

2025 All God's Children Camp MENTOR APPLICATION

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 15-20 Camp Chanco on the James
- Aug 10-15 Camp Chanco on the James

MENTOR INFO:

First and Last Name: _____

M ____ F ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Email: _____

CHILD PROTECTION POLICY:

In keeping with the Virginia United Methodist Conference Guidelines, you MUST answer the following questions. If you answer YES to any questions, please attach a separate sheet with explanations.

1. Have you ever been convicted of a misdemeanor or felony (including driving violations)? YES or NO
2. Have you ever been convicted of any crime of violence against minors? YES or NO
3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? YES or NO
4. Are you subject to any court order involving sexual 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

I understand that:

- a. AGCC may deny a mentor position to any person who answers any of the above questions in the affirmative.
- 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.

CAMP QUESTIONS:

1. ARE YOU PART OF A GROUP ATTENDING AS MENTORS: YES or NO (circle one)

If yes, NAME OF GROUP: _____ NAME OF GROUP LEADER: _____

2. DO YOU HAVE A SPECIAL GIFT OR TALENT YOU WOULD BE WILLING TO SHARE WITH THE CAMP COMMUNITY? (i.e.: dancing, playing guitar, artistic) _____

3. LIST ANY PREFERENCES OF AGES OF CAMPERS, SPECIFIC CAMPERS, OR MENTORS THAT YOU PREFER TO WORK WITH DURING CAMP: _____

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 PASTOR OF THE CHURCH YOU ATTEND REGULARLY:

7. LIST ANY SPECIAL DIETARY NEEDS DURING CAMP: _____

MENTOR AGREEMENT:

At camp, I will be willing, able, and eager to participate in a physical outdoor residential camping experience with children. I will participate in an emotionally challenging experience with children who have a variety of discipline problems. I will cooperate in every way with the leaders of the camp. I will obey instructions and be involved in the activities including but not limited to Bible Study, music, crafts, swimming, and hiking. I will not bring or use any drugs, alcohol, or weapons. **After camp, I agree to communicate with my camper(s) for at least one year.** As camp approaches, during camp, and following camp, I will be in prayer for the camp, campers, mentors, and staff.

I understand that All God's Children Camp takes reasonable precautions to ensure that qualified personnel conduct programs and activities at camp in a safe and responsible manner. However, I further understand that all activities involve certain risks. I recognize that there are risks and agree to assume these risks by attending the All God's Children Camp. I hereby release, discharge, and agree to indemnify camp officers and employees, the All God's Children staff, volunteers, and mentors, from all liability for damage, injury, illness, or loss of property relating to or deriving from presence at camp, participation in, or travel to or from camp activities. Camp Publicity: The Virginia Conference of The United Methodist Church has my permission to use my picture in printed and audio-visual material and social media.

Printed Full Name of Mentor: _____

Signature of Mentor: _____ **Date:** _____

For First Time Mentors:

1. Please enclose with this application form a letter of reference from a pastor or leader in your religious community if possible, or from a community leader, director of a community organization, employer, teacher, or professor.
2. Attach a separate sheet answering the following questions: Why would you like to be a mentor? Where are you on your faith journey? Are you willing to share your faith with a child, caregiver, and/or mother?
3. Other Reference: List one other reference (*one employment (or teacher if student) or one personal non-related*):

Name _____ Relationship _____

How long known? _____ Email: _____

Address _____ Phone # _____

***All applications should be received by May 1, 2025.**

Send completed application to below physical address or email address:

Lori Smith, Director of All God's Children Camp
10330 Staples Mill Rd., Glen Allen, VA 23060
Phone: 571-245-9591 email: agcc@vaumc.org