

VOLUNTEER (Light Keeper) APPLICATION

Thank you for your interest in Camp Lighthouse and becoming a Light Keeper!

Dear Prospective Light Keeper: Thank you in advance for opening your arms and your heart to share the message of hope with those of all abilities and their families. With some training materials and guidance from our team you will be prepared to be the hands and feet of Jesus for this 4-day week plus an evening of training the Friday before camp begins. This weekend will provide you with lasting memories and relationships as you provide companionship and friendship to individuals with disabilities and their families, allowing them and their loved ones to *experience unlimited opportunities*.

As a Light Keeper, there will be a minimum cost for you - \$20 per day in attendance —however, we are asking you to contribute to HARBOR Unlimited in any amount at your discretion.

To comply with the law, everyone is required to complete the application process each year. If you have volunteered with us in the past, please provide us with one (1) reference. If you are new to volunteering with HARBOR Unlimited, please provide us with two (2) references. In addition, we will conduct a criminal background check in accordance with current standards concerning volunteers. We appreciate your time and compliance as we are committed to providing the best care possible to every CAMP LIGHTHOUSE participant, including you. Once your completed packet has been received, including all references and background check, you will be notified of approval or decline.

All application pages must be completed, with applicant's signature and returned to <u>info.harborunlimited@gmail.com</u> or PO Box 209 Jonesburg, MO 63351.

Important Information

Camp Dates: May 23-27, 2025

Camp Location: May 23-26 Strong Tower Ranch 600 Sunshine Lane, Wright City MO 63390 May 27: Adapted Water Skiing, Tubing, Boat Rides, Lake St. Louis- Jefferson Pavilion Camp Hours: May 23 5:30pm to 8:30pm for training and set up (light dinner provided)

May 24 – 8:30am to 12:00pm for training and set up (lunch provided)

May 24, 25 - 1pm to 7pm (snacks and dinner provided)

May 26 – 8:00am to 4pm (snacks and lunch provided)

May 27 – 7:30am to 4pm (snacks and lunch provided)

Application Due: May 1, 2025

Send application: info.harborunlimited@gmail.com or PO Box 209 Jonesburg, MO 63351 *Payment Methods*: minimum of \$20/day with application

Send check payable to HARBOR Unlimited or go to <u>www.harborunlimited.com/donate</u> What do I bring? Approximately 3 weeks before camp, we will be sending you a schedule, meal plan, and list of items to bring each day.

Questions: Delaine Young, Director, 314-956-2665 or info.harborunlimited@gmail.com



VOLUNTEER (Light Keeper) INFORMATION GENERAL INFORMATION

| Legal Name (Last, First, Middle): | | | | Preferred Name: | |
|--|-----------------------|-------------------------|-----------------|-----------------|--|
| Street Address: City, S | | | ity, State & Zi | tate & Zip: | |
| Primary Phone: | Cell Phone: | I | Shirt Si | Shirt Size: | |
| Email Address: | | | | | |
| Date of Birth: | Gender: 🗌 Male 🛛 | Gender: 🗌 Male 📄 Female | | Married: Yes No | |
| In case of emergency please contact: (first and last Relationship: name) | | | | | |
| Address: | City, State & Zip: | Primary Phone: Cell Pho | | Cell Phone: | |
| Will any other family member be attending with you? Please give age, birthday, gender, and any other pertinent information needed for a safe week. | | | | | |
| Please list previous volunteer/relevant work experience: What type of volunteering, with whom and responsibilities | | | | | |
| Would you like your contact information shared with other attendees by appearing on a mailing list? Yes No | | | | | |

MEDICAL HISTORY

| Volunteer Name | |
|------------------|--|
| Doctor's Name | |
| and Phone | |
| Diagnosed Food | |
| Allergy | |
| Allergies to | |
| medications | |
| Diagnosed | |
| Disability | |
| Seizures | |
| Heat stresses | |
| Diabetes | |
| Asthma | |
| Chronic illness | |
| Paralysis | |
| Heart issues | |
| Service Animal | |
| Adapted | |
| equipment use | |
| Challenging | |
| behavior | |
| Specific | |
| accommodations | |
| How can we help | |
| you enjoy your | |
| camp experience? | |

PLEASE IDENTIFY ANY ROLE(S) YOU WILL BE INTERESTED IN EXPERIENCING WITH HARBOR UNLIMITED

No experience necessary. Camp Lighthouse will train/educate you in responsibilities. Check all that apply to you.

- **Registration** checking people in when arriving each day; greeting participants with a warm welcome.
 - Set-up/Take down May 24 5:30-8:30pm; May 25 8am-12pm; May 27 2pm-4pm
 - **Programming activities –** Setting up activities, running activities, helping transition from one event to another.
 - **Worship –** Provide music/song during worship time. It runs approximately 20 minutes.
 - ⁾ Enrichment Assist or run enrichment time. It runs approximately 20 minutes.
 - **Logistics** Set up activities that require equipment; making sure all equipment is where it needs to be at the right time.
 - ⁾ **Food** Preparing and serving food, snacks, and drinks throughout the day.
 - **Lifeguard –** I am certified as a lifeguard and will be present for all daily lake time activities.
 - **Family support –** Assist families with their needs and activities for the week.
 - angle Independent Participant support Assist individual with their needs and activities for the week.
 - **Floater** Do what is needed whenever needed. This means you could possibly do all that you have checked above at any given time.
 -) **Social media –** Each day making posts with highlights and pictures during camp.
 - Memorial Day 1pm-3pm Assist with sibling event
 - Sunday 1pm-3pm Assist with parent event

Getting more involved with HARBOR Unlimited:

- Board of Directors Possibly interested in becoming a board member in the near future.
- **Volunteer –** Assisting with 1 event/month for 3-4 hours (Launch Events) in any of the roles marked above.

Behind the scenes all year - Would like to help behind the scenes with Launch Events.

- Behind the scenes all year Would like to help behind the scenes with Camp Lighthouse.
- Behind the scenes all year Would like to help behind the scenes on social media.
- Behind the scenes all year Would like to help and communicate with volunteers.
- Behind the scenes all year Would like to help and communicate with participants/families.
- Assist/Development with parent group activities,

PLEASE READ CAREFULLY, INITIAL BEFORE EACH ITEM AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

Covenant:

I will be present at Light Keeper Orientation the day before CAMP LIGHTHOUSE and will notify HARBOR Unlimited as soon as possible in the event I am not able to attend the week I have applied for. I will show respect for all staff members and families, and I understand that CAMP LIGHTHOUSE Director has the right to dismiss any Light Keeper in the best interest of CAMP LIGHTHOUSE.

- If this is your first time applying, I have given my Social Security number for the release of my criminal records to determine acceptance and have signed the attached Background Authorization Form.
- Permission is given only to HARBOR Unlimited to use photographs (individual or group) and/or multimedia images and recordings in the best interest of HARBOR Unlimited. I understand that photographs/video/images I take at any CAMP LIGHTHOUSE/HARBOR Unlimited function are for my personal use only. Personal internet use of any video/media should be approached with caution with regard to misrepresentation.
- I give my consent that information on this page may be communicated to CAMP LIGHTHOUSE staff only for the purpose of being equipped to provide the best care and assistance possible to everyone at CAMP LIGHTHOUSE.
- I am responsible for my own actions during the designated time period of CAMP LIGHTHOUSE, and that my legal protection under the Volunteer Protection Act covers my actions only when I am following the written policies and procedures of HARBOR Unlimited.
- I will be a constructive member of the Staff, being a Christ-like example in all my actions, contributing in every way to the unity and purpose of the CAMP LIGHTHOUSE.
- I will always have another adult present when I am with CAMP LIGHTHOUSE participant(s) and will never be alone with a participant.
- I realize that tobacco, alcohol, and illegal drugs are NOT ALLOWED.
- I understand that all staff, including myself and all participants, have limited insurance coverage against injury or illness only. Therefore, if my misconduct results in a lawsuit, I understand I will represent myself. I shall indemnify HARBOR Unlimited and its staff and hold them harmless from and against liability or responsibility.
- I release HARBOR Unlimited, its staff, and Light Keeper, and the CAMP LIGHTHOUSE facility from all actions, damages, or personal injuries which may occur to me. I understand in the event of a minor injury I may receive first aid treatment. In the event of an emergency, injury, or illness, emergency medical services and I will decide the best course of action.
- No one will be denied attendance to a Camp Lighthouse because of religion, creed, national origin, sex, age, or disability.
- I authorize HARBOR Unlimited to contact any reference(s) to verify all information provided and to obtain any and all information related to my character and past work performance. I release all references and prior employers from any liability for information provided in good faith.
- The information contained in this application is correct, to the best of my knowledge. I have read the above statements and agree to cooperate with HARBOR Unlimited and the CAMP LIGHTHOUSE Staff.

| | Date: | |
|--|-------|--|
| | | |

Applicant Signature

_____ Date: _____

Signature of Parent or Guardian (if under 18)

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN BACKGROUND REPORTS FOR VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

This needs to be filled out the first time you volunteer with HARBOR Unlimited.

In considering you as a volunteer, *HARBOR Unlimited* will order a background report about you that we obtain from a consumer reporting agency, Protect My Ministry, Inc.

The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.)

Under the FCRA, before the Company can obtain a background report about you for employment or volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure and authorize **HARBOR UNLIMITED** to obtain and rely upon background reports in considering me as a volunteer. By my signature below, I authorize HARBOR Unlimited to obtain any such reports and to share the information received with any person involved in the volunteer decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf of HARBOR Unlimited.

Printed Name

Social Security Number

Applicant Signature

Date

Date

Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18)

REFERENCE (please copy if needed)

Two (2) required for *new* volunteers. One (1) required for returning volunteers. Regular volunteer, no reference is required. **Volunteer:**

| Light Keeper Name: | Address: | | City, State & Zip: | |
|--------------------|----------|--|--------------------|--|
| Telephone: | | Applying for: CAMP LIGHTHOUSE May 23-May 27 | | |

Referral: This person desires to serve in a volunteer position at CAMP LIGHTHOUSE. We appreciate your opinion to utilize them in the proper capacity. He/she will be working in direct contact with people who have intellectual and/or physical disabilities. It is important that we select individuals whose physical and emotional health will not be at risk during their service. We will be conducting a criminal background check in accordance with current standards concerning volunteers.

Please rate the applicant on each attribute listed below and note any other relevant information.

| Poor | Fair | Average | Good | Excellent | Comments |
|---|---|--|---|---|------------------|
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| How long have you known the applicant? Are you related to this applicant? | | | | | |
| hip with tl | ne applic | ant: | | | |
| I WOULD WOULD NOT recommend him/her for this ministry opportunity. | | | | | |
| Additional comments I have about this individual: | | | | | |
| | | | | | |
| Printed Name of Reference Signature | | | | | |
| Telephone Date | | | | | |
| | | | | | |
| | applican hip with the first second se | Image: state of the | Image: state of the second | Image: state of the second | Image: Signature |

or email to info.harborunlimited@gmail.com