

CAMP JACOB

Adult Volunteer Application

If you would like to stay **overnight** and volunteer as a Cabin Assistant, Lawn Care Worker, or Kitchen Staff, please complete this application and return it to: Camp Jacob
2723 Camp Jacob Rd.
Clintwood, VA 24228

Last name _____ First name _____ MI _____

Address _____ City _____ State _____

Birth Date (mm/dd/yy) _____ Sex (M or F) _____ Phone (_____) _____ - _____

Home Church: _____ City _____ State _____

Pastor's Name _____ Pastor's Phone (_____) _____ - _____

Desired Volunteer Position: _____

Dates Volunteering: (include specific camp week or dates) _____

Do you agree with the Camp Jacob Doctrinal Statements? _____

Do you agree to abide with and uphold Camp Jacob's Standards while at Camp Jacob? _____

In order to ensure the safety of the children at Camp Jacob, we request permission to perform a **Criminal Background Check** on all workers. Please read the following statement and sign below.

I do hereby give permission to the staff of Camp Jacob to use my information to perform a Criminal Background Check.

Signature

Date

(Your Social Security Number is required for this check.) SS# _____

For questions, call (276) 926 – 8960.