



CAMP VATRA

A ministry of The Romanian Orthodox Episcopate of America

VOLUNTEER STAFF APPLICATION FORM

Please PRINT and complete ALL applicable sections.

Mail to: Camp Vatra Director, PO Box 309, Grass Lake MI 49240-0309

☐ MALE

☐ FEMALE

NAME _____
Last First Middle Initial

ADDRESS _____
Street Apt # City State/Prov Zip/Post Code

HOME PHONE () _____ WORK PHONE () _____ MOBILE () _____

EMAIL _____ T-SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

PARISH YOU ATTEND _____
Name City, State/Prov

NAME OF YOUR PARISH PRIEST _____

LAST TIME YOU PARTICIPATED IN THE SACRAMENTS OF: CONFESSION _____ COMMUNION _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ NO ☐ YES

If YES, please attach a description of details (including date, location & case disposition).

SESSION FOR WHICH YOU ARE APPLYING: ☐ Camp Vatra for JUNIORS ☐ Camp Vatra for SENIORS

DATES YOU ARE APPLYING TO WORK: _____ through _____ (optional additional: _____ through _____)

POSITION(S) YOU ARE APPLYING FOR: ☐ Clergy / Chaplain ☐ Teacher ☐ Cook / Cooking Assistant
☐ Dorm Mother/Father ☐ Sports Coordinator ☐ Counselor (age 18+)
☐ Health Officer / Nurse ☐ Maintenance ☐ Dining Room Hostess

List specific areas in which you are interested and/or qualities you feel qualify you for the above-indicated position(s): _____

IS THIS YOUR FIRST TIME WORKING AT CAMP VATRA? ☐ YES ☐ NO . . . Years worked: _____

CAN YOU ARRIVE ON THE SATURDAY PRIOR TO THE OPENING SUNDAY OF CAMP? ☐ YES ☐ NO

CAN YOU STAY UNTIL THE EVENING OF THE CLOSING SATURDAY OF CAMP TO ASSIST WITH CLEAN-UP? ☐ YES ☐ NO

DO YOU HAVE ANY SERIOUS MEDICAL CONDITION(S)? ☐ NO ☐ YES . . . Explain: _____

EMERGENCY CONTACT _____ PHONE () _____
Name Relation

COVID-19 VACCINE: (VACCINATION RECOMMENDED BUT NOT REQUIRED)

Have you had COVID-19? ____ yes ____ no If yes, approximate dates: _____

Have you received the COVID-19 vaccine? ____ yes ____ no If yes, which manufacturer? _____

Dates received: INITIAL SHOT _____ 2ND SHOT _____ BOOSTER #1 _____ BOOSTER #2 _____

By signing below I affirm that all the above information is true to the best of my knowledge, and that I understand and agree to the following regulations:

- A "Letter of Recommendation" from the applicant's parish priest confirming good standing in the Orthodox Church must be submitted;
- All staff applicants are subject to a criminal background check as requested by the Romanian Orthodox Episcopate of America (R.O.E.A.);
- All persons whose applications are accepted must bring a current Drivers License / Photo ID to camp to be photocopied and kept on file by the R.O.E.A.;
- All persons whose applications are accepted must disclose all current health/medical information to the camp administration;
- All persons whose applications are accepted must review rules and required child abuse prevention materials (to be provided prior to camp session);
- No visitors are allowed on camp grounds without prior approval from the camp administration;
- The camp administration reserves the right to require any staff member to leave the camp at any time.

I agree to hold free from harm and responsibility the Romanian Orthodox Episcopate of America (R.O.E.A.), Camp Vatra and any individuals or organizations associated with these two entities in the case of any personal harm or injuries that I may incur while working at Camp Vatra.

NAME (printed): _____ SIGNATURE: _____ DATE: _____