever been convicted of a felony? \*

*Mark only one oval.*

Yes

No

22. If yes, please explain

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23. Have you ever been convicted of child abuse or any sexual abuse offense? \*

*Mark only one oval.*

Yes

No

24. If yes, please explain

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25. Full Name (First, Middle, Last) \*

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26. Current Street Address: \*

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27. City: \*

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28. State: \*

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29. ZIP \*

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30. Phone: \*

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31. DATE OF BIRTH \*

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*Example: January 7, 2019*



32. Social Security # \*

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Sign and Complete

33. Signature: \*

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34. Signing Date: \*

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*Example: January 7, 2019*

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