

MARANATHA MINISTRIES

140 Merrymeeting Rd., New Durham, NH 03855

603-859-6100

www.maranathafamilyministries.org

APPLICATION **B** VOLUNTEER STAFF FOR SUMMER PROGRAMS

(For kitchen and maintenance staff, see Application A)

(for Full time Volunteers, Application C)

(Position desired)

- Counselor
- Assistant Counselor
- Program Director
- Bible Teacher
- Other (name position)

Feel free to use extra paper to answer questions.

Name _____ Phone No. _____

Address _____ Cell Phone No. _____

City _____ State _____ Zip Code _____

e-mail address _____

Birth date _____ Driver's License # _____ State _____

Activities you're currently involved in _____

Education & special training completed by June of this year _____

Describe health & any physical handicaps _____

Your experience as a camper (dates & locations) _____

Your experience on camp staff (Camp name & special responsibilities) _____

Your occupational experience _____

What type of camp work especially interests you? _____

How did you hear about Maranatha? _____

With what age group do you feel most comfortable? _____

a = activities you could organize and teach
b= activities you could assist in teaching
c = activities you are slightly familiar with

- | | | |
|-----------------|------------------------|---------------------------|
| ___gardening | ___canoeing | ___playing instruments |
| ___baking | ___first aid | list instrument |
| ___hiking | ___mechanics | ___octaball |
| ___song leading | ___archery | ___singing solos |
| ___carpentry | ___fishing instruction | ___puppets |
| ___kayaking | ___building fires | ___crafts |
| ___rowing | ___leading devotions | ___other
name activity |

Marital status _____ Ages of children _____

Describe your relationship with those in your household _____

Please give a brief account of your conversion (use attached sheet) _____

Have you reached the point in your spiritual life where you are assured of Heaven after death? _____

List 2 strengths you exhibit _____

Discuss 2 difficulties you have in living your Christian Life _____

Describe your personality _____

What training have you had in leading a person to Christ? _____

If married, does your spouse share your interest in spiritual matters? _____

Do you have their full support in serving at Maranatha at this time? _____

Do you believe that those who reject Jesus Christ as savior will spend eternity in hell? _____

What do you hope to accomplish by serving at Maranatha? _____

When are you available? _____

REFERENCES

Please list three professional people (including your pastor) or former employers (no relatives, please) who are familiar with your character and qualifications. Your signature below is your authorization for release of information by them.

- 1. Name of Pastor _____
 Complete address _____
 Church _____ Phone No. _____
 e-mail address _____
- 2. Name _____
 Complete address _____
 Title of Person _____ How known to you? _____
 Phone No. _____ e-mail address _____
- 3. Name _____
 Complete address _____
 Title of Person _____ How known to you? _____
 Phone No. _____ e-mail address _____

Maranatha Ministries seeks to maintain high spiritual standards. Anyone serving on the staff is expected to be an example of what a believer can and should be before the impressionable lives in our care. Is it your desire to be that kind of example and obey the policies for maintaining the standard? _____

Furthermore, if you find that you disagree with anyone on staff while you're working with us at camp, would you agree beforehand to come to him and work the matter put out before it becomes an obstacle to serving the Lord? _____

Signature Date

Please enclose :

- ____ a signed copy of Liability Release
- ____ a signed copy of Statement of Faith
- ____ a filled out and signed Criminal Record Release
- ____ a copy of your testimony
- ____ a recent photo of yourself

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VOLUNTEER INSURANCE DECLARATION AND LIABILITY RELEASE

Insurance Declaration and Liability Release —

Each volunteer involved with Camp Maranatha, Inc. shall sign this statement. Parents of minors will also sign this indicating their understanding and agreement.

Insurance —

Camp Maranatha, Inc. DBA Maranatha Ministries, no longer offers health insurance or liability coverage on the property or buildings. We do not have a payroll and therefore have no workers' compensation. We do carry liability on registered vehicles. Your signing this agreement signifies your acceptance of all responsibility for your personal needs should you be involved in any type of accident.

You further agree to be safety conscious using all tools properly. You agree to immediately report any unsafe area and to encourage fellow volunteers to practice safe work habits. Volunteers leading activities agree to practice all safety precautions related to the activities. Volunteers agree to work as a team to watch out for each other's safety and warn others of impending danger.

Photos – All volunteers agree to allow their photo (video) to be used in Maranatha Promotion spots.

Volunteers agree to use caution with all projects. Specifically, but not limited to:

1. When using weed whacker, ear and eye protection must be worn and legs must be covered (no shorts)
2. You must be at least 18 years of age to operate a registered vehicle on the property - age 21 off the property.
3. No one is to ride on the outside of a vehicle - i.e. in the back or on side of a truck or tractor,
4. When dealing with campers - all rules pertaining to swimming, boating, pedal carts, archery, model rocket launching, etc. will be followed.
5. When operating a chain saw, a helmet with face guard and ear protection will be worn along with chaps to protect legs. Chain saw operator shall not work alone. Partner will keep safe distance.
6. Log splitters will have adult supervision. Logs will be placed on splitter only with hands on side, not ends of logs.
7. Kitchen staff will always follow standard safety procedures including but not limited to
 - a. careful use of all equipment
 - b. using knives properly
 - c. wearing of closed toed shoes and either loose-fitting pants or skirt or dress. No shorts allowed in kitchen
 - d. all hygiene guidelines to be followed

Liability Release and Agreement: We understand and hereby agree to assume all of the risks which may be encountered on said activities, including activities preliminary and subsequent thereto. We do hereby agree to hold Camp Maranatha and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to *our* children or property, even injury resulting in death, which we now have or which may arise in the future in connection with the activity or participation in any other associated activities.'

We expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

Printed Name

Signed

Signature of Parent or Guardian of minor child

Date

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STATEMENT OF FAITH

Maranatha Ministries Statement of Faith

All staff at Maranatha Ministries must be in agreement with the ministry's Statement of Faith. Please read each statement and check whether you agree or disagree.

- | | | |
|----------|--------------------------|---|
| Agree | <input type="checkbox"/> | 1. I believe in the divine inspiration and consequent authority of the whole Canonical Scriptures; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 2. I believe in the doctrine of the Trinity; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 3. I believe in the doctrine of the deity of our Lord Jesus Christ, His virgin birth, His sinless life, |
| Disagree | <input type="checkbox"/> | His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory; |
| Agree | <input type="checkbox"/> | 4. I believe in the fall of man, his consequent moral depravity, and his need of regeneration; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 5. I believe in the atonement through the substitutionary death of Christ; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 6. I believe in the doctrine of justification by faith; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 7. I believe in the present ministry of the Holy Spirit, by who's indwelling the Christian is enabled |
| Disagree | <input type="checkbox"/> | to live a holy life; |
| Agree | <input type="checkbox"/> | 8. I believe in the resurrection of the body, both in the case of the just and the unjust; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 9. I believe in the eternal life of the saved and the eternal punishment of the lost; |
| Disagree | <input type="checkbox"/> | |
| Agree | <input type="checkbox"/> | 10. I believe in the reality and personality of Satan. |
| Disagree | <input type="checkbox"/> | |

If you checked "Disagree" on any of the statements of faith, please explain your position. Use a separate sheet of paper if necessary. _____

Signed _____ Date _____

(to be re-signed annually)

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CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME _____ MI
LAST (MAIDEN/ALIAS) FIRST

ADDRESS _____ ZIP CODE
STREET CITY STATE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____ SS # _____

PURPOSE FOR RECORD: Housing Employment annulment/expungement Other _____
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Maranatha Ministries
NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS 140 Merrymeeting Rd., New Durham, NH 03855_
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

NOTARY'S SIGNATURE _____ DATE _____

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____