

**NMD-NYI Teen Camp Staff Application**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Church \_\_\_\_\_ E-mail \_\_\_\_\_

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**Experience**

Please list Staff Position(s) you would like to be considered for (*i.e. Counselor, kitchen help, activities, security, etc.*):

Please list any talents and abilities that you feel would benefit the NMD youth:

Please list any previous experience you have working with teens:

Have you ever been convicted of any crime other than a minor traffic violation?     No     Yes  
*If Yes please explain:*

Have you had any special training or certification that may be helpful at camp (*i.e. CPR, RN, lifeguard, etc.*)?  
 No     Yes (*explain*)

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**Emergency Contact Information**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**Pastor Approval**

Is this applicant active in your church? \_\_\_\_\_ for how long? \_\_\_\_\_

To the best of your knowledge, is this individual:    saved? \_\_\_\_\_    committed to a vital walk with God? \_\_\_\_\_

Comments about this individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I recommend this applicant be considered for the position they are seeking at the NMD Teen Camp.*

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Please list any illnesses, operations or injuries you have had in the last year \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you may have \_\_\_\_\_

Please list any medications and their dosages that you will be bringing to camp \_\_\_\_\_

\_\_\_\_\_

**Medical Release**

I certify that the information on this application is true to the best of my knowledge.

I understand that in the event that medical intervention is needed, every attempt will be made to contact immediately the person(s) listed on this form. In the event that contact cannot be made, I hereby give my permission to NMD Youth Camp personnel to select an appropriate health care professional and/or facility to determine and provide treatment as deemed necessary, including hospitalization, injection, anesthesia and/or surgery. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Church of the Nazarene, the Northern Michigan District NYI, the Manton Free Methodist Camp, or their leaders, employees or any volunteer staff liable for damages, losses, diseases or injuries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicants 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 youth work. In consideration of the receipt and evaluation of this application by the Northern Michigan District Nazarene Youth International Teen Camp, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time affect me, my heirs, or family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I (check one):

\_\_\_\_\_ Waive

\_\_\_\_\_ Do not waive

...any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies of the Northern Michigan District Nazarene Youth International Teen Camp and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I **HAVE CAREFULLY READ THE FORGOING 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_