



# Big Sky Strategic Ministries

## Volunteer Application

All individuals desiring to serve as volunteers with Big Sky Strategic Ministries (BSSM) are required to complete this application. Thank you for your interest in serving and for taking the time to complete this application.

Please print.

Mr.  Mrs.  Miss  Rev.  Dr.

Full Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Adult Shirt Size: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of years at current address \_\_\_\_\_ (If less than 3 years, please list last three previous addresses over the last 5 years.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates \_\_\_\_\_

### Family Member Reference

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

### General Reference 1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

### General Reference 2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

### Pastoral or Commander Reference

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

Name: \_\_\_\_\_

**Present Employment**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Your Position \_\_\_\_\_ Hours/week \_\_\_\_\_

**Ministry Experience**

Church You Attend \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Registration Number: \_\_\_\_\_

Are you a regular attendee? Yes  No  How long attended? \_\_\_\_\_

Have you ever been asked to leave a church or your service as a volunteer at an ACI event? Yes  No

In which program(s) do you currently serve?

Cubbies \_\_\_\_\_ Sparks \_\_\_\_\_ T&T \_\_\_\_\_ Trek \_\_\_\_\_ Journey \_\_\_\_\_

In what capacity(ies)? \_\_\_\_\_

Have you completed Basic Training? Yes  No  Commander/Director Training? Yes  No

**Personal Background**

If you answer yes to any of the following questions, please provide complete details (attach a separate page if necessary). Answering yes to one or more of the following questions will not automatically disqualify an applicant.

In responding to any question below, you do not need to provide information that is included in a record that has been sealed or expunged under state or federal law, and if a matter inquired about is contained in such a sealed or expunged record, you may state that no such conduct occurred and no such records exist.

Have you ever been convicted of or pled guilty to a crime? Yes  No

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing, injuring or molesting any child? Yes  No

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or some other substance or destructive behavior or has anyone ever suggested that you may have a problem with any of the above? Yes  No

Have you ever been included on a child abuse/neglect registry? Yes  No

Have you ever been included on a sex offender registry or treated as a sex offender? Yes  No

Have you ever been treated for a psychiatric disorder? Yes  No

Name:

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with minors?    Yes     No

**Give your personal testimony.** Describe the basis for your salvation, including scriptural support. Please include: **(a)** Your Christian growth and maturity; and **(b)** Your experience in working with children and youth and/or Awana. Use additional paper if necessary.

Name: \_\_\_\_\_

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**DRIVER LICENSE INFORMATION**

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issuing State \_\_\_\_\_ (if different than State of current residence)

Have you had any moving violations in the last 5 years? Yes  No

Have you ever had a license suspended or revoked in any State? Yes  No

Has any State issued any restrictions on your driver's license? Yes  No

Do you have any medical, physical, or mental conditions/limitations that might affect your ability to drive?  
Yes  No

If you have answered "Yes" to any of the questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CAMP TEAM SECTION**

Awana Scholarship Camp experience (enter number of years served in the appropriate blank(s)):

Camper \_\_\_\_\_ Staff \_\_\_\_\_ Counselor \_\_\_\_\_ Which Scholarship Camp? \_\_\_\_\_

List all other camp experience (enter number of years served in the appropriate blank(s)):

Camper \_\_\_\_\_ Staff \_\_\_\_\_ Counselor \_\_\_\_\_ Music \_\_\_\_\_ Teacher \_\_\_\_\_ Lifeguard \_\_\_\_\_

Other (list position and number of years served) \_\_\_\_\_

Please provide a list of camp names and addresses as well as the dates of service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special abilities and/or talents that would enhance your camp ministry (waterfront, nature, music, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

**Release of Liability and Consent to Medical Treatment**

I hereby authorize Big Sky Strategic Ministries (BSSM) to check references and obtain information about me including a criminal record check in connection with examining my qualifications for my volunteer service with BSSM. In consideration of the review of my application, I hereby release BSSM and its representatives from liability as they seek this information (including fact or opinion). I also release all other persons, corporations or organizations, including but not limited to the references I have listed, from liability as they furnish information to BSSM about me, whether positive or negative.

By signing below, I warrant that I am fully capable of safely participating in all volunteer activities in which I choose to serve, and I expressly assume all risks associated with my involvement, whether such risks are known or unknown to me at this time. I understand and acknowledge that the volunteer activities can be dangerous and I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE ACTIVITIES, including but not limited to equipment malfunction from whatever cause, inadequate training, poor weather, environmental conditions, deficiencies in transportation, facilities, food and incidents of travel.

Additionally, if I am selected as a volunteer, I hereby release and discharge BSSM and its officers, directors, employees, volunteers and agents from any and all liability, claims, demands or causes of action that I may hereafter have for property damage or personal injury, illness or death arising out of my participation in the volunteer activities in which I may serve, whether on or off the grounds. I further agree that I WILL NOT SUE OR MAKE CLAIM against BSSM for damages or other losses sustained as a result of my participation in the volunteer activities. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assignees.

If I experience an injury or illness, or have other medical needs, I authorize employees, volunteers, and agents of BSSM to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release BSSM and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expenses, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by Insurance.

**Acknowledgments and Certifications** (*Contact the Camp Director for the referenced documents*)  
(Frank Eckes, 2201 Maplewood Street; Bozeman, MT 59718; (406)587-8650 fceckes@bresnan.net)

I hereby declare and certify the information I have provided on the application is true, complete and correct to the best of my knowledge. I also certify that I am at least 18 years of age.

I acknowledge I have:

- 1) Read the Awana Doctrinal Statement and agree with it in its entirety. I agree to uphold its truths and principles.
- 2) Reviewed the “Basic Child Protection Standard of Conduct” and the “Standards of Conduct and Contact – 6<sup>th</sup> Grade and Up”.

If I am selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures and to conduct myself in a God-honoring manner while engaged in BSSM programs and activities. I also understand and agree that my status with BSSM will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, of workers’ compensation, unemployment, health or other insurance coverage, or employee benefits. I further understand and agree that BSSM can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date