

## VOLUNTEER PROFILE

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
*home, work, mobile, or other*  
E-mail: \_\_\_\_\_ @ \_\_\_\_\_  
Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

### Outdoor Ministry and Related Experience

Horton Center and/or Geneva Point Experience:

Years as Camper: \_\_\_\_\_ Staff/Counselor: \_\_\_\_\_ Volunteer: \_\_\_\_\_

How would you describe your previous experience at HC or GPC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Camp or Program Leadership Experience:

\_\_\_\_\_

Local Church Activities:

\_\_\_\_\_

### Current Interests in NHCUCC Outdoor Ministries

Why would you like to serve as a volunteer leader or expedition leader?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NHCUCC Outdoor Ministries is a faith mentoring program. How might you share your faith with campers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special talents, skills, and interests are you willing to share with the camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete and sign the reverse side of this form*

## References

Volunteers must submit two reference forms to the DOM with whom they will be working. *One reference should be from your local church pastor. References should not be relatives.*

Please list the names, addresses, and phone numbers of the two persons you have requested to complete reference forms:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Affirmations and Agreements

Please initial (do not simply check) the following statements to indicate your awareness and agreement with each NHCUCC Outdoor Ministries policy:

\_\_\_\_\_ I have read and agree with the Mission of the New Hampshire Conference, UCC Outdoor Ministries.  
\_\_\_\_\_ I am aware that Horton Center is a non-smoking facility.  
\_\_\_\_\_ I am aware that alcohol is not permitted at Horton Center, including alcohol in one's bloodstream.  
\_\_\_\_\_ I am aware that illegal drugs are not permitted at Horton Center, including illegal drugs in one's bloodstream.  
\_\_\_\_\_ I will read and abide by the New Hampshire Conference UCC sexual harassment policy. A copy of the policy will be made available to you; it is also posted in the staff room of the Met.

I affirm that the information I have provided on this form is accurate and correct to the best of my knowledge. I give my permission for the references listed above to be contacted by representatives of NHCUCC Outdoor Ministries. I will abide by all NHCUCC OM rules, regulations, and policies while participating in the Outdoor Ministries program.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Parent or Guardian if Volunteer is a minor:* \_\_\_\_\_  
Date: \_\_\_\_\_

To the best of my knowledge, the above named person is qualified to serve as a volunteer in the NHCUCC Conference Outdoor Ministries Program and work closely with children, youth, and other participants.

DOM's Signature: \_\_\_\_\_ Date: \_\_\_\_\_