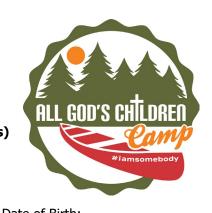
## 2024 All God's Children Camp Jr. MENTOR APPLICATION (15-16) years

A weeklong overnight camp for children with an incarcerated parent ages 7-12

Please fill in the information completely.

## Check the camp(s) that you wish to serve and attend (Sun 10 AM-Fri 2 PM):

- ☐ June 9-14 Westview on the James (this week is for Richmond area campers)
- ☐ June 16-21 Camp Chanco on the James (this week is for Richmond area campers)
- ☐ Aug 11-16 Camp Chanco on the James (this week is for VA Beach area campers)



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Address (complete with box or Apt #):		
City:	State:	Zip:
Home Phone: ()		
Cell Phone: ()		
Please print neatly.		
CHILD PROTECTION POLICY:		
In keeping with the Virginia United Methodist Conf	ference Guidelines, you MUST answer the f	ollowing questions. If you answer
YES to any questions, please attach a separate sho	eet with explanations.	
1. Have you ever been convicted of a misdemeand	or or felony (including driving violations)?	YES or NO
2. Have you ever been convicted of any crime of v	riolence against minors?	YES or NO
3. Have you ever been adjudged liable for civil per	nalties or damages involving sexual or	
physical abuse of children?		YES or NO
4. Are you subject to any court order involving sex	cual or physical abuse of a minor, including	
but not limited to a domestic order of protection?		YES or NO
5. Have your parental rights ever been terminated	for reasons involving sexual or physical	
abuse of children?		YES or NO
<u>I understand that:</u>		
a. AGCC may deny a mentor position to any pers	on who answers any of the above question	s in the affirmative.
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- b. In applying for the mentor position, the information given is subject to verification that will include a criminal history and registry check.
- c. The camp will terminate the mentor position of any person: found to have a history of complaints of abuse of a minor; and/or found to have resigned or been terminated from a position due to complaint of sexual abuse of a minor; and/or not truthful in answering the above questions.

<u>C</u>	AMP QUESTIONS:	
1.	. ARE YOU PART OF A GROUP ATTENDING AS MENTORS: YES or NO	
If '	yes, NAME OF GROUP:NAME OF GROUP LEADER:	_
	. DO YOU HAVE A SPECIAL GIFT OR TALENT YOU WOULD BE WILLING TO SHARE WITH THE CAMP COMMUNITY? (i.e ancing, playing guitar, artistic)	<u>.</u> .:
3.	LIST ANY PREFERENCES OF AGES OF CAMPERS, SPECIFIC CAMPERS, OR MENTORS THAT YOU PREFER TO WORK WURING CAMP:	/ITH
4.	IF YOU HAVE YOU BEEN A MENTOR AT AGCC BEFORE, LIST YEARS AND LOCATIONS WHERE YOU SERVED:	
5.	LIST ACTIVITIES AND RESPONSIBILITIES WHERE YOU HAVE WORKED WITH CHILDREN AGED 7-12 years:	
6	LIST NAME OF CHURCH AND DASTOR OF THE CHURCH YOU ATTEND RECULARIA.	

<u>MENTOR AGREEMENT:</u>	
participate in an emotionally chall every way with the leaders of the Study, music, crafts, swimming, a	nd eager to participate in a physical outdoor residential camping experience with children. I will enging experience with children who have a variety of discipline problems. I will cooperate in camp. I will obey instructions and be involved in the activities including but not limited to Bibland hiking. I will not bring or use any drugs, alcohol, or weapons. <b>After camp, I agree to r(s) for at least one year.</b> As camp approaches, during camp, and following camp, I will be entors, and staff.
activities at camp in a safe and re recognize that there are risks and discharge, and agree to indemnify iability for damage, injury, illnes	en Camp takes reasonable precautions to ensure that qualified personnel conduct programs and esponsible manner. However, I further understand that all activities involve certain risks. I agree to assume these risks by attending the All God's Children Camp. I hereby release, y camp officers and employees, the All God's Children staff, volunteers, and mentors, from all s, or loss of property relating to or deriving from presence at camp, participation in, or travel tablicity: The Virginia Conference of The United Methodist Church has my permission to use my all material and social media.
	or:
Signature of Jr. Mentor:	Date:
For First Time Jr. Mentors:	
	ation form a letter of reference from a pastor or leader in your religious community if possible, r of a community organization, employer, teacher, or professor.
, ,	
2. Attach a separate sheet answe	ring the following questions: Why would you like to be a mentor? Where are you on your faith your faith with a child, caregiver, and/or mother?
<ol> <li>Attach a separate sheet answe ourney? Are you willing to share</li> <li>Other Reference: List one othe</li> </ol>	your faith with a child, caregiver, and/or mother?  r reference (one employment (or teacher if student) or one personal non-related):
2. Attach a separate sheet answe ourney? Are you willing to share 3. Other Reference: List one othe Name	your faith with a child, caregiver, and/or mother?

Lori Smith, Director of AGCC Virginia UM Conference PO Box 5606 Glen Allen, VA 23058 571-245-9591

agcc@vaumc.org