



Volunteer Chaplain Application
Camp Adams
Summer Youth Camps
Central Pacific Conference, United Church of Christ

Camp Adams has been the site for UCC summer camps since 1937! Volunteers have been a part of that tradition from the beginning. We depend on dedicated volunteers to serve as directing and counseling staff for each of our four weeks of summer youth camp. Thanks for your interest in filling this important function!

Please note: Volunteer chaplains are responsible for morning watch and evening vespers and invited to be a supportive presence at other program activities during the week. You are also invited to offer an interest group in the daily schedule.

Camp Session(s): Exodus Sojourners Discoverers Genesis/Seekers
(circle all that apply)

Biographical Information:

Name:	Date of Birth: / /	SSN: - -
Address:	Email;	
	Phone:	
Congregation that you are associated with:		
Your role in the congregation:		

Please explain any educational, work and/or volunteer experience that you feel will be helpful to you as a chaplain

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

Personal References

Authorization for Background Check

Like all responsible organizations who care for children, Camp Adams and the Central Pacific Conference of the United Church of Christ run background checks on all paid and volunteer staff who have consistent contact with and/or supervision of potentially at risk persons such as minor children. Confidentiality is protected throughout the process. (We do not have access to your ministerial profile background check so please complete this section.)

Have you ever been accused of, pleaded guilty to or been convicted of a crime? Yes _____ No _____

If yes, please explain:

_____ If the line to the left of this statement is checked (X), you have authorized the Central Pacific Conference of the United Church of Christ to complete a Criminal Background Check and a National Sexual Abuse Registry Search. **If it is not checked, we are not permitted to consider your application.**

By signing below, I verify that I have provided accurate information in the application above.

Signature: _____

Date: _____

Please send completed applications to Volunteer Chaplain

Camp Adams, 18499 S. Hwy 211, Molalla, OR 97038

Hard copies only, please. No scanned digital copies. Thanks!