



# WORK APPLICATION – VOLUNTEERS



[info@fbc-naca.org](mailto:info@fbc-naca.org)

fax: 1.423.775.1968

Thank you for your willingness to serve in a position at Fort Bluff Camp. Because each and every volunteer and staff participant has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of Godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Full Name (include middle name): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

In what camp program(s) do you want to become involved? \_\_\_\_\_

What skills would you bring to the program? \_\_\_\_\_

What other camp or ministry work experience do you have? (Please list)

Organization	Program	Dates	Contact Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

Been arrested for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been convicted of, or pleaded guilty or no contest to, any crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been or currently being investigated by a governmental agency for the abuse or endangerment of children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been convicted of or pled guilty to a crime involving a drug-related charge, a crime of violence, theft, or criminal negligence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been sued for negligence with regard to caring for or supervising children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer "yes" to any of the previous six questions, please explain: \_\_\_\_\_

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

**Are you aware of:**

Having any traits or tendencies that could pose any threat to children, youth, or others?  Yes  No

Any reason why you should not work with children, youth or others?  Yes  No

If the answer to any of these questions is "yes," please explain in detail:

---

---

---

**What camp, church, or ministries have you attended or worked with in the past five years?**

Church Name	Pastor's Name	Years Attended
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**References (Other than relatives). Please provide at least three.**

Name/Relationship	Address	Phone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please describe your salvation experience: \_\_\_\_\_

---

---

**Previous Work Experience:** Please list your previous employers or volunteer service from the past five years, including the job title, a description of your position and responsibilities, the name and address of the company or employer, the name of your immediate supervisor, and the dates of your service.

---

---

---

---

I recognize that National Association of Christian Athletes, Inc. (NACA) d/b/a Fort Bluff Camp is relying on the accuracy of the information I provide on this application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize NACA to contact any person or entity listed on this application form, and I further authorize any such person or entity to provide NACA with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release NACA and any such person or entity listed on this application from liability involving the communication of information relating to my background or qualifications. I further authorize NACA to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of NACA, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please read this document carefully before you sign it.*

Scan & email, fax, or mail to:

370 Fort Bluff Camp Road ~ Dayton, TN 37321  
Fax: 1.423.775.1968

Email: [info@fbc-naca.org](mailto:info@fbc-naca.org)  
Voice: 1.423.775.0488