

# **Canyonview Volunteer Application**

Full Name		Date of A	Application
Home Address			
Street		City	State Zip
Phone	Email		
Date of birthAge _	Gender		
Do you have any physical limitations we no	eed to be aware of?	If so, please speci	fy
Emergency ContactName			_Phone
Name			
Church: Name		City/State	
Would you need housing or RV hookup? Y	res 🗖 No 🗖		
What is your "Life Occupation(s)"?			
Briefly describe the type of work you woul		154 Se or Mediced S	
briefly describe the type of work you woul	u like to do and willen w	ould best utilize your	oackground and experience.
			_
Please indicate your interests in the following	ng areas and designate sl	kill levels. (H = Helpe	r, S = Skilled, P = Professional))
Accommodations: Make bedsClean bathroomsVacuum floors and carpetsFold laundryClean carpetsMop floorsGeneral cleaning	Pots, dis Wait tab Set/clean Haul car		Construction: Concrete (forming, finishing) Framing, roofing, siding,ElectricalWeldingMasonry and bricklayingCabinets and trim workInsulation, sheetrockHeating/Air conditioningPainting and prep workPlumbingFloor coverings/LaminatesHandyman/General cleanu
Decorating: PaintingWallpaper hangingBanners and signsSewing and Mending	Folding, Marketin	eping/Data entry , collating, stuffing ng/Advertising proofing design	Repair: Automotive/DieselAuto body and paintingSmall enginesWashers, dryers, etcOffice equipmentPhones and electronics
Horses:FeedingStall Cleaning	Planting Mowing	g, spraying g flowers, shrubs, etc. g and weedeating utting and splitting ork	Miscellaneous:  Operate AV equipment Childcare Music Teaching Other

Ple	ase write briefly on the following subjects. Please confine your answers to the space provided.	
1.	Why do you wish to volunteer at Canyonview?	
2.	How did you find out about Canyonview Ministries?	
3.	Do you have any reason to believe that the required background check through appropriate law enforcement agencies would	
	disclose any negative information about you? No 🗆 Yes 🗖 If yes, please explain.	
	DIA RELEASE:  thorize use of photos or video taken of me at Canyonview for identification and promotional purposes.	
I hathe ma awa	BILITY AND MEDICAL RELEASE:  Ive familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize inherent risk of injury in camp activities, including but not limited to horses, swimming, boating, archery, kitchen, and ntenance tasks. I understand the Canyonview Ministries has safety practices in place, and I will abide by those standards. I am are of the importance of knowing and abiding by the camp's rules and regulations. I voluntarily agree to hold harmless Canyonview istries, its sponsors, employees, board members, volunteers, and agents from any and all claims and liabilities, including costs are mages which might arise from my participation in events and activities associated with Canyonview Ministries.	ew
If t	ne volunteer is a minor, please complete the following:	
add	has my consent to participate in activities organized by Canyonview Ministries. In ition to the above hold harmless agreement, I provide my consent for Canyonview to seek emergency medical treatment for my d if necessary. I will accept financial responsibility for the costs related to this treatment. I will also provide a completed health in for my child.	
I have Visthampra	we read and agree to the Canyonview Camp media, liability, and medical releases. I have read the Volunteer Code of Conduct and ion of Canyonview, and I understand and will adhere to the beliefs and policies and know what is expected of me. I understand a violation of this policy or the Code of Conduct could result in immediate dismissal. The signing of this document is done yerfully and with the understanding that its fulfillment is to be done to the glory and honor of God, the Father of our Lord, Jesus ist. As witness of my understanding and commitment to this volunteer agreement, I willfully sign my name in the space below.	d
ent	ny application is accepted, I can be depended upon for complete cooperation. I further understand the importance of fulfilling the re obligation of my volunteer agreement. I will assist to the best of my ability in maintaining and further developing the biblical chasis, Christian values, and attitude of service of Canyonview Camp.	
	Signature of Applicant Date	
	Signature of legal guardian (if under 18)  Date	

Please return application to: Canyonview Ministries PO Box 128, Silverton, OR 97381

For Questions: 971.239.1347 • canyonviewcamp.org



# The Vision & Mission of Canyonview

a Christ-centered, Bible-teaching ministry

### Vision

Canyonview will continue as a trusted partner in the evangelical community to bring hope and healing to a hurting world through the gospel of Jesus Christ.

### Mission

With a biblical foundation, Canyonview provides a safe outdoor environment, spiritually vibrant programs, and practical leadership training to impact youth, adults, and families in the local community and beyond.

### **Doctrinal Statement**

#### The Bible

The Bible is the verbally inspired Word of God in its original writings, and for all intents and purposes these original writings are available to us today. It is our absolute and inerrant authority in the spiritual sphere (1 Corinthians 2:7-12,; Galatians 1:11-12; Ephesians 3:2-9; 1 Thessalonians 2:12; 2 Timothy 3:16-17; 2 Peter 1:21).

#### The Godhead

There is one God eternally existing in three persons: the Father, Son, and Holy Spirit (Matthew 28:19; 1 Peter 1:2; Jude 20-21).

#### The Person of Jesus Christ

He was conceived by the Holy Spirit and born of the Virgin Mary. He is true God and true man, impeccable and the only Redeemer (Matthew 1:20; Luke 1:35; John 14:9; Colossians 1:14-15).

#### The Person and Work of the Holy Spirit

He is the third person of the Godhead. He convicts and calls sinners to Christ. He regenerates, indwells, fills, baptizes, and seals believers in the Body of Christ (John 16:8; Romans 8:30; 1 Corinthians 12:13; Ephesians 1:13-14, 5:18; Titus 3:5).

#### Total Depravity of Man

As a result of the Adamic Fall, all men by nature are sinners, dead in trespasses and sins, hence, unable to do anything to save themselves or to please God (Romans 3:9, 5:6&8, 8:8; Ephesians 2:1-2).

#### Redemption

God justifies sinners by grace through faith on the basis of the blood of Christ. The apostle Paul emphatically declares that in Jesus Christ we have redemption through His blood (His sacrificial death – Romans 3:24-25; Ephesians 1:7, 2:8-9; Colossians 1:14).

#### The Church

The Greek noun translated "church" refers to a called-out group or assembly. The apostle Paul designates those whom God is calling out as the Church or the Body of Christ. According to the New Testament, Jesus Christ is the sole head of the Church, the Body of Christ (Ephesians 1:22-23; Colossians 1:18). Those who believe in Jesus Christ are made members of the Church, the Body, by the Holy Spirit (1 Corinthians 12:13). The Holy Spirit has revealed the core truth regarding the Church through the Apostle Paul, and it is found in the Pauline epistles (Ephesians 3:1-9; Colossians 1:24-28).

#### Christ's Coming for His Church

The coming of the Lord Jesus Christ for His Church is our "blessed hope." It will be personal and premileenial. (Romans 5:9; 1 Corinthians 15:50-57; 1 Thessalonians 1:10, 4:13-17; Titus 2:13;).



# **Criminal History Verification of Applicants**

Name: _		Driver's License Number:		
Date of Birth State issuing Driver's License				
1. Have	you ever been convicted of a sex-rela	ated crime? Yes \( \simeq \) No \( \simeq \)		
	If yes, was the conviction in Oregon	or in another state? (Please specify the state if not Oregon.)		
	If yes, did the crime involve force or	r minors? Yes  No		
2. Have :	you ever been convicted of a crime in	nvolving violence or the threat of violence? Yes \(\sigma\) No \(\sigma\)		
	If yes, was the conviction in Oregon	or in another state? (Please specify the state if not Oregon.)		
3. Have	you ever been convicted of a crime in	nvolving criminal activity in drugs or alcoholic beverages? Yes \(\sigma\) No \(\sigma\)		
	If yes, was the conviction in Oregon	or in another state? (Please specify the state if not Oregon.)		
<b>4.</b> Have	you ever been convicted of any crime	e other than a minor traffic violation? Yes \(\sigma\) No \(\sigma\)		
5. Have	you been arrested for a crime for whi	ich there has not yet been an acquittal or dismissal? Yes   No		
		the applicant's criminal history will be made by Canyonview rify the responses to the preceding questions.		
A. I here	eby grant Canyonview Camp permiss	sion to check civil or criminal records to verify any statement made on this form.		
	Date	Applicant Signature		
	not grant permission to Canyonview (exprinted below.	Camp to check civil or criminal records relating to me, and I acknowledge receipt of		
	Date	Applicant Signature		

(APPLICANT MUST SIGN ONE OF THE ABOVE STATEMENTS)

### NOTICE

Canyonview Camp will conduct a criminal offender record check of applicants for anyone who works around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the <u>Bureau of Labor and Industries</u>, <u>Civil Rights Division</u>, <u>State Office Building</u>, <u>4th Floor</u>, <u>Portland</u>, <u>OR 97201</u>, Telephone: (503) 229-6600.



# RECOMMENDATION FOR VOLUNTEER

To be completed by a **Christian worker** (Adult, non-family member. Use a peer only if they are former Canyonview staff.)

APPLICANT'S NAME:				
Address:			CITY:	State:Zip:
The above-named person is appl supplement that provided by appl who have some personal knowled	ication. It is of	great importance	ce to us to obta	ne personal information requested below will in objective and valid statements from persons s.
				ocessing of this candidate's application. Any send this form directly to <i>Canyonview Camp</i> .
1. How long have you known the appl	icant?	In wh	at capacity? _	
2. Is the applicant a Christian?	Has the	applicant ever s	hared his/her p	ersonal commitment with you?
3. Please list one positive and one negroesitive:		505		
Please check one of the following bla	nks that best de	escribes the appl	licant. Your co	mments are very valuable to us. The applicant is:
	Generally	Sometimes	Not Often	Comments
Able to follow instructions				
Loyal				
Outgoing and friendly				
An able leader of others				
Consistent in Christian testimony				
Disciplined in personal habits				
Enthusiastic				
Able to adjust to different situations				
Able to cope with other's problems				
Easily offended				
Inclined to criticize others				
Moody				
Talkative				
Able to work in a team situation		а	П	

7. Please grade the applicant 1, 2, 3, or 4 on the following chara in that area. Please evaluate the applicant in relationship to h	acteristics and traits: 1 Superior; 2 Above average; 3 Average; 4 Weak is/her own age group.
Personal appearance	Courtesy
Tact	Honesty and personal integrity
Physical condition	Willingness
Dependability	Punctuality
Judgment	Initial impression
Ability to make friends	Proper attitude toward opposite sex
Sense of humor	Proper attitude toward authority
Initiative	Attitude toward hard work
8. There is a possibility that the applicant would function as a caryour child or teenager?   Yes   No	amp counselor; would you consider the applicant qualified to counsel
9. To your knowledge has this person ever been charged with or	r convicted of any criminal offense? If yes, give the state or
county where offense occurred (if known).	
10. Please check your choice of recommendation:	
☐ I strongly recommend	☐ I recommend with some reservation
☐ I recommend	☐ I do not recommend
Additional Comments:	
Name (Print)	
Position & Organization	
SIGNATURE	Date
PREFERRED METHOD OF CONTACT:	
PHONE:	
EMAIL:	
Please return to:	
Canyonview Camp	
P.O. Box 128	

Thank you for your assistance.

Silverton, OR 97381



# RECOMMENDATION FOR VOLUNTEER

To be completed by a **Employer** or **Teacher** (Adult, non-family member. Use a peer only if they are former Canyonview staff.)

APPLICANT'S NAME:					
Address:			CITY:	STATE: _	ZIP:
The above-named person is app supplement that provided by appl who have some personal knowled	ication. It is of	great important	ce to us to obta	in objective and valid sta	
The early return of this form w information, which you give us, v					
1. How long have you known the appl	icant?	In wh	at capacity? _		
2. Is the applicant a Christian?	Has the	applicant ever s	hared his/her p	ersonal commitment with	n you?
3. Please list one positive and one neg Positive:		* *			
Please check one of the following bla	nks that best de	escribes the app	licant. Your co	mments are very valuable	e to us. The applicant is:
	Generally	Sometimes	Not Often	Comments	
Able to follow instructions					
Loyal					
Outgoing and friendly					
An able leader of others					
Consistent in Christian testimony					
Disciplined in personal habits					
Enthusiastic					W 190
Able to adjust to different situations					
Able to cope with other's problems					
Easily offended					
Inclined to criticize others					
Moody					
Talkative					
Able to work in a team situation	П				

7. Please grade the applicant 1, 2, 3, or 4 on the following character in that area. Please evaluate the applicant in relationship to his/h	ristics and traits: 1 Superior; 2 Above average; 3 Average; 4 Weak er own age group.				
Personal appearance	Courtesy				
Tact	Honesty and personal integrity Willingness				
Physical condition					
Dependability	Punctuality				
Judgment	Initial impression				
Ability to make friends	Proper attitude toward opposite sex				
Sense of humor	Proper attitude toward authority				
Initiative	Attitude toward hard work				
8. There is a possibility that the applicant would function as a camp your child or teenager? ☐ Yes ☐ No	counselor; would you consider the applicant qualified to counsel				
9. To your knowledge has this person ever been charged with or con	nvicted of any criminal offense? If yes, give the state or				
county where offense occurred (if known).					
10. Please check your choice of recommendation:					
☐ I strongly recommend	☐ I recommend with some reservation				
☐ I recommend	☐ I do not recommend				
Additional Comments:					
NAME (Print)					
Position & Organization					
SIGNATURE	DATE				
PREFERRED METHOD OF CONTACT:					
PHONE:					
EMAIL:					
Please return to: Canyonview Camp					

Canyonview Camp P.O. Box 128 Silverton, OR 97381