

BLAINE MEMORIAL UNITED METHODIST CHURCH
3001 - 24th Ave. S., Seattle WA 98144 (206) 723-1536

VACATION BIBLE SCHOOL - JR./SR. HIGH PROGRAM
JULY 13-17, 2009 ~ 9 AM to 5 PM

This year's theme is Crocodile Dock: Where Fearless Kids Shine God's Light. We are excited to spread God's love to all the campers that participate in the program.

This year all youth (grades 7th-12th) will be participating as Crew Leaders. Crew Leaders will have direct contact with the children that participate in the program. The direct duties of the crew leader are to guide their crew to different activities and help them insure they succeed in their tasks.

To help reduce the cost of the program we have eliminated the afternoon entertainers. Instead we are excited to have the crews help create things that will benefit the community. This will help teach the youth and campers about service and caring for others in the community.

This year we will also be serving a light breakfast from 8:45-9:15 of cereal, bagels and fruit. This will help insure your child gets off to a good start in the morning.

As part of the Safe Church Policy, we are requiring all adult volunteers and youth over the age of 18 to complete the enclosed Washington State Patrol check form.

To help us assign you to a crew, we are requesting that you email or contact us **as soon as possible** to let us know what age you would like to lead. Campers will be divided into the following ages: Pre-K/Kindergarten, 1st/2nd grade, 3rd/4th grade and 5th/6th grade. Please also let us know if there is someone you would like to be paired with.

If you have any questions or concerns, please do not hesitate to call.

We look forward to see you in July.

Sincerely,

Steven/Mako Kanzaki
VBS Directors

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VACATION BIBLE SCHOOL - VOLUNTEER APPLICATION
JULY 13-17, 2009 ~ 9 AM to 5 PM

Jr/Sr High School Program (entering 7th grade minimum)

Please complete a separate form for each person.

Applicant Name _____ Date of Birth _____ Age _____ Grade (Fall 2009) _____

Home Address _____ City _____ Zip _____

Home# _____ Cell# _____ Youth Email _____

Parent/Guardian Name _____ Parent Email _____ Parent Cell/Pager# _____

Local Church Affiliation _____ T-Shirt Size (adult M, L, XL) _____

Why would you like to volunteer at Blaine's VBS? _____

Have you volunteered at Blaine's VBS before? _____ If yes, what did you do? _____

What is your experience working with children? _____

In order to best match your experience/skills/interests with areas of need at VBS, **please check ALL AREAS** you feel qualified to volunteer:

CREW LEADER (must choose one)

- _____ Preschool/Kindergarten
- _____ 1st/2nd Grade
- _____ 3rd/4th Grade
- _____ 5th/6th Grade

AM/PM WORSHIP:

- _____ musician
- _____ singing

MISCELLANEOUS:

- _____ photography
- _____ registration
- _____ drama/skit
- _____ tech operator
- other (describe) _____
- _____ kitchen
- _____ supervise play

IMPORTANT REMINDER: In order to focus on the ministry of VBS and provide a safe environment for the VBS campers, cell phones, MP3/ipods, etc. are to be left off during camp hours.

APPLICANT SIGNATURE _____ DATE _____

*****APPLICATION DEADLINE: postmarked by June 25, 2009*****

**PLEASE ENSURE THE REVERSE SIDE OF THIS FORM IS COMPLETED
AND SIGNED BY YOUR PARENT/GUARDIAN.**

Emergency Contacts (during VBS hours)

CONTACT NAME	RELATION (to child)	HOME #	WORK#	CELL/PAGER#	Pick up authorized?
					YES / NO
					YES / NO

Medical Information

Child's Physician _____ Phone # _____

Insurance Co. _____ Group ID # _____

Subscriber's Name/Relationship _____ Subscriber ID # _____

Hospital Preference _____

Please describe any health concerns, including allergies and medications being taken, or any other limitations to activity:

Sign In/Out Authorization (list the people, other than parents & emergency contacts, authorized to drop off and pick up your child):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I understand that all safety measures possible will be exercised while my child is attending Vacation Bible School. In the event of an unforeseen accident, I authorize adults in charge to render or seek medical assistance. I hold Blaine Memorial United Methodist Church, employees of the church and the volunteers harmless from blame.

Signature of guardian/parent

Date

Please note: Youth over the age of 18 must complete the attached Washington State Patrol check form to participate.

Adult Workers with Children, Youth and Vulnerable Adults

BACKGROUND CHECKS

Please print neatly & use ink

* Legal First Name _____ Middle Initial _____ *Last Name _____
 * Address _____ (City) _____ *(State) _____ *(Zip) _____
 * Phone Number (_____) _____ *Date of Birth _____ / _____ / _____ * Gender: Male Female
 Drivers Lic. Number _____ / _____ * Social Security Number _____ / _____ / _____
 State _____
 E-Mail Address _____
 * Local Church (no initials) Blaine Memorial Camp or Event Education

*** = Required Fields**

The Washington State Legislature has helped us assure security for children, youth and vulnerable adults by requiring background checks on all people who work with children, youth and vulnerable adults. The United Methodist Church supports this requirement. Because we care, we ask any adult who is providing supervision and/or leadership to complete a background check every two years. Your privacy will be protected and information only used for the purpose of completing a background check.

Please complete the following questions and attach an explanation for any "yes" answer.

- Y N 1. Have you ever been convicted of any crime against children or other persons?
- Y N 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
- Y N 3. Have you ever been found by a court, in a domestic relations proceeding, to have sexually abused or exploited any minor or to have physically abused any minor?
- Y N 4. a. Have you been convicted of the possession, use, or sale of drugs within the last 7 years?
b. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years?
- Y N 5. Within the past 30 days have you abused alcohol, legal or illegal drugs?
- Y N 6. Has your driver's license been suspended or revoked within the last 7 years?
- Y N 7. Have you ever been convicted of crimes relating to financial exploitation where the victim was vulnerable adult?
- Y N 8. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
- Y N 9. a. Have you ever been licensed by a licensing board that licenses businesses/professions?
(If yes, please answer b. and c.)
b. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person?
c. Have you ever been found by that licensing board, or any other disciplinary board, to have abused or financially exploited any vulnerable adult?
- Y N 10. Other than the above matter, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?

Washington Residents:

I understand that a background inquiry may be made to the Washington State Patrol. The Washington State Patrol screening shows only conviction data for crimes against persons in the State of Washington (RCW 43.43.834).

If you are under 18 years of age, a Wa state resident for less than 3 years or the resident of another state, you must provide the following for three references: (use another page if necessary)

- 1. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)
- 2. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)
- 3. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature _____ Date _____

Please mail completed form to: Background Check, United Methodist Conference Office, 2112 Third Ave. #300, Seattle, WA. 98121