

2011 APPLICATION FOR YOUTH CAMP WORK

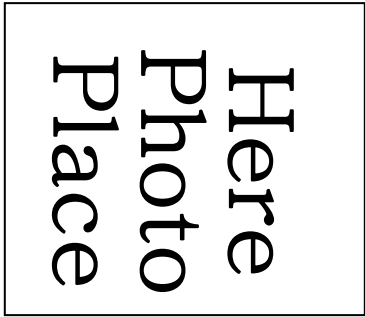
Camp Maranatha-Youth Camp

Appalachian Conference-IPHC—Discipleship Ministries

5847 Oak Grove Ave.

Dublin, VA 24084

540-674-4131 ext. 3



This application is to be completed by all applicants for all positions (volunteer or compensated). It is being used to help the camp to endeavor to provide a safe and secure environment for those children, youth and staff who participate in our programs and use our facilities.

PERSONAL & CONFIDENTIAL

Last Name: _____ First Name: _____

Age: _____ D.O.B. _____ Male: _____ Female: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Email Address: _____ Social Security #: _____

What position: ***Medical** _____ ***Counselor** _____ Food Service _____ Dining Hall _____
Cleaning Crew _____ Recreation _____ Lifeguard (certified) _____ Other _____ (Specify)

***Must be 21 unless otherwise approved.**

List Talents/abilities/hobbies: (art, play instrument, etc.) _____

Please check week(s) of camp?

_____ **Extreme Teen Camp—June 20-June 24 (grades 9-12)-ages 14-18**

_____ **Destiny Jr. Teen Camp — June 27-July 1 (grades 7-8)-ages 12-13**

_____ **Adventurer Pre-Teen Camp—July 4-July 8 (grades 5-6)-ages 10-11**

_____ **Kidz Quest Camp—July 10-July 13 (grades 2-4)-ages 7-9**

Are you a born again Christian? Yes ___ No ___ How long? _____

Have you ever been convicted of a crime, misdemeanor or felony? Yes ___ No ___

If yes, give date, place and nature of conviction: _____

Have you ever been found to have abused or neglected a child? Yes ___ No ___

If yes, give date and place of finding: _____

Were you a victim of abuse or molestation while a minor? Yes ___ No ___ (If you prefer, you may discuss your answer to this question with the camp director rather than answering it on the form.)

Do you have a current driver's license? Yes ___ No ___ If yes, please list your driver's license number: _____

Have you ever been convicted of a traffic offense? Yes ___ No ___ If yes, please describe all convictions for the past five years: _____

Church Activity

Name of local church of which you are a member: _____ How long? _____

List (name and address) of other churches you have attended regularly during the past five years:

List all previous church work involving youth (identify church and type of work): _____

Have you worked at Camp Maranatha before? No ___ Yes ___ List years & Camp Assistant Directors: _____

Have you every worked a youth camp before? No ___ Yes ___ Where _____

Personal References

(other than a relative)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. I furthermore give permission for a background check to be conducted by Discipleship Ministries of the Appalachian Conference as part of my application process.

Should my application be accepted, I agree to be bound by the by laws and policies of Camp Maranatha and refrain from unscriptural conduct in the performance of my services on behalf of the camp.

Applicant's signature: _____ Date: _____

Pastor's Recommendation: (This section must be complete to be accepted to work.)

I recommend the above named applicant for a position on the Camp Maranatha Staff.

Pastor's signature: (please print) _____ Date: _____

Day Phone Number () _____ Home Phone () _____

Church: _____

e-mail address: _____

For Camp Office Use Only

T-Shirt Size: _____

CBC: _____

**Camp Maranatha Staff Medical Treatment Consent Form and Hospitalization
Insurance Coverage Information**

I _____, hereby authorize the Director of Camp Maranatha or his appointee, to obtain medical treatment which may be deemed necessary for myself. I also hereby authorize any physician called upon by the Director of Camp Maranatha to render medical treatment which, in his judgment, may be deemed necessary for my well-being.

Signed: _____ Date: _____

Parent or Guardian Signature _____

(Required if under age 18.)

Insurance Company and /or Government Program: _____

Address: _____

Subscriber ID or Contract Number: _____

Insurance Co. Phone _____ Admission Precertification Phone No. _____

Group Name (Employer): _____ Group Number: _____

Employer's Address: _____

Employers Phone Number: Area Code () _____

Insurance Authorization: I authorize the release of any medical information necessary to process a claim. I authorize payment of medical benefits to the physician or supplier of service rendered.

Authorized Person's Signature

Worker's Name: _____ Birthdate: _____ Sex (M/F) _____

Emergency Name/Phone# Contact: _____

Height: _____ Weight: _____ Allergies: _____

(Medication or Other)

List current prescription drugs you are taking: _____

List any medical conditions that our Camp Nurse may need to know about (asthma, etc.) _____

Name of Family Physician: _____

Address: _____ Telephone: _____

Please complete form in all areas and have signatures in appropriate places.