



VOLUNTEER APPLICATION

I want to be a part of ZIP Camp!

Name_____

Home Phone_____Cell Phone_____

Email_____

I am: ☐ an adult ☐ a college student

☐ a high school student ☐ a middle school student

If you are under 18, please provide your parents' contact information, as well.

Parent 1: Name_____Cell Phone_____

Parent 2: Name_____Cell Phone_____

**Please rate your
desire to help in the
following areas by
numbering them
1-10, with 1 being
your top preference:**

___Arts

___Singing

___Cooking

___Sports

___Dance

___Videography

___Drama

___Woodshop

___Photography

___Zip Central: First Aid
and Help Desk

___Puppetry

___Support Staff: Office and
supply help before and/
or during camp

___ScienceLab

___Sewing

I would prefer to:

☐ lead or co-lead a group ☐ assist another leader

I am available:

☐ mornings and afternoons ☐ mornings only

☐ afternoons only

**Nursery care
needed:**

☐ I would need care for a younger child while I work

Age(s) of younger children: _____

T-Shirt Size:

☐ S ☐ M ☐ L ☐ XL ☐ XXL

Please review the reverse side for background check information

BECOMING AN APPROVED VOLUNTEER

Pennsylvania State law has requirements for all volunteers aged 18 and older:

All volunteers are required to undergo a background check before they are permitted to work with children and youth. **Davisville Church will not allow you to volunteer until each step has been completed.** This process consists of the following:

- a child abuse history clearance through ChildLine (a Pennsylvania state agency)
- a criminal record check from the Pennsylvania State Police
- a signed Affidavit of Volunteer (for those who meet the PA residency requirement)
- a FBI fingerprint check (for those who do not meet the PA residency requirement)

To begin this process, fill out the Permission to Obtain a Background Check form. This process can take some time so please return completed forms as soon as possible.

Please submit required forms with your ZIP volunteer application.

Return completed forms to Alison Johnson through the church office

325 Street Rd. • Southampton, PA • 18966

Volunteer Permission to Obtain a Background Check

*This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least two years after requesting a background check.
All information is kept in a secure place and is strictly confidential.*

I, the undersigned applicant, authorize Davisville Church to procure background information about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; and sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Davisville Church, if such is made within a reasonable time from the date it was produced.

Signature: _____ Date: _____

Identifying Information for Background Information Agency

All fields must be completed – Please print clearly

Print Name: _____
First Middle Last

Current Address: _____
Street

City State Zip Code County Dates lived there

Previous Address: _____
Street

City State Zip Code County Dates lived there

Social Security Number: _____ **Phone Number:** _____

Date of Birth: _____ **Gender:** _____

Email Address: _____

Have you been a resident of Pennsylvania during the entirety of the past 10 years? Yes or No _____

If “Yes”, the attached Affidavit of Volunteer must be signed

If “No”, the attached Information for Fingerprints must be filled out

Affidavit of Volunteer for Children's Programs

1. My full name and complete address are as follows:

Name: _____

Address: _____

2. I am an unpaid volunteer.
3. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten (10) year period.
4. By signing below, I swear or affirm that I am neither a perpetrator of a founded report of child abuse nor named in any Registry as the perpetrator of a founded report of child abuse.
5. I further swear or affirm that I have never been convicted of or pled guilty to any of the following offenses: criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing the death of a child; endangering the welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual material and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the aforementioned offenses.
6. I further attest and certify that I have not been convicted of an offense designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act.
7. I further attest and certify that I have not been convicted of an out-of-state or Federal offense similar in nature to the foregoing offenses listed in Paragraphs 5 and 6 above.

I hereby swear or affirm that the statements set forth above are true and correct.

Dated

Signature

Print Name

Information for Fingerprint Application

All fields must be completed – Please print clearly

Last name: _____

First name: _____

Date of birth: _____

City of birth: _____

State of birth: _____

Social Security Number: _____

Gender: _____

Race: _____

Eye color: _____

Hair color: _____

Height: _____

Weight: _____

Country of Citizenship: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____