



**CrossRoads Camp
& Conference Center
2247 Little Piney Road
Lowesville, Virginia 22967**

**Office: (434) 277-8465
Fax: (434)277-5901
Email: crossroads@crossroadsgccc.com
Website: www.crossroadsgccc.com**

CrossRoads Summer Camp Volunteer Information

CrossRoads depends on our volunteers, nurses, and missionaries for a successful week of camp. Are you or an adult leader at your church interested in serving for a week this coming summer? The following will give you basic information about becoming a CrossRoads volunteer.

General Volunteers

- **Requirements**—Volunteers must be 18 years old (or a former CrossRoads staffer) and must consent to a criminal background check.
- **Responsibilities**—Volunteers help set up and clean the dining hall, assist in various camp programs such as crafts, Missions Adventures, and canteen, and encourage campers and staff. They may also lend a hand with odd jobs around camp such as filing or making phone calls in the office, sorting the day's mail, and taking pictures for the end of the week slideshow.
- **Length of Service**—Volunteers arrive any time during the weekly camper check-in on Mondays between 3pm-5pm. Volunteers finish after the weekly closing program on Saturdays at 11:30am.
- **Benefits**—Room and board is provided. Volunteers are housed together in the House of Happiness (a facility separate from campers). Volunteers also receive a summer camp T-shirt and 50% off of camp registration for their child or grandchild. (one discount per camper per volunteer)

Nurses

- **Requirements**—Camp nurses must be a certified nurse with a current license and must consent to a criminal background check.
- **Responsibilities**—Camp nurses administer medications, care for sick or injured campers, and are on-call throughout the day for emergencies. Nurses may also help with volunteer jobs and participate in camp activities as time allows.
- **Length of Service**—Nurses arrive at least 1 hour before the weekly camper check-in on Mondays by 2:00pm. Nurses finish after the weekly closing program on Saturdays at 11:30am.
- **Benefits**—Room and board is provided. Nurses are housed in the Nurse's Station (a facility separate from campers). Nurses also receive a summer camp t-shirt, 50% off of camp registration for their child or grandchild, a monetary love gift, and travel reimbursement within Virginia.

Missionaries

- **Requirements**—Missionaries and missionary families can be currently serving, on furlough, retired, or have recently completed a short term mission trip and must consent to a criminal background check.
- **Responsibilities**—Camp missionaries share a hands-on missions presentation with campers several times during the week, participate in worship, visit with campers, and help with volunteer projects as time allows.
- **Length of Service**—Missionaries arrive any time during the weekly camper check-in on Mondays between 3pm-5pm. Missionaries finish after the weekly closing program on Saturdays at 11:30am.
- **Benefits**—Room and board is provided. Missionaries are housed together in the House of Happiness (a facility separate from campers). Missionaries also receive a summer camp T-shirt, 50% off registration for their child or grandchild, a monetary love gift, and travel reimbursement within Virginia.

Application Process

- 1) Complete and return the CrossRoads Summer Camp Volunteer Form. CrossRoads can accommodate a limited number of volunteers each week. Week preferences are granted on a first come, first served basis.
- 2) First time volunteers must complete the WMUV/CrossRoads Criminal Background Check packet (Volunteer Information Form, Part A, Part B, Code of Ethics, and 2 Reference Forms).
- 3) CrossRoads will send you confirmation once each of these documents has been received.

CrossRoads Summer Camp 2012 Volunteer Form



Name _____ Phone _____

Address _____

E-mail _____ T-Shirt Size _____

Church/Association _____

Name(s) of children or grandchildren attending camp: _____

I would like to serve as a: volunteer nurse missionary

***Nurses:** License #: _____ Please mail a copy of your license.

***Missionaries:** Please attach a summary of your mission trip.

Please check which week(s) you'd like to serve*:

- | Week | Camp |
|-----------------------------|---|
| _____ 1 June 18-23 | Girls Camp (grades 4-12) |
| _____ 2 June 25-30 | CoEd Camp (grades 4-12) |
| _____ 3 July 2-7 | Coed (grades 4-12)/Family Camp (all ages) |
| _____ 4 July 9-14 | Girls (grades 4-12) |
| _____ 5 July 16-21 | Coed (grades 4-12)/Family Camp (all ages) |
| _____ 6 July 23-28 | Girls Camp (grades 4-12) |
| _____ 7 Jul 30–Aug 4 | CoEd Camp (grades 4-12) |

*CrossRoads can accommodate a limited number of volunteers each week.

Week preferences are granted on a first come, first served basis.



WOMAN'S MISSIONARY UNION OF VIRGINIA (WMUV)/CROSSROADS

STAFF & VOLUNTEER INFORMATION FORM FOR THOSE WORKING WITH MINORS OR MENTALLY HANDICAPPED

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally handicapped. This will help us to provide a safe and secure environment for the activities or programs of WMUV and/or CrossRoads.

Name _____
Last First Middle Maiden

ID or DL# _____ Date of Birth _____
(Identity MUST be confirmed with a driver's license or DPS identification card.)

Present Address _____
Street City State Zip

Phone _____ Email _____

Occupation _____ Work Phone _____

If less than one year at current address:

Previous Address _____
Street City State Zip

Phone _____ Email _____

Occupation _____ Work Phone _____

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse of an adult or minor? _____ yes _____ no If yes, please explain:

Personal References (**2 required**):

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Please have the attached two reference forms completed and sent to:

CrossRoads Camp and Conference Center

Attn: Nicole Todd
2247 Little Piney Road
Lowesville, VA 22967

Phone: 434-277-8465
Fax 434-277-5901
crossroads@crossroadscce.com



WOMAN'S MISSIONARY UNION OF VIRGINIA (WMUV)/CROSSROADS

STAFF & VOLUNTEER INFORMATION FORM FOR TEENS WORKING WITH MINORS OR MENTALLY HANDICAPPED

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally handicapped. This will help us to provide a safe and secure environment for the activities or programs of WMUV and/or CrossRoads.

Name _____
Last First Middle Maiden

ID or DL# _____ Date of Birth _____
(Identity MUST be confirmed with a driver's license or DPS identification card.)

Present Address _____
Street City State Zip

Phone _____ Email _____

Occupation _____ Work Phone _____

If less than one year at current address:

Previous Address _____
Street City State Zip

Phone _____ Email _____

School _____ Grade _____

I understand that in serving as a volunteer or in a paid position for WMUV and/or CrossRoads that I am willing to abide by the policies set forth in the Risk Management Program to reduce the risk of child abuse. I understand that child abuse is a serious matter and will do my part in the prevention of any form of child abuse while serving with WMUV and/or CrossRoads.

Signature of Teen Worker Date

I do not know of any reason why my child should not serve as a Teen Worker with Minors. They do not demonstrate any signs of being a potential risk to the company.

Signature of Parent/Guardian Date

Personal References (**2 required**):

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____

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WOMAN'S MISSIONARY UNION OF VIRGINIA (WMUV)/CROSSROADS

VOLUNTEER CODE OF ETHICS AND RULES

While acting in our capacity as a Youth/Children/Preschool/Handicapped sponsor or volunteer of WMUV or CrossRoads the following rules shall apply:

- 1) Smoking or using tobacco products in the presence of minors is prohibited.
- 2) Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
- 3) Sponsors and staff working with minors shall not abuse such minors, including, but not limited to:
 - Any direct observations or evidence of sexual activity in the presence of or in association with a minor;
 - Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor;
 - Sexual advances or sexual activity of any kind between any person and a minor;
 - Sexual advances or sexual activity of any kind to a minor(s);
 - Infliction or physically abuse behavior or bodily injury to a minor;
 - Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of Woman's Missionary Union of Virginia or CrossRoads Camp and Conference Center.
 - Mental or emotional injury to a minor;
 - The presence or possession of obscene or pornographic materials at any function of WMUV or CrossRoads.
 - The presence, possession, or being under the influence of any illegal, illicit drugs;
 - The consumption of or being under the influence or alcohol while leading or participating in a function for WMUV or CrossRoads.
- 4) Access to the locked records of minors is limited to the Director.
- 5) Volunteer Information Forms shall be updated periodically.
- 6) Sponsors and volunteers must treat all people of all races, religions, and cultures with respect and consideration.
- 7) Sponsors and volunteers shall not use or tolerate the use of profanity in the presence of minors.
- 8) Sponsors and volunteers must be free of physical and psychological conditions that might adversely affect any minor's health, including, but not limited to, contagious disease.
- 9) Sponsors and volunteers will portray a positive role model for minors by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
- 10) Sponsors and volunteers will be expected to act and react with Christian love and understanding in all situations.
- 11) Sponsors and volunteers will do everything in their power to avoid being put in a situation where they are alone with a minor other than their own child.
- 12) I understand that, as a sponsor or volunteer with minors for WMUV or CrossRoads, I will be subject to a background check, including criminal history.
- 13) I understand that any violation of this code may be grounds for removal as a sponsor or volunteer with minors.

Print Name _____ Date _____

Applicant's Signature _____

Please mail completed from to:

CrossRoads Camp and Conference Center

Attn: Nicole Todd

Phone: 434-277-8465

2247 Little Piney Rd.

Fax: 434-277-5901

Lowesville, VA 229674

crossroads@crossroadscoc.com



WOMAN’S MISSIONARY UNION OF VIRGINIA (WMUV)/CROSSROADS

CROSSROADS

2828 Emerywood Parkway
Richmond, VA 23294
804.915.5000

Part A

2247 Little Piney Road
Lowesville, VA 22967
434.277.8465

CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for the Woman’s Missionary Union of Virginia/CrossRoads to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with WMUV/CrossRoads.

I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the WMUV/CrossRoads and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney’s fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of WMUV/CrossRoads .

Please initial in the box if you grant permission to WMUV/CrossRoads to perform a criminal records check for the next 5 years without having to complete this form each year. The records check will only be done if you participate in activities with WMUV/CrossRoads during the next five years.

Print Name _____ Date _____

Applicant’s Signature _____

Print Witness Name _____ Date _____

Witnesses’ Signature _____

PLEASE COMPLETE BOTH PART A & PART B



WOMAN'S MISSIONARY UNION OF VIRGINIA (WMUV)/CROSSROADS

CROSSROADS

2828 Emerywood Parkway
Richmond, VA 23294
804.915.5000

2247 Little Piney Road
Lowesville, VA 22967
434.277.8465

Part B

CRIMINAL RECORDS CHECK

Full Name _____
Last First Middle Maiden

Present Address: _____

City _____ State _____ Zip Code _____

Sex: (please indicate) Male _____ Female _____

Date of Birth: ____ / ____ / ____
Month Day Year

Social Security # _____ - _____ - _____ (required to correctly identifying staff and/or volunteer applicants)

Have you ever been convicted of a crime? ____yes ____no

Are there any legal charges pending against you? ____yes ____no

If yes, please explain: _____

The signature represents my current legal name and any previously used names are listed below:

Additional names: _____

Signature of Applicant

Date

PLEASE COMPLETE BOTH PART A & PART B



**WOMAN'S MISSIONARY UNION OF VIRGINIA (WMUV) CROSSROADS
STAFF & VOLUNTEER INFORMATION FORM
FOR THOSE WORKING WITH MINORS OR MENTALLY HANDICAPPED**

Reference Form

This form is to be completed by a non-family member of any volunteer involved in the supervision or care of minors or the mentally handicapped. This is being used to provide a safe and secure environment for the activities or programs of WMUV and/or CrossRoads.

Please type or print legibly in ink.

Your Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Applicant's Name: _____

Do you know of anything that would indicate that this applicant should not work with minors or the mentally handicapped? Please circle: Yes No

If yes, please explain: _____

Signature: _____

Date: _____

When completed, please return to:

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Address: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Applicant's Name: _____

Do you know of anything that would indicate that this applicant should not work with minors or the mentally handicapped? Please circle: Yes No

If yes, please explain: _____

Signature: _____

Date: _____

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