

GROVE CHRISTIAN SERVICE CAMP

CONFIDENTIAL Camp Staff Application

This form is to be completed by all applicants for any position (volunteer or compensated) involving the teaching, supervision or custody of minors. It is being used to help the camp provide a safe, secure and spiritual environment for the youth who participate in our program. Because of the sensitive nature of some questions, only the camp directors and executive committee will be given access to this form for the sole purpose of selecting our camp staff members.

Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____

Zip code: _____ Home Phone: _____ Birth date: _____

Mailing address if different: _____

Social Security #: _____ Driver's License # and State: _____

Marital Status: Single _____ Married _____ Engaged _____ Divorced _____ Separated _____ Widowed _____

Are you an immersed believer: _____ When did you become a Christian? _____

Name of Church where you are a member: _____

Address of Church: _____

Church Phone #: _____ How long have you been there? _____

Minister's Name: _____

Do you have a Background check on file at your local church? (check one) Yes _____ No _____

List other Churches you have been a part of in the last 5 years:

Church Name: _____ Church Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Do you use: Tobacco _____ Alcoholic Beverages _____ Illegal Drugs _____

Do you have any physical handicaps or conditions that prevent you from performing certain types of activities? _____ If yes, please explain: _____

Have you been the victim of abuse? _____ Are you having difficulties in dealing with previous abuse that could affect your working with children and their welfare? Yes _____ No _____ Talk to me _____