

CAMP STAFF SCREENING APPLICATION

Mail to: Apostolic Campground, PO Box 688, Mount Vernon, OH 43050

Staff Applicant Name _____

Address _____

City _____

State, Zip _____

Phone _____

Name and City of Home Church _____

Pastor's Name _____

Pastor's Phone _____

This application is to be completed by all applicants who are involved in the physical operation of the camp but will not be supervising minors. This is not an employment application form. It is being used to help the district provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. You are not required to answer or discuss any questions. If answers to questions are omitted or you refuse to discuss them, it will not automatically disqualify you from being selected.

Do you believe you are in the proper spiritual condition to perform this service?

Have you ever been convicted of a crime other than a minor traffic violation? If yes, explain.

Have you ever confessed to or been convicted of molesting anyone? If yes, explain.

Have you had any previous experience working in a children's or youth camp? If yes, explain.

Personal Insurance Information

All Accident and Injury Claims must first be submitted to the patient’s insurance provider.

Insurance Company Name _____

Policy Number _____

Health Information _____

Please check if you have been vaccinated or inoculated for the following diseases:

- Diphtheria Measles Polio Rubella Tetanus Other

List any CURRENT Infectious diseases: _____

List any know mental, emotional impairments, allergies or medical restrictions that would limit your normal group activities: _____

The information contained in this application is correct to the best of my knowledge. I agree to be bound by the policies of the Ohio District United Pentecostal Church Inc. relating to camps and to refrain from unscriptural conduct in the performance of your services on behalf of the district. I understand that I am considered an "at will" camp worker. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand. I also hereby grant the Ohio District of the United Pentecostal Church the right to obtain a police report on myself.

Signature of Applicant _____

Social Security Number _____ - _____ - _____

Parental Consent

I hereby grant my permission for my child to receive the necessary doctor and medical treatment which the camp nurse or management deem necessary for his/her well being. I agree to assume all responsibility for expenses not covered by camp insurance.

Parent or Guardian Signature _____

Date _____/_____/_____

**PARENTAL CONSENT FOR CAMP STAFF
UNDER 18 YEARS OF AGE**

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities at any or all summer camps for 2006 sponsored by the Ohio District of the United Pentecostal Church. I certify that my child is able to participate in these activities, including sports, swimming, boating, water skiing, and tubing (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the Ohio District United Pentecostal Church International, to make emergency medical decisions for my child. If there are any activities in which I do not want my child to be involved, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold the United Pentecostal Church and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULL Y READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Medical Conditions to be Aware of:

Physical Restrictions:

Instructions and Medications:

Date of Last Tetanus or Booster: _____

**PARENTAL CONSENT FOR CAMP STAFF
UNDER 18 YEARS OF AGE**
Continued

I do not wish my child to participate in the following:

Parent or Guardian

Parent or Guardian

Date

Date

Emergency Telephone Number

Emergency Telephone Number

