

Camp Staff Application

Northern Michigan District Church of the Nazarene

Mail Application To: 5199 5 Mile Rd, Hope, MI 48628

Name: _____ Sex: _____ DOB: _____ Daytime Phone: _____

Address: _____ Email: _____

All workers must fill out a Central Registry Clearance Request form and mail it to the address on the form. On the form, indicate that you would like the results sent to "Camp" at the same address that you send this application to.

Completed: Yes No

What position are you applying for? _____

What Skills do you feel that you bring to the Children's Camp?: _____

What other experience do you have working with children?

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time, ever:

- Been arrested for any reason? Yes No
- Been Convicted of, or pleaded no contest to, any crime?
No Yes
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Any traits or tendencies that could pose any threat to children or others? Yes No
- Any restrictions because of physical or mental illness? Yes No
- Any reason why you should not work with children and others? Yes No
- Are there physical limits, allergies, or special health concerns that we should be aware of? Yes No

If you answered Yes to any of the above, please explain in detail:

Church Activity

What Church or Churches have you attended in the past five years?

Church Name	Pastor's Name	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (other than relatives)

Name/ Relationship	Address	Phone
_____	_____	_____
Recommendation:	_____	

Name/ Relationship	Address	Phone
_____	_____	_____
Recommendation:	_____	

Name/ Relationship	Address	Phone
_____	_____	_____
Recommendation:	_____	

Applicant Verification and Release

I recognize that the organization to which this application is being submitted, is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct. I release and forever discharge the Church of the Nazarene and/or any and all branches, officers, or representatives from any and all claims, demands, damages, actions, and causes of action, whatsoever, which may arise by reason of any loss, damage, injury, including death through any accident in traveling to and/or from Summer Camp, or while in attendance at any Summer Camp, over and above our proportionate share of any Insurance coverage that the said operator of the Summer Camp have established.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree with the policy and procedure of the organization, and I agree to abide by them and to protect the health and safety of the children at all times.

Printed Name: _____

Signature: _____ Date: _____